**IRS e-file Signature Authorization** OMB No. 1545-0047 Form 8879-EO for an Exempt Organization For calendar year 2020, or fiscal year beginning , 2020, and ending 2020 Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number \*\*\_\*\*\*\*\* Lewy Body Dementia Association, Inc. Name and title of officer or person subject to tax Mark Wall Chief Financial Officer Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a. 2a. 3a. 4a. 5a. 6a. or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here **L**X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3,748,830. b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) \_\_\_\_\_ 3b \_\_\_\_ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) ...... 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) ..... 7b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🛣 I am an officer of the above organization or (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize Tabb & Tabb, Certified Public Accountant to enter my PIN 77683 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. ot As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, J will enter my PIN on the return's disclosure consent screen. Date Auguse 27, 2021 Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 58277502507 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature > Tabb & Tabb, Certified Public Accou Date > 08/27/21 **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

023051 11-03-20

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| print                                                                                    |                                                                                                                                                        |                                                      |                                                                                                                         |                        |                                                      | n number (TIN)                     |  |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------|------------------------------------|--|
|                                                                                          | Lewy Body Dementia Association, Inc.                                                                                                                   |                                                      |                                                                                                                         |                        | 05-0577683                                           |                                    |  |
| File by the<br>due date for<br>filing your                                               | Number, street, and room or suite no. If a P.O. box, s<br>912 Killian Hill Road SW                                                                     |                                                      |                                                                                                                         |                        |                                                      |                                    |  |
| return. See<br>instructions.                                                             | City, town or post office, state, and ZIP code. For a for Lilburn, GA 30047                                                                            | oreign add                                           | ress, see instructions.                                                                                                 |                        |                                                      |                                    |  |
| Enter the I                                                                              | Return Code for the return that this application is for (fil                                                                                           | e a separa                                           | te application for each return)                                                                                         |                        |                                                      | 0 1                                |  |
| Applicatio                                                                               | on                                                                                                                                                     | Return                                               | Application                                                                                                             |                        |                                                      | Return                             |  |
| ls For                                                                                   |                                                                                                                                                        | Code                                                 | Is For                                                                                                                  |                        |                                                      | Code                               |  |
| Form 990                                                                                 | or Form 990-EZ                                                                                                                                         | 01                                                   | Form 990-T (corporation)                                                                                                |                        |                                                      | 07                                 |  |
| Form 990-                                                                                | BL                                                                                                                                                     | 02                                                   | Form 1041-A                                                                                                             |                        |                                                      | 08                                 |  |
| Form 4720                                                                                | 0 (individual)                                                                                                                                         | 03                                                   | Form 4720 (other than individual)                                                                                       |                        |                                                      | 09                                 |  |
| Form 990-                                                                                | PF                                                                                                                                                     | 04                                                   | Form 5227                                                                                                               |                        |                                                      | 10                                 |  |
| Form 990-                                                                                | T (sec. 401(a) or 408(a) trust)                                                                                                                        | 05                                                   | Form 6069                                                                                                               |                        |                                                      | 11                                 |  |
| Form 990-                                                                                | T (trust other than above)<br>The Organizatio                                                                                                          | 06                                                   | Form 8870                                                                                                               |                        |                                                      | 12                                 |  |
| <ul> <li>If this is</li> <li>box ▶</li> <li>1 I req</li> <li>the q</li> <li>↓</li> </ul> | quest an automatic 6-month extension of time until<br>organization named above. The extension is for the org<br>$\overline{X}$ calendar year $2020$ or | Group Exe<br>and atta<br><b>Nover</b><br>anization's | emption Number (GEN) If<br>ch a list with the names and TINs of<br>nber 15, 2021 , to file<br>s return for:<br>d ending | this is fo<br>all memb | r the whole g<br>vers the exter<br>npt organizat<br> | group, check this<br>nsion is for. |  |
|                                                                                          | is application is for Forms 990-BL, 990-PF, 990-T, 4720                                                                                                | , or 6069,                                           | enter the tentative tax, less                                                                                           | 0.                     | <b>^</b>                                             | 0.                                 |  |
|                                                                                          | nonrefundable credits. See instructions.<br>is application is for Forms 990-PF, 990-T, 4720, or 6069                                                   |                                                      | v rofundable credite and                                                                                                | <u>3a</u>              | \$                                                   | 0.                                 |  |
|                                                                                          | mated tax payments made. Include any prior year over                                                                                                   |                                                      |                                                                                                                         | 3b                     | \$                                                   | 0.                                 |  |
|                                                                                          | ance due. Subtract line 3b from line 3a. Include your pa                                                                                               |                                                      |                                                                                                                         |                        | Ψ                                                    |                                    |  |
|                                                                                          | g EFTPS (Electronic Federal Tax Payment System). See                                                                                                   | -                                                    |                                                                                                                         | 3c                     | s                                                    | 0.                                 |  |
|                                                                                          | If you are going to make an electronic funds withdrawal                                                                                                |                                                      |                                                                                                                         |                        | - T                                                  | 9-EO for payment                   |  |

13430830 794789 LEWYBODY

| Form    | 9 | 9 | 0 |
|---------|---|---|---|
| 1 01111 | - | - | - |

## \*\* 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.

and ending

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



| Department of I<br>Internal Revenu | the Treasury<br>le Service |
|------------------------------------|----------------------------|
| A For the                          | 2020 calendar year,        |
| B Check if                         | C Name of organiz          |

or tax year beginning

| <b>3</b> C              | heck if<br>pplicab | le: C Name of organization                                                                                                                                                                                                  |             | D Employer identific          | ation number                |
|-------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|-----------------------------|
|                         | _Addre             |                                                                                                                                                                                                                             |             |                               |                             |
|                         | Name<br>Chang      |                                                                                                                                                                                                                             |             | 05-057768                     | 33                          |
|                         | Initial<br>returr  | Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                                  | Room/suite  | E Telephone number            |                             |
|                         | Final<br>returr    | 912 Killian Hill Road SW                                                                                                                                                                                                    |             | 404-935-6                     | 5444                        |
|                         | termii<br>ated     | City or town, state or province, country, and ZIP or foreign postal code                                                                                                                                                    |             | <b>G</b> Gross receipts \$    | 3,748,830.                  |
|                         | Amer               | DIIDUIII, GA 50047                                                                                                                                                                                                          |             | H(a) Is this a group ret      | urn                         |
|                         | Appli<br>tion      | F Name and address of principal officer: Mark Wall                                                                                                                                                                          |             | for subordinates?             | Yes X No                    |
|                         | pend               | <sup>ng</sup> same as C above                                                                                                                                                                                               |             | H(b) Are all subordinates inc | luded? Yes No               |
|                         |                    | empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c                                                                                                                                                          | or 📃 527    | If "No," attach a li          | st. See instructions        |
|                         |                    | <sub>te:</sub> ▶ www.lbda.org                                                                                                                                                                                               |             | H(c) Group exemption          |                             |
|                         |                    | f organization: 🔀 Corporation 🔄 Trust 🔄 Association 📃 Other 🕨                                                                                                                                                               | L Year      | of formation: 2003 M          | State of legal domicile: SC |
| Pa                      | nrt I              | Summary                                                                                                                                                                                                                     |             |                               |                             |
| e                       | 1                  | Briefly describe the organization's mission or most significant activities: Throu                                                                                                                                           | ugh ou      | treach, educ                  | ation and                   |
| Activities & Governance |                    | research, we support those affected by Le                                                                                                                                                                                   |             | -                             |                             |
| erna                    | 2                  | Check this box 🕨 🛄 if the organization discontinued its operations or dispos                                                                                                                                                | sed of more | than 25% of its net as        |                             |
| jo v                    | 3                  | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                           |             |                               | 8                           |
| 8<br>G                  | 4                  | Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$                                                                                                                                      |             |                               | 8                           |
| es                      | 5                  | Total number of individuals employed in calendar year 2020 (Part V, line 2a)                                                                                                                                                |             | 5                             | 16                          |
| iviti                   | 6                  | Total number of volunteers (estimate if necessary)                                                                                                                                                                          |             |                               | 0                           |
| Act                     | 7a                 | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                        |             |                               | 0.                          |
| _                       | b                  | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                                                                                                      |             | 7b                            | 0.                          |
|                         |                    |                                                                                                                                                                                                                             |             | Prior Year                    | Current Year                |
| er                      | 8                  | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                               |             | 3,552,600.                    | 3,748,271.                  |
| ent                     | 9                  | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                |             | 0.                            | 0.                          |
| Revenue                 | 10                 | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                               |             | 634.                          | 559.                        |
| _                       | 11                 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                    |             | 0.                            | 0.                          |
|                         |                    | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .                                                                                                                                        |             | 3,553,234.                    | 3,748,830.                  |
|                         |                    | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                            |             | 221,000.                      | 140,000.                    |
|                         | 14                 | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                               |             |                               |                             |
| ses                     | 15                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$                                                                                                                                |             | 1,012,846.                    | 1,152,504.                  |
| Expenses                | 16a                | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).<br>Professional fundraising fees (Part IX, column (A), line 11e).<br>Total fundraising expenses (Part IX, column (D), line 25)<br>173,75 |             | 0.                            | 0.                          |
| Хp                      |                    |                                                                                                                                                                                                                             |             | <u> </u>                      | 745 142                     |
| -                       |                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                |             | 601,687.                      | 745,143.                    |
|                         |                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                   |             | 1,835,533.                    | 2,037,647.                  |
| s                       | 19                 | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                        |             | 1,717,701.                    | 1,711,183.                  |
| IS OF                   |                    |                                                                                                                                                                                                                             | Be          | ginning of Current Year       | End of Year                 |
| Ssers<br>Balanc         |                    | Total assets (Part X, line 16)                                                                                                                                                                                              |             | 3,839,285.                    | 5,554,767.                  |
| er A                    |                    | Total liabilities (Part X, line 26)                                                                                                                                                                                         |             | 100,514.                      | 104,813.                    |
| 민                       | 22                 | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                  |             | 3,738,771.                    | 5,449,954.                  |
| ra                      | rt II              | Signature Block                                                                                                                                                                                                             |             |                               |                             |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 which preparer has any knowledge.

| Sign<br>Here | Signature of officer           Mark Wall, Chief Finan           Type or print name and title    | cial Officer         | Date                                               |   |  |  |  |  |
|--------------|-------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|---|--|--|--|--|
| Paid         | Print/Type preparer's name<br>Cynthia Tabb                                                      | רופטמופו א אושומנעופ | Date Check PTIN<br>08/30/21 self-employed P0148010 | 6 |  |  |  |  |
| Preparer     | Firm's name 🕨 Tabb & Tabb, Cer                                                                  |                      |                                                    |   |  |  |  |  |
| Use Only     | Firm's address 260 Peachtree St                                                                 | reet, NW, Suite 1201 | -                                                  |   |  |  |  |  |
|              | Atlanta, GA 30303 Phone no.4045                                                                 |                      |                                                    |   |  |  |  |  |
| May the I    | May the IRS discuss this return with the preparer shown above? See instructions                 |                      |                                                    |   |  |  |  |  |
| 032001 12-2  | 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020) |                      |                                                    |   |  |  |  |  |

|    | Other program services (Describe on Schedule O.)       (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ► 1,587,601.       Form 990 (20)                                                                                                |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )                                                                                                                                                                                                                               |
| 4d | Other program services (Describe on Schedule Q.)                                                                                                                                                                                                                                  |
|    |                                                                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                   |
| 4c | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$                                                                                                                                                                                                                         |
|    |                                                                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                   |
| 1b | (Code:         ) (Expenses \$                                                                                                                                                                                                                                                     |
|    | professionals.                                                                                                                                                                                                                                                                    |
|    | of Excellence grant program, LBDA helps fund academic research centers<br>delivering clinical care, outreach, and education of public and                                                                                                                                         |
|    | conferences, host exhibits at national medical conferences, and support<br>the LBDA Scientific Advisory Council. Through LBDA's Research Centers                                                                                                                                  |
|    | communities, email and toll free telephone help lines, and information packets and brochures. LBDA representatives attend scientific                                                                                                                                              |
|    | general public and encourages scientific advancements. LBDA programs include a national support group network, extensive website and online                                                                                                                                       |
|    | Lewy Body Dementia Association, Inc. (LBDA) provides information on<br>Lewy body dementias to caregivers, families, professionals and the                                                                                                                                         |
| 4a | revenue, if any, for each program service reported.<br>(Code:) (Expenses \$ 1,587,601. including grants of \$ 140,000. ) (Revenue \$                                                                                                                                              |
|    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|    | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.                                                                                                                  |
|    | prior Form 990 or 990-EZ? Yes X<br>If "Yes," describe these new services on Schedule O.                                                                                                                                                                                           |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                                                                                                                                                      |
|    | Lewy Dody dementitas.                                                                                                                                                                                                                                                             |
| •  | Through outreach, education and research, we support those affected by Lewy body dementias.                                                                                                                                                                                       |
| 1  | Check if Schedule O contains a response or note to any line in this Part III<br>Briefly describe the organization's mission:                                                                                                                                                      |
|    | 990 (2020) Lewy Body Dementia Association, Inc. 05-0577683 Pa<br><b>t III</b> Statement of Program Service Accomplishments                                                                                                                                                        |

| Form | aan | (2020) |
|------|-----|--------|
| FOUL | 990 | (2020) |

Part IV Checklist of Required Schedules

Lewy Body Dementia Association, Inc.

|       |                                                                                                                                                                                                                                           |            | 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          | Х   |          |
| 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> "Yes," <i>complete Schedule C, Part III</i> | 5          |     | x        |
| 6     | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                                                 | 5          |     | - 23     |
| U     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                                              | 6          |     | x        |
| 7     | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                                 |            |     |          |
| '     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                                      | 7          |     | x        |
| 8     | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                                                              |            |     |          |
| -     | Schedule D, Part III                                                                                                                                                                                                                      | 8          |     | x        |
| 9     | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for                                                                                                             |            |     |          |
|       | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                                                                                                                 |            |     |          |
|       | If "Yes," complete Schedule D, Part IV                                                                                                                                                                                                    | 9          |     | х        |
| 10    | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                                                                              |            |     |          |
|       | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                                             | 10         |     | Х        |
| 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        |     | X        |
| с     | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                                                                                                               |            |     | v        |
| _     | 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                                                                                                             |            |     | x        |
| _     | 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? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>                                                                                                       | 11e        |     |          |
| f     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                                    | 11f        |     | x        |
| 12a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                                       |            |     |          |
| 120   | Schedule D, Parts XI and XII                                                                                                                                                                                                              | 12a        | х   |          |
| b     | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                 | 124        |     | <u> </u> |
|       | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                     | 12b        |     | x        |
| 13    | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                         | 13         |     | X        |
| 14a   | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                               | 14a        |     | Х        |
| b     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                                                   |            |     |          |
|       | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                                                |            |     |          |
|       | or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                                    | 14b        |     | X        |
| 15    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                                                                                                                 |            |     |          |
|       | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                      | 15         |     | 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         |     | X        |
| 17    | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                                                   |            |     |          |
|       | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                                                        | 17         |     | X        |
| 18    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                                              |            |     | v        |
| 40    | 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,"                                                                                                                    | 10         |     | x        |
| 20-   | complete Schedule G, Part III                                                                                                                                                                                                             | 19<br>20a  |     | X        |
|       | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                              | 20a<br>20b |     | <u> </u> |
| 21    | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                                                                                                               | 200        |     | <u> </u> |
|       | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                                         | 21         | х   |          |
| 03200 |                                                                                                                                                                                                                                           |            |     | (2020)   |

13430830 794789 LEWYBODY

2020.04011 Lewy Body Dementia Associat LEWYBOD1

4

| Form 990 (2 | 2020)       | Lewy       | Body   | Dementia         |
|-------------|-------------|------------|--------|------------------|
| Part IV     | Checklist o | f Required | Schedu | lles (continued) |

|                  |                                                                                                                                                                                                                                 |        | Yes | No       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----------|
| 22               | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                                   |        |     | 37       |
| ~~               | 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<br>Schedule J                                                                                                    | 23     |     | x        |
| 24 2             | Schedule J<br>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                           | 23     |     | - 23     |
| 2 <del>4</del> a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                              |        |     |          |
|                  | Schedule K. If "No," go to line 25a                                                                                                                                                                                             | 24a    |     | x        |
| b                | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                               | 24b    |     |          |
|                  | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                            |        |     |          |
|                  | any tax-exempt bonds?                                                                                                                                                                                                           | 24c    |     |          |
| d                | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                         | 24d    |     |          |
| 25a              | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                                                                                                    |        |     |          |
|                  | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                   | 25a    |     | Х        |
| b                | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                                                      |        |     |          |
|                  | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                                                                                                           |        |     |          |
|                  | Schedule L, Part I                                                                                                                                                                                                              | 25b    |     | X        |
| 26               | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                                 |        |     |          |
|                  | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                                                         |        |     |          |
|                  | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                                              | 26     |     | X        |
| 27               | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                                                     |        |     |          |
|                  | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                                                     |        |     | x        |
| 00               | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>                                                                                          | 27     |     |          |
| 28               | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                                                                                                               |        |     |          |
| -                | instructions, for applicable filing thresholds, conditions, and exceptions):<br>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                         |        |     |          |
| a                | "Yes," complete Schedule L, Part IV                                                                                                                                                                                             | 28a    |     | x        |
| b                | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                 | 28b    |     | X        |
|                  | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f                                                                                                                        |        |     |          |
|                  | "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     | Х   |          |
| 31               | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                              | 31     |     | X        |
| 32               | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                                                                                                |        |     |          |
|                  | Schedule N, Part II                                                                                                                                                                                                             | 32     |     | X        |
| 33               | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                                      |        |     |          |
|                  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                       | 33     |     | X        |
| 34               | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                                                                       |        |     | v        |
| <b>0</b> 5       | Part V, line 1                                                                                                                                                                                                                  | 34     |     | X<br>X   |
|                  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                         | 35a    |     | <u> </u> |
| a                | 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 35b    |     |          |
| 36               | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                      | 000    |     |          |
| 00               | 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                                                                                                                |        |     |          |
|                  | 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?                                                                                                                  |        |     |          |
|                  | Note: All Form 990 filers are required to complete Schedule O                                                                                                                                                                   | 38     | Х   |          |
| Par              |                                                                                                                                                                                                                                 |        |     |          |
|                  | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                      |        |     |          |
| -                |                                                                                                                                                                                                                                 |        | Yes | No       |
|                  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 2                                                                                                                                        |        |     |          |
|                  |                                                                                                                                                                                                                                 |        |     |          |
| С                | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                        | 1c     |     |          |
| 03200            | (gambling) winnings to prize winners?                                                                                                                                                                                           |        | 990 | (2020)   |
| 302002           | 5                                                                                                                                                                                                                               | 1 0111 | 200 | (-020)   |

13430830 794789 LEWYBODY

| Form 990 | (2020)     | Lewy     | Body    | Dementia                   | Association,      | Inc.        |
|----------|------------|----------|---------|----------------------------|-------------------|-------------|
| Part V   | Statements | Regardin | g Other | <sup>·</sup> IRS Filings a | nd Tax Compliance | (continued) |

|    |                                                                                                                                                                                                                                                                                                      |          | Yes | No       |  |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                                                          |          |     |          |  |  |
|    | filed for the calendar year ending with or within the year covered by this return 2a 16                                                                                                                                                                                                              |          |     |          |  |  |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                                                       | 2b       | Х   |          |  |  |
|    | 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 | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                        | 3a       |     | Х        |  |  |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                                                                          | 3b       |     |          |  |  |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                                                                                                                                                            |          |     |          |  |  |
|    | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                                                     | 4a       |     | Х        |  |  |
| b  | If "Yes," enter the name of the foreign country 🕨                                                                                                                                                                                                                                                    |          |     |          |  |  |
|    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                                                  |          |     |          |  |  |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                | 5a       |     | Х        |  |  |
|    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                     | 5b       |     | Х        |  |  |
| С  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                    | 5c       |     |          |  |  |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                                                                                                                                                                          |          |     |          |  |  |
|    | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                                                          | 6a       |     | X        |  |  |
| 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).                                                                                                                                                                                                                        |          |     |          |  |  |
|    | 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       |     | X        |  |  |
|    | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                      | 7b       |     | <u> </u> |  |  |
| С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                                                                                                                                                                    | _        |     | x        |  |  |
|    | to file Form 8282?                                                                                                                                                                                                                                                                                   | 7c       |     | ~        |  |  |
|    | If "Yes," indicate the number of Forms 8282 filed during the year 7d                                                                                                                                                                                                                                 | 7e       |     |          |  |  |
| f  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?<br>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                      | 7e<br>7f |     |          |  |  |
|    |                                                                                                                                                                                                                                                                                                      | 7g       |     |          |  |  |
| -  | <ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul> |          |     |          |  |  |
| 8  |                                                                                                                                                                                                                                                                                                      |          |     |          |  |  |
|    | sponsoring organization have excess business holdings at any time during the year?                                                                                                                                                                                                                   | 8        |     |          |  |  |
| 9  | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                            |          |     |          |  |  |
| а  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                                   | 9a       |     |          |  |  |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                    | 9b       |     |          |  |  |
| 10 | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                              |          |     |          |  |  |
| а  | Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                                                                                                                                                         |          |     |          |  |  |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                                                                                                                      |          |     |          |  |  |
| 11 | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                             |          |     |          |  |  |
|    | Gross income from members or shareholders 11a                                                                                                                                                                                                                                                        |          |     |          |  |  |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against                                                                                                                                                                                                             |          |     |          |  |  |
|    | amounts due or received from them.)                                                                                                                                                                                                                                                                  |          |     |          |  |  |
|    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                           | 12a      |     |          |  |  |
|    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b                                                                                                                                                                                                            |          |     |          |  |  |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                     | 13a      |     |          |  |  |
| a  | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                 | 138      |     |          |  |  |
| h  | Enter the amount of reserves the organization is required to maintain by the states in which the                                                                                                                                                                                                     |          |     |          |  |  |
| 5  | organization is licensed to issue qualified health plans                                                                                                                                                                                                                                             |          |     |          |  |  |
| с  | Enter the amount of reserves on hand                                                                                                                                                                                                                                                                 |          |     |          |  |  |
|    | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                           | 14a      |     | X        |  |  |
|    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                                                                            | 14b      |     |          |  |  |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                                                                                                                        |          |     |          |  |  |
|    | excess parachute payment(s) during the year?                                                                                                                                                                                                                                                         | 15       |     | X        |  |  |
|    | 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       |     | X        |  |  |
|    | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                                                            |          |     |          |  |  |

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13430830 794789 LEWYBODY

| Form 990 (2 | 2020) |
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Lewy Body Dementia Association, Inc. 05-0577683 Page 6

X

|         |                      |                    | <u> </u>                      |                                     |                                  |     |
|---------|----------------------|--------------------|-------------------------------|-------------------------------------|----------------------------------|-----|
| Part VI | Governance,          | Management,        | and Disclosure For each       | n "Yes" response to lines 2 through | h 7b below, and for a "No" respo | nse |
|         | to line 8a, 8b, or 1 | 10b below, describ | e the circumstances, processe | es, or changes on Schedule O. See   | e instructions.                  |     |

|        | Check if Schedule O contains a response or note to any line in this Part VI                                              |          |                     |          |         | X      |
|--------|--------------------------------------------------------------------------------------------------------------------------|----------|---------------------|----------|---------|--------|
| Sec    | tion A. Governing Body and Management                                                                                    |          |                     |          |         |        |
|        |                                                                                                                          |          | I                   | •        | Yes     | No     |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year                                      | 1a       |                     | 8        |         |        |
|        | If there are material differences in voting rights among members of the governing body, or if the governing              |          |                     |          |         |        |
|        | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                    |          |                     |          |         |        |
| b      | Enter the number of voting members included on line 1a, above, who are independent                                       | 1b       |                     | 8        |         |        |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other |          |                     |          |         |        |
|        | officer, director, trustee, or key employee?                                                                             |          |                     | 2        |         | X      |
| 3      | Did the organization delegate control over management duties customarily performed by or under the                       | ne dire  | ct supervision      |          |         |        |
|        | of officers, directors, trustees, or key employees to a management company or other person?                              |          |                     | 3        |         | X      |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form §                      | 990 wa   | as filed?           | 4        |         | Х      |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's as                    | sets?    |                     | 5        |         | Х      |
| 6      | Did the organization have members or stockholders?                                                                       |          |                     | 6        |         | Х      |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or a                        | ppoint   | one or              |          |         |        |
|        | more members of the governing body?                                                                                      |          |                     | 7a       |         | X      |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                      |          |                     |          |         |        |
|        | persons other than the governing body?                                                                                   |          |                     | 7b       |         | Х      |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year          | ar by th | e following:        |          |         |        |
| а      | The governing body?                                                                                                      |          |                     | 8a       | Х       |        |
| b      | Each committee with authority to act on behalf of the governing body?                                                    |          |                     | 8b       | Х       |        |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea                |          |                     |          |         |        |
|        | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                  |          |                     | 9        |         | Х      |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal R                      | evenu    | e Code.)            |          |         |        |
|        |                                                                                                                          |          |                     |          | Yes     | No     |
| 10a    | Did the organization have local chapters, branches, or affiliates?                                                       |          |                     | 10a      |         | Х      |
|        | If "Yes," did the organization have written policies and procedures governing the activities of such c                   |          |                     |          |         |        |
|        | and branches to ensure their operations are consistent with the organization's exempt purposes?                          |          |                     | 10b      |         |        |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing boo                       |          |                     | 11a      | Х       |        |
| b      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                            |          |                     |          |         |        |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13                                  |          |                     | 12a      | Х       |        |
|        | 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 "Y                    | ′es," d  | escribe             |          |         |        |
|        | in Schedule O how this was done                                                                                          |          |                     | 12c      |         | Х      |
| 13     | Did the organization have a written whistleblower policy?                                                                |          |                     | 13       | Х       |        |
| 14     | Did the organization have a written document retention and destruction policy?                                           |          |                     | 14       | Х       |        |
| 15     | Did the process for determining compensation of the following persons include a review and approv                        |          |                     |          |         |        |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                        |          |                     |          |         |        |
| а      | The organization's CEO, Executive Director, or top management official                                                   |          |                     | 15a      |         | Х      |
|        | Other officers or key employees of the organization                                                                      |          |                     | 15b      |         | Х      |
|        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                      |          |                     |          |         |        |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange               | ment v   | vith a              |          |         |        |
|        | taxable entity during the year?                                                                                          |          |                     | 16a      |         | Х      |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua                 |          |                     |          |         |        |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga                     |          | •                   |          |         |        |
|        | exempt status with respect to such arrangements?                                                                         |          |                     | 16b      |         |        |
| Sec    | tion C. Disclosure                                                                                                       |          |                     |          |         |        |
| 17     | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ See Schedule            | 0        |                     |          |         |        |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a                     |          | D-T (Section 501(c) | 3)s only | ) avail | able   |
|        | for public inspection. Indicate how you made these available. Check all that apply.                                      |          |                     | ., .,    |         |        |
|        | X Own website Another's website X Upon request Other (explain                                                            | n on Sc  | chedule O)          |          |         |        |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c                         |          | ,                   | nd fina  | ncial   |        |
|        | statements available to the public during the tax year.                                                                  |          |                     |          |         |        |
| 20     | State the name, address, and telephone number of the person who possesses the organization's bo                          | ooks ai  | nd records 🕨        |          |         |        |
|        | The Organization - 404-935-6444                                                                                          |          | ·                   |          |         |        |
|        | 912 Killian Hill Road SW, Lilburn, GA 30047                                                                              |          |                     |          |         |        |
| 032006 | 12-23-20                                                                                                                 |          |                     | Form     | 990     | (2020) |
|        | 7                                                                                                                        |          |                     |          |         |        |

13430830 794789 LEWYBODY

<sup>2020.04011</sup> Lewy Body Dementia Associat LEWYBOD1

Lewy Body Dementia Association, Inc.

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |
|----------|-----------------------------------------------------------------------------------|
|          | Employees, and Independent Contractors                                            |
|          | Check if Schedule O contains a response or note to any line in this Part VII      |

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.

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

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

| (A)<br>Name and title                        | (B)<br>Average<br>hours per                                                  | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              | than<br>is bot                  | h an   | (D)<br>Reportable<br>compensation<br>from | <b>(E)</b><br>Reportable<br>compensation<br>from related | (F)<br>Estimated<br>amount of                                                     |
|----------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                              | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director                                                                                     | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC)                         | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Todd Graham                              | 40.00                                                                        |                                                                                                                    |                       |         |              |                                 |        | 120 000                                   | 0                                                        | 0                                                                                 |
| Executive Director                           | 40.00                                                                        |                                                                                                                    |                       | X       |              |                                 |        | 130,000.                                  | 0.                                                       | 0.                                                                                |
| (2) Mark Wall                                | 40.00                                                                        | 4                                                                                                                  |                       | v       |              |                                 |        | 120 000                                   | 0                                                        | 0                                                                                 |
| Executive Director                           | 0.00                                                                         |                                                                                                                    |                       | X       |              |                                 |        | 130,000.                                  | 0.                                                       | 0.                                                                                |
| (3) Shannon McCarty-Caplan<br>Vice President | 8.00                                                                         | x                                                                                                                  |                       | x       |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
| (4) Andy Matteis                             | 8.00                                                                         | 1                                                                                                                  |                       |         |              |                                 |        | 0.                                        | ••                                                       |                                                                                   |
| Treasurer                                    | 0.00                                                                         | x                                                                                                                  |                       | x       |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
| (5) Emily N. Pualman                         | 8.00                                                                         |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
| Director                                     |                                                                              | x                                                                                                                  |                       |         |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
| (6) James Galvin, MD                         | 8.00                                                                         |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
| Director                                     |                                                                              | x                                                                                                                  |                       |         |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
| (7) Marshall Cannon                          | 8.00                                                                         |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
| Secretary                                    |                                                                              | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
| (8) Christina M. Christie                    | 8.00                                                                         |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
| President                                    |                                                                              | X                                                                                                                  |                       | Х       |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
| (9) Tony Schueth                             | 8.00                                                                         |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
| Director                                     |                                                                              | Х                                                                                                                  |                       |         |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
| (10) Roger Bean                              | 8.00                                                                         | l                                                                                                                  |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
| Director                                     |                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0.                                        | 0.                                                       | 0.                                                                                |
|                                              |                                                                              |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
|                                              |                                                                              |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
|                                              |                                                                              | _                                                                                                                  |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
|                                              |                                                                              |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
|                                              |                                                                              | -                                                                                                                  |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
|                                              |                                                                              |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
|                                              |                                                                              |                                                                                                                    |                       |         |              |                                 |        |                                           |                                                          |                                                                                   |
| 020007 10 02 00                              |                                                                              | <u> </u>                                                                                                           | I                     | L       |              | L                               | L      |                                           |                                                          | Earm <b>990</b> (2020)                                                            |

032007 12-23-20

Form **990** (2020)

13430830 794789 LEWYBODY

2020.04011 Lewy Body Dementia Associat LEWYBOD1

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|        |                                                                                                    | ewy Body            |                                                                      |                                |                        |         |                         |                                 |        |           |                                               | 05-0                                             | 577 | 683              | Pa                                                | age <b>8</b>   |
|--------|----------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------|--------------------------------|------------------------|---------|-------------------------|---------------------------------|--------|-----------|-----------------------------------------------|--------------------------------------------------|-----|------------------|---------------------------------------------------|----------------|
| Par    | t VII Section A. Officers, D                                                                       | irectors, Trus      | tees, Key Em                                                         | ploy                           | vees,                  | , and   | d Hi                    | ghe                             | st C   | ompens    | sated Employe                                 | es (continued)                                   |     |                  |                                                   |                |
|        | (A)<br>Name and title                                                                              |                     | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not cl<br>, unles      | ss pei  | ition<br>more<br>rson i | than o<br>is both<br>r/trust    | n an   |           | <b>(D)</b><br>eportable<br>npensation<br>from | (E)<br>Reportable<br>compensatio<br>from related | n   | an               | (F)<br>timate<br>nount o<br>other                 |                |
|        |                                                                                                    |                     | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer | Key employee            | Highest compensated<br>employee | Former |           | the<br>ganization<br>(1099-MISC)              | organization<br>(W-2/1099-MIS                    |     | fr<br>org<br>and | pensa<br>om the<br>anizati<br>d relate<br>nizatio | e<br>ion<br>ed |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
| 1b     | Subtotal                                                                                           |                     |                                                                      |                                |                        |         |                         |                                 |        | 2         | 260,000.                                      |                                                  | 0.  |                  |                                                   | 0.             |
| c<br>d | Total from continuation she<br>Total (add lines 1b and 1c)                                         | ets to Part VI      | I, Section A                                                         | ·····                          | ·····                  |         | ·····                   | <br>                            |        | 2         | 0.<br>260,000.                                |                                                  | 0.  |                  |                                                   | 0.             |
| 2      | Total number of individuals (in compensation from the organ                                        | •                   | ot limited to th                                                     | lose                           | liste                  | ed at   | ove                     | e) wh                           | io re  | eceived i | more than \$10                                | 0,000 of reportab                                | le  |                  | Yes                                               | 2<br>No        |
| 3      | Did the organization list any <b>f</b><br>line 1a? <i>If</i> "Yes," <i>complete</i> So             | chedule J for si    | uch individual                                                       |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     | 3                |                                                   | X              |
| 4<br>5 | For any individual listed on lin<br>and related organizations gre<br>Did any person listed on line | eater than \$150    | 0,000? If "Yes,                                                      | " co                           | mple                   | ete S   | Sche                    | edule                           | e J fo | or such i | individual                                    | -                                                |     | 4                |                                                   | X              |
| Sec    | rendered to the organization?<br>tion B. Independent Contrac                                       |                     | plete Schedul                                                        | e J f                          | or su                  | uch j   | pers                    | son .                           |        |           |                                               |                                                  |     | 5                |                                                   | X              |
| 1      |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
|        | Name                                                                                               | (A)<br>and business | address                                                              | N                              | ONE                    | 3       |                         |                                 |        |           | (B)<br>Description of :                       | services                                         | С   | (C<br>omper      |                                                   | 1              |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 | _      |           |                                               |                                                  |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     |                  |                                                   |                |
| 2      | Total number of independent<br>\$100,000 of compensation fr                                        | ·                   |                                                                      | iot li                         | mite                   | d to    | tho:                    | ~                               | sted   | above)    | who received r                                | nore than                                        |     |                  |                                                   |                |
|        |                                                                                                    |                     |                                                                      |                                |                        |         |                         |                                 |        |           |                                               |                                                  |     | Form             |                                                   | 2020)          |

032008 12-23-20

|                                                           |      |      |                                                       |                 | Dem           | entia        | Ass           | sociation,                 | Inc.              | 05-0577          | 683 Page 9                        |
|-----------------------------------------------------------|------|------|-------------------------------------------------------|-----------------|---------------|--------------|---------------|----------------------------|-------------------|------------------|-----------------------------------|
| Pa                                                        | rt \ | /111 |                                                       |                 |               |              |               |                            |                   |                  |                                   |
|                                                           |      |      | Check if Schedule O co                                | ontains a respo | onse          | or note to a | any line<br>I | e in this Part VIII<br>(A) | (B)               | (C)              | []                                |
|                                                           |      |      |                                                       |                 |               |              |               | Total revenue              | Related or exempt | Unrelated        | Revenue excluded                  |
|                                                           |      |      |                                                       |                 |               |              |               |                            | function revenue  | business revenue | from tax under sections 512 - 514 |
| ts<br>t                                                   | 1    | а    | Federated campaigns                                   | 1a              |               |              | -             |                            |                   |                  |                                   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | · ·  |      | Membership dues                                       |                 |               |              | _             |                            |                   |                  |                                   |
| ج<br>م                                                    |      |      | Fundraising events                                    |                 |               |              |               |                            |                   |                  |                                   |
| ar /                                                      |      |      | Related organizations                                 |                 |               |              |               |                            |                   |                  |                                   |
| s,                                                        |      |      | Government grants (contrib                            |                 |               | 169,52       | 26.           |                            |                   |                  |                                   |
| rsi<br>Si                                                 |      |      | All other contributions, gifts, gr                    |                 |               |              |               |                            |                   |                  |                                   |
| the                                                       |      |      | similar amounts not included al                       |                 | 3,            | 578,74       | 45.           |                            |                   |                  |                                   |
| ų tr                                                      |      | g    | Noncash contributions included in lin                 |                 |               |              |               |                            |                   |                  |                                   |
| a Ö                                                       |      | -    | Total. Add lines 1a-1f                                |                 |               |              |               | 3,748,271.                 |                   |                  |                                   |
|                                                           |      |      |                                                       |                 |               | Business C   | _             |                            |                   |                  |                                   |
| ø                                                         | 2    | а    |                                                       |                 |               |              |               |                            |                   |                  |                                   |
| ωŽ                                                        |      | b    |                                                       |                 |               |              |               |                            |                   |                  |                                   |
| Se                                                        |      | с    |                                                       |                 |               |              |               |                            |                   |                  |                                   |
| eve                                                       |      | d    |                                                       |                 |               |              |               |                            |                   |                  |                                   |
| Program Service<br>Revenue                                |      | е    |                                                       |                 |               |              |               |                            |                   |                  |                                   |
| Ъ,                                                        |      | f    | All other program service re                          | venue           |               |              |               |                            |                   |                  |                                   |
|                                                           |      | g    | Total. Add lines 2a-2f                                |                 |               |              |               |                            |                   |                  |                                   |
|                                                           | 3    |      | Investment income (includir                           |                 |               |              |               |                            |                   |                  |                                   |
|                                                           |      |      | other similar amounts)                                |                 |               |              |               | 559.                       |                   |                  | 559.                              |
|                                                           | 4    |      | Income from investment of                             | tax-exempt be   | ond p         | roceeds      |               |                            |                   |                  |                                   |
|                                                           | 5    |      | Royalties                                             |                 |               |              |               |                            |                   |                  |                                   |
|                                                           |      |      |                                                       | (i) Rea         | I             | (ii) Perso   | nal           |                            |                   |                  |                                   |
|                                                           | 6    | а    | Gross rents                                           | ба              |               |              |               |                            |                   |                  |                                   |
|                                                           |      | b    | Less: rental expenses                                 | 6b              |               |              |               |                            |                   |                  |                                   |
|                                                           |      | С    | Rental income or (loss)                               | 6c              |               |              |               |                            |                   |                  |                                   |
|                                                           |      |      | Net rental income or (loss)                           |                 |               |              |               |                            |                   |                  |                                   |
|                                                           | 7    | а    | Gross amount from sales of                            | (i) Securi      | ties          | (ii) Othe    | ər            |                            |                   |                  |                                   |
|                                                           |      |      | · · · ·                                               | 7a              |               |              | _             |                            |                   |                  |                                   |
| ۵.                                                        |      | b    | Less: cost or other basis                             |                 |               |              |               |                            |                   |                  |                                   |
| venue                                                     |      |      |                                                       | 7b              |               |              | _             |                            |                   |                  |                                   |
| 0                                                         |      |      | · · · · · · · · · · · ·                               | 7c              |               |              |               |                            |                   |                  |                                   |
| r<br>R                                                    |      |      | Net gain or (loss)                                    |                 | · · · · · · · |              |               |                            |                   |                  |                                   |
| Other                                                     | 8    | а    | Gross income from fundraising                         |                 |               |              |               |                            |                   |                  |                                   |
| 0                                                         |      |      | including \$                                          |                 |               |              |               |                            |                   |                  |                                   |
|                                                           |      |      | contributions reported on lir                         | ,               |               |              |               |                            |                   |                  |                                   |
|                                                           |      |      | Part IV, line 18                                      |                 | 8a            |              | _             |                            |                   |                  |                                   |
|                                                           |      |      | Less: direct expenses<br>Net income or (loss) from fu |                 | 8b            |              |               |                            |                   |                  |                                   |
|                                                           |      |      | ( <i>)</i>                                            | •               |               |              |               |                            |                   |                  |                                   |
|                                                           | 9    | а    | Gross income from gaming                              |                 |               |              |               |                            |                   |                  |                                   |
|                                                           |      | h    | Part IV, line 19<br>Less: direct expenses             |                 | 9a<br>9b      |              | -+            |                            |                   |                  |                                   |
|                                                           |      |      | Net income or (loss) from ga                          |                 |               |              | ┢             |                            |                   |                  |                                   |
|                                                           | 10   |      | Gross sales of inventory, les                         |                 |               |              | -             |                            |                   |                  |                                   |
|                                                           | 0    | u    | and allowances                                        |                 | 10a           |              |               |                            |                   |                  |                                   |
|                                                           |      | h    | Less: cost of goods sold                              |                 | 10b           |              | -             |                            |                   |                  |                                   |
|                                                           |      |      | Net income or (loss) from sa                          |                 |               |              | ▶             |                            |                   |                  |                                   |
|                                                           |      | -    |                                                       |                 | · <b>,</b>    | Business C   | Code          |                            |                   |                  |                                   |
| Miscellaneous<br>Revenue                                  | 11   | а    |                                                       |                 |               |              | <u> </u>      |                            |                   |                  |                                   |
| ane<br>nue                                                |      | b    |                                                       |                 |               |              |               |                            |                   |                  |                                   |
| ells<br>eve                                               |      | c    |                                                       |                 |               |              |               |                            |                   |                  |                                   |
| lisc<br>R                                                 |      | -    | All other revenue                                     |                 |               |              |               |                            |                   |                  |                                   |
| 2                                                         |      |      | Total. Add lines 11a-11d                              |                 |               |              |               |                            |                   |                  |                                   |
|                                                           | 12   |      | Total revenue. See instructions                       |                 |               |              |               | 3,748,830.                 | 0.                | 0.               | 559.                              |
| 03200                                                     |      |      |                                                       |                 |               |              | . 1           |                            | -                 |                  | Form <b>990</b> (2020)            |

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13430830 794789 LEWYBODY

Lewy Body Dementia Association, Inc. 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<br>not include amounts reported on lines 6b,                                                                                                                         | (A)            | (B)                         | (C)                             | (D)                     |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|---------------------------------|-------------------------|
|         | 8b, 9b, and 10b of Part VIII.                                                                                                                                                                              | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1       | Grants and other assistance to domestic organizations                                                                                                                                                      | 140.000        | 140.000                     |                                 |                         |
|         | and domestic governments. See Part IV, line 21                                                                                                                                                             | 140,000.       | 140,000.                    |                                 |                         |
| 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,                                                                                                                                                               | 260,000.       | 174,200.                    | 39,000.                         | 46,800                  |
| e       | trustees, and key employees<br>Compensation not included above to disqualified                                                                                                                             | 200,000.       | 1/4,200.                    | 55,000.                         | 40,000                  |
| 6       | persons (as defined under section $4958(f)(1)$ ) and                                                                                                                                                       |                |                             |                                 |                         |
|         | persona described in section $40E9(a)(2)(P)$                                                                                                                                                               |                |                             |                                 |                         |
| 7       |                                                                                                                                                                                                            | 654,286.       | 562,128.                    | 71,022.                         | 21,136                  |
| 7<br>8  | Other salaries and wages<br>Pension plan accruals and contributions (include                                                                                                                               | 0.54,200.      | 552,120.                    | , _ , 0 2 2 •                   | 21,130                  |
| 0       | section 401(k) and 403(b) employer contributions)                                                                                                                                                          | 6,263.         | 4,572.                      | 564.                            | 1,127                   |
| 9       | Other employee benefits                                                                                                                                                                                    | 161,836.       | 122,097.                    | 20,878.                         | 18,861                  |
| 9<br>10 | Payroll taxes                                                                                                                                                                                              | 70,119.        | 56,700.                     | 8,155.                          | 5,264                   |
| 11      | Fees for services (nonemployees):                                                                                                                                                                          | ,              |                             |                                 | 5,201                   |
|         | Management                                                                                                                                                                                                 |                |                             |                                 |                         |
|         | Legal                                                                                                                                                                                                      | 3,920.         | 1,200.                      | 2,720.                          |                         |
|         | Accounting                                                                                                                                                                                                 | 60,500.        | _,                          | 60,500.                         |                         |
|         | Lobbying                                                                                                                                                                                                   |                |                             |                                 |                         |
|         | Professional fundraising services. See Part IV, line 17                                                                                                                                                    |                |                             |                                 |                         |
| f       | Investment management fees                                                                                                                                                                                 |                |                             |                                 |                         |
| g       |                                                                                                                                                                                                            |                |                             |                                 |                         |
|         | column (A) amount, list line 11g expenses on Sch O.)                                                                                                                                                       | 94,350.        | 63,829.                     | 17,069.                         | 13,452                  |
| 12      | Advertising and promotion                                                                                                                                                                                  |                |                             |                                 |                         |
| 13      | Office expenses                                                                                                                                                                                            | 67,215.        | 23,978.                     | 28,163.                         | 15,074                  |
| 14      | Information technology                                                                                                                                                                                     | 90,303.        | 62,740.                     | 10,351.                         | 17,212                  |
| 15      | Royalties                                                                                                                                                                                                  |                |                             |                                 |                         |
| 16      | Occupancy                                                                                                                                                                                                  | 53,919.        | 39,750.                     | 4,737.                          | 9,432                   |
| 17      | Travel                                                                                                                                                                                                     |                |                             |                                 |                         |
| 18      | Payments of travel or entertainment expenses                                                                                                                                                               |                |                             |                                 |                         |
|         | for any federal, state, or local public officials                                                                                                                                                          |                |                             |                                 |                         |
| 19      | Conferences, conventions, and meetings                                                                                                                                                                     | 14,857.        | 14,857.                     |                                 |                         |
| 20      | Interest                                                                                                                                                                                                   |                |                             |                                 |                         |
| 21      | Payments to affiliates                                                                                                                                                                                     |                |                             |                                 |                         |
| 22      | Depreciation, depletion, and amortization                                                                                                                                                                  | 9,153.         |                             | 9,153.                          |                         |
| 23      | Insurance                                                                                                                                                                                                  |                |                             |                                 |                         |
| 24      | Other expenses. Itemize expenses not covered<br>above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                |                             |                                 |                         |
| а       | Client Materials and Ed                                                                                                                                                                                    | 333,535.       | 306,652.                    | 3,959.                          | 22,924                  |
| b       | Postage & Shipping                                                                                                                                                                                         | 17,391.        | 14,898.                     |                                 | 2,493                   |
| c       |                                                                                                                                                                                                            | -              |                             |                                 | · -                     |
| d       |                                                                                                                                                                                                            |                |                             |                                 |                         |
|         | All other expenses                                                                                                                                                                                         |                |                             |                                 |                         |
| 25      | Total functional expenses. Add lines 1 through 24e                                                                                                                                                         | 2,037,647.     | 1,587,601.                  | 276,271.                        | 173,775                 |
| 26      | Joint costs. Complete this line only if the organization                                                                                                                                                   |                |                             |                                 |                         |
|         | reported in column (B) joint costs from a combined                                                                                                                                                         |                |                             |                                 |                         |
|         | educational campaign and fundraising solicitation.                                                                                                                                                         |                |                             |                                 |                         |
|         | Check here if following SOP 98-2 (ASC 958-720)                                                                                                                                                             |                |                             |                                 |                         |

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13430830 794789 LEWYBODY

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Form **990** (2020)

13430830 794789 LEWYBODY

Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net

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

4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 57,116. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 57,116. 9,153. Ο. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 3,839,285. 5,554,767. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 79,813. 50,514. 17 Accounts payable and accrued expenses 17 50,000. 25,000. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 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 25 100,514. 104,813. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,628,771. 5,256,161. Net assets without donor restrictions 27 27 110,000. 193,793. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,449,954. 3,738,771. Total net assets or fund balances 32 32 3,839,285. 5,554,767. 33 33 Total liabilities and net assets/fund balances ...

Lewy Body Dementia Association, Inc.

(A)

Beginning of year

3,299,657.

437,025.

93,450.

1

2

3

05-0577683 Page 11

(B)

End of year

5,503,347.

51,420.

Form 990 (2020)

**Balance Sheet** 

Part X

| Form | 990 | (2020) |  |
|------|-----|--------|--|

1

2

3

| Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       I         1       Total revenue (must equal Part VIII, column (A), line 12)       1       3, 748, 830.         2       Total expenses (must equal Part VII, column (A), line 25)       2       2, 037, 647.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 711, 183.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3, 738, 771.         5       0       Donated services and use of facilities       6       7         7       8       Prior period adjustments       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       S, 449, 954.       8       9         Part XII       Financial Statements and Reporting       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       The organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Form | 1990 (2020) Lewy Body Dementia Association, Inc.                                                                   | 05-05      | 577683     | Pag | ge <b>12</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------|------------|------------|-----|--------------|
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       3,748,830.         2       Total expenses (must equal Part IX, column (A), line 25)       2       2,037,647.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,711,183.         4       3,738,771.         5       0       0         6       0       7         7       8       0         8       0       0         9       0.       0         10       5,449,954.         9       0.         11       Accounting method used to prepare the Form 990:       Cash         12       Cash       X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         16       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         17       14       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2       X         16       Yes, 'theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2       X <td< th=""><th>Pa</th><th>rt XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th></th></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Pa   | rt XI Reconciliation of Net Assets                                                                                 |            |            |     |              |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       2,037,647.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,711,183.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,738,771.         5       5       5       5       5         6       7       66       7         7       8       9       0.       6         9       0.       9       0.       0         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       5,449,954.         Part XIII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash <x< td="">       A carual       Other         If the organization changed its method of accounting from a prior year or checked "Other," ex</x<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | Check if Schedule O contains a response or note to any line in this Part XI                                        |            |            |     |              |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       2,037,647.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,711,183.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,738,771.         5       5       5       5       5         6       7       66       7         7       8       9       0.       6         9       0.       9       0.       0         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       5,449,954.         Part XIII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash <x< td="">       A carual       Other         If the organization changed its method of accounting from a prior year or checked "Other," ex</x<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                    |            |            |     |              |
| 3       Revenue less expenses. Subtract line 2 from line 1       3       1,711,183.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,738,771.         5       6       6       7       7       8         6       0       7       8       9       0.         9       0.ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,449,954.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain in Schedule O.       2a       X         1       Trees, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Separate basis       Consolidated basis, or both:       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       <                                                                                                                                                                                                                                                                                                                                                                                                             | 1    | Total revenue (must equal Part VIII, column (A), line 12)                                                          | 1          |            |     |              |
| 4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,738,771.         5       Net unrealized gains (losses) on investments       5       6         6       7       1       5         6       7       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Donated services and use of facilities       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Dotatad services and Reporting       10       5,449,954.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis       Both consolid                                                                                                                                                                                                                                                                                                                                                                                                                                | 2    | Total expenses (must equal Part IX, column (A), line 25)                                                           | 2          |            |     |              |
| 5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5, 449, 954.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X                                                                                                                                                                                                                                                                                                                                       | 3    | Revenue less expenses. Subtract line 2 from line 1                                                                 | 3          |            |     |              |
| 6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,449,954.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both                                                                                                                                                                                                                                                                                             | 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4          | 3,738      | 8,7 | 71.          |
| 7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 5,449,954.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X Separate bas                                                                                                                                                                                                                                                                         | 5    | Net unrealized gains (losses) on investments                                                                       | 5          |            |     |              |
| 7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 5,449,954.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X Separate bas                                                                                                                                                                                                                                                                         | 6    | Donated services and use of facilities                                                                             | 6          |            |     |              |
| 8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,449,954.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Dother       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Dother       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate                                                                                                                                                                                                                                                                                                    | 7    |                                                                                                                    | 7          |            |     |              |
| 9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 5,449,954.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other - Unit of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Vere the organization's financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consoli | 8    |                                                                                                                    | 8          |            |     |              |
| column (B))       10       5,449,954.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to in                                                                                                                                                                                                                                     | 9    |                                                                                                                    | 9          |            |     | 0.           |
| Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       E                                                                                                                                                                                                                                                       | 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |            |            |     |              |
| Check if Schedule O contains a response or note to any line in this Part XII     1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                    | 10         | 5,44       | 9,9 | 54.          |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Both consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated basis       Both consolidated and separate basis <th>Pa</th> <td>rt XII Financial Statements and Reporting</td> <td></td> <td></td> <td></td> <td></td>                                                                                      | Pa   | rt XII Financial Statements and Reporting                                                                          |            |            |     |              |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash in the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated basis       Both consolidated and separate basis       2b       X                                                                                                                                                                                                                                                             |      | Check if Schedule O contains a response or note to any line in this Part XII                                       |            |            |     |              |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   Mere the organization's financial statements audited by an independent accountant?   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate basis   Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                    |            |            | Yes | No           |
| 2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2b       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                               |            | -          |     |              |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis         b       Were the organization's financial statements audited by an independent accountant?       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate basis       If the year were audited on a separate basis, consolidated basis, or both:         If "Yes," check a box below to indicate basis       If the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If the year were audited and separate basis       If the year were basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                    |            |            |     |              |
| separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a   |                                                                                                                    |            | <b>2</b> a |     | X            |
| Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe     | d on a     |            |     |              |
| b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       Image: Consolidated basis                                                                                                                                                              |      |                                                                                                                    |            |            |     |              |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis         Image: Consolidated basis       Image: Consolidated basis       Image: Consolidated basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                    |            |            |     |              |
| consolidated basis, or both:<br>X Separate basis Consolidated basis Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | b    | Were the organization's financial statements audited by an independent accountant?                                 |            | <b>2</b> b | х   |              |
| X Separate basis Consolidated basis Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | te basis,  |            |     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                    |            |            |     |              |
| a. If "Vac" to line 2a or 2b, does the organization have a committee that accumes responsibility for everyight of the cudit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | X Separate basis Consolidated basis Both consolidated and separate basis                                           |            |            |     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ,          |            |     |              |
| review, or compilation of its financial statements and selection of an independent accountant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                    |            | 2c         | Х   |              |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                                    |            |            |     |              |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3a   |                                                                                                                    | ngle Audit |            |     |              |
| Act and OMB Circular A-133? 3a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                    |            | 3a         |     | X            |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | b    |                                                                                                                    |            |            |     |              |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |            |            |     |              |

Form **990** (2020)

032012 12-23-20

| ( | Form | 990 | or         | 990-E | Z |
|---|------|-----|------------|-------|---|
|   |      | 000 | <b>U</b> 1 | 000 5 | _ |

# 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.

| OMB No. 1545-0047            |
|------------------------------|
| 2020                         |
| Open to Public<br>Inspection |

н

| Department of the Treasury<br>Internal Revenue Service |       |                     |                      |                           | Attach to Form 990 or F<br>v/Form990 for instructi     |                   |                                   | nformation.                             |                | Open to Public<br>Inspection                     |
|--------------------------------------------------------|-------|---------------------|----------------------|---------------------------|--------------------------------------------------------|-------------------|-----------------------------------|-----------------------------------------|----------------|--------------------------------------------------|
| Name of the organization                               |       |                     |                      | - <b>-</b>                |                                                        |                   |                                   |                                         | Employer       | identification numbe                             |
|                                                        |       | -                   | Lewy                 | Body Deme                 | entia Associa                                          | tion,             | Inc.                              |                                         |                | 5-0577683                                        |
| Pa                                                     | nrt I | Reason              |                      |                           | (All organizations must o                              |                   |                                   | See instructio                          | ns.            |                                                  |
| The                                                    | orgar |                     |                      |                           | (For lines 1 through 12, o                             |                   |                                   |                                         |                |                                                  |
| 1                                                      | Ľ     |                     |                      |                           | on of churches describe                                |                   |                                   |                                         |                |                                                  |
| 2                                                      |       | -                   |                      |                           | (Attach Schedule E (Forn                               |                   |                                   | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |                |                                                  |
| 3                                                      |       |                     |                      |                           | anization described in <b>s</b>                        |                   |                                   | ii).                                    |                |                                                  |
| 4                                                      |       |                     |                      |                           | onjunction with a hospita                              |                   |                                   |                                         | (iii). Enter   | the hospital's name.                             |
|                                                        |       | city, and stat      |                      | ŗ                         | , ,                                                    |                   |                                   |                                         | ~ /            | ,                                                |
| 5                                                      |       |                     |                      | or the benefit of a co    | ollege or university owne                              | d or opera        | ted by a q                        | overnmental                             | unit descrik   | bed in                                           |
|                                                        |       | -                   | -                    | Complete Part II.)        | 0 ,                                                    | •                 | , ,                               |                                         |                |                                                  |
| 6                                                      |       |                     |                      |                           | mental unit described in                               | section 17        | 70(b)(1)(A)                       | (v).                                    |                |                                                  |
| 7                                                      |       |                     |                      |                           | antial part of its support i                           |                   |                                   |                                         | the general    | public described in                              |
|                                                        |       |                     |                      | omplete Part II.)         |                                                        | 0                 |                                   |                                         | U              |                                                  |
| 8                                                      |       |                     |                      |                           | (1)(A)(vi). (Complete Par                              | t II.)            |                                   |                                         |                |                                                  |
| 9                                                      |       |                     |                      |                           | d in section 170(b)(1)(A)(                             |                   | ed in conju                       | unction with a                          | a land-grant   | college                                          |
|                                                        |       |                     |                      |                           | culture (see instructions)                             |                   |                                   |                                         |                |                                                  |
|                                                        |       | university:         |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
| 10                                                     | X     |                     | on that norma        | Illy receives (1) more    | than 33 1/3% of its sup                                | port from         | contributio                       | ons, members                            | ship fees, a   | nd gross receipts from                           |
|                                                        |       |                     |                      |                           | ct to certain exceptions;                              |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           | e (less section 511 tax) fr                            |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      | mplete Part III.)         | , , , , , , , , , , , , , , , , , , ,                  |                   |                                   | ,                                       | 0              | ,                                                |
| 11                                                     |       | An organizati       | on organized a       | and operated exclus       | sively to test for public sa                           | afety. See        | section 50                        | 09(a)(4).                               |                |                                                  |
| 12                                                     |       | An organizati       | on organized a       | and operated exclus       | sively for the benefit of, t                           | o perform         | the functio                       | ons of, or to c                         | arry out the   | e purposes of one or                             |
|                                                        |       | more publicly       | supported or         | ganizations describ       | ed in section 509(a)(1) o                              | r section         | 509(a)(2).                        | See section                             | 509(a)(3).     | Check the box in                                 |
|                                                        |       | lines 12a thro      | ough 12d that        | describes the type of     | of supporting organizatio                              | n and con         | nplete line                       | s 12e, 12f, ar                          | id 12g.        |                                                  |
| а                                                      |       | <b>Type I.</b> A s  | upporting orga       | anization operated, s     | supervised, or controlled                              | by its sup        | ported org                        | ganization(s),                          | typically by   | giving                                           |
|                                                        |       | the suppor          | ted organizatio      | on(s) the power to re     | egularly appoint or elect                              | a majority        | of the dire                       | ctors or trust                          | ees of the s   | supporting                                       |
|                                                        |       | organizatio         | n. <b>You must c</b> | complete Part IV, S       | ections A and B.                                       |                   |                                   |                                         |                |                                                  |
| b                                                      |       | <b>Type II.</b> A s | supporting org       | anization supervise       | d or controlled in connec                              | tion with it      | ts support                        | ed organizati                           | on(s), by ha   | iving                                            |
|                                                        |       | control or r        | nanagement o         | of the supporting org     | anization vested in the s                              | ame perso         | ons that co                       | ontrol or man                           | age the sup    | ported                                           |
|                                                        |       | organizatio         | n(s). <b>You mus</b> | t complete Part IV,       | Sections A and C.                                      |                   |                                   |                                         |                |                                                  |
| c                                                      |       | Type III fur        | nctionally inte      | grated. A supportir       | ng organization operated                               | in connec         | tion with,                        | and functiona                           | ally integrate | ed with,                                         |
|                                                        |       | its support         | ed organizatio       | n(s) (see instruction     | s). You must complete                                  | Part IV, Se       | ections A,                        | D, and E.                               |                |                                                  |
| c                                                      |       | Type III no         | n-functionally       | y integrated. A sup       | porting organization oper                              | rated in co       | nnection \                        | with its suppo                          | orted organi   | zation(s)                                        |
|                                                        |       | that is not f       | functionally int     | tegrated. The organi      | zation generally must sa                               | tisfy a dist      | ribution re                       | quirement ar                            | id an attent   | iveness                                          |
|                                                        |       | requiremen          | it (see instruct     | ions). <b>You must co</b> | mplete Part IV, Sections                               | s A and D,        | , and Part                        | ۷.                                      |                |                                                  |
| е                                                      |       | Check this          | box if the orga      | anization received a      | written determination from                             | om the IRS        | that it is a                      | а Туре I, Туре                          | e II, Type III |                                                  |
|                                                        |       |                     |                      |                           | onally integrated support                              |                   |                                   |                                         |                |                                                  |
| f                                                      | Ent   | er the number       | of supported o       | organizations             |                                                        |                   |                                   |                                         |                |                                                  |
| <u>g</u>                                               |       |                     | <u> </u>             | n about the support       |                                                        | (iv) to the error | nization listed                   |                                         |                |                                                  |
|                                                        |       | (i) Name of supp    |                      | (ii) EIN                  | (iii) Type of organization<br>(described on lines 1-10 | in your govern    | inization listed<br>ing document? | (v) Amount of<br>support (see i         | -              | (vi) Amount of other<br>support (see instruction |
|                                                        |       | organizatior        | 1                    |                           | above (see instructions))                              | Yes               | No                                | Support (See I                          |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
|                                                        |       |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |
| Tota                                                   | al    |                     |                      |                           |                                                        |                   |                                   |                                         |                |                                                  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

#### Schedule A (Form 990 or 990 EZ) 2020 Lewy Body Dementia Association, Inc. 05-0577683 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | tion A. Public Support                       |                             |                     |                            |                           |                     |             |
|------|----------------------------------------------|-----------------------------|---------------------|----------------------------|---------------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2016             | (b) 2017            | (c) 2018                   | (d) 2019                  | (e) 2020            | (f) Total   |
| 1    | Gifts, grants, contributions, and            |                             |                     |                            |                           |                     |             |
|      | membership fees received. (Do not            |                             |                     |                            |                           |                     |             |
|      | include any "unusual grants.")               |                             |                     |                            |                           |                     |             |
| 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 $\dots$      |                             |                     |                            |                           |                     |             |
| 4    | Total. Add lines 1 through 3                 |                             |                     |                            |                           |                     |             |
| 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    | Public support. Subtract line 5 from line 4. |                             |                     |                            |                           |                     |             |
| Sec  | tion B. Total Support                        |                             |                     |                            |                           |                     |             |
| Cale | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2016             | <b>(b)</b> 2017     | (c) 2018                   | (d) 2019                  | (e) 2020            | (f) Total   |
| 7    | Amounts from line 4                          |                             |                     |                            |                           |                     |             |
| 8    | Gross income from interest,                  |                             |                     |                            |                           |                     |             |
|      | dividends, payments received on              |                             |                     |                            |                           |                     |             |
|      | securities loans, rents, royalties,          |                             |                     |                            |                           |                     |             |
|      | and income from similar sources $\dots$      |                             |                     |                            |                           |                     |             |
| 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        |                             |                     |                            |                           |                     |             |
| 12   | Gross receipts from related activities,      | etc. (see instructi         | ions)               |                            |                           | 12                  |             |
| 13   | First 5 years. If the Form 990 is for th     | e organization's f          | irst, second, third | , fourth, or fifth tax     | year as a section         | 501(c)(3)           |             |
|      | organization, check this box and stop        |                             |                     |                            |                           |                     | <b>&gt;</b> |
|      | tion C. Computation of Publ                  |                             | -                   |                            |                           |                     |             |
|      | Public support percentage for 2020 (I        |                             |                     |                            |                           | 14                  | %           |
|      | Public support percentage from 2019          |                             |                     |                            |                           |                     | %           |
| 16a  | 33 1/3% support test - 2020. If the c        |                             |                     |                            |                           |                     |             |
|      | stop here. The organization qualifies        |                             |                     |                            |                           |                     |             |
| b    | 33 1/3% support test - 2019. If the c        |                             |                     |                            |                           |                     |             |
|      | and stop here. The organization qual         |                             |                     |                            |                           |                     |             |
| 17a  | 10% -facts-and-circumstances test            | <b>t - 2020.</b> If the org | ganization did not  | check a box on lir         | ne 13, 16a, or 16b,       | and line 14 is 10%  | o or more,  |
|      | and if the organization meets the fact       | s-and-circumstand           | ces test, check th  | is box and <b>stop h</b> e | ere. Explain in Part      | t VI how the organi | zation      |
|      | meets the facts-and-circumstances te         | -                           |                     | • • • •                    |                           |                     |             |
| b    | 10% -facts-and-circumstances test            | <b>t - 2019.</b> If the org | ganization did not  | check a box on lir         | ne 13, 16a, 16b, or       | 17a, and line 15 is | 10% or      |
|      | more, and if the organization meets the      | ne facts-and-circu          | mstances test, ch   | eck this box and <b>s</b>  | <b>stop here.</b> Explain | in Part VI how the  |             |
|      | organization meets the facts-and-circu       | umstances test. T           | he organization q   | ualifies as a public       | ly supported orga         | nization            | ▶Ц          |
| 18   | Private foundation. If the organizatio       | n did not check a           | box on line 13, 16  | 6a, 16b, 17a, or 17        | b, check this box         | and see instruction | ns 🕨 🛄      |

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

13430830 794789 LEWYBODY

#### Schedule A (Form 990 or 990-EZ) 2020 Lewy Body Dementia Association, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Se          | ction A. Public Support                                                                                                                                                                |                      |                       |                      |                     |                       |                 |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------|---------------------|-----------------------|-----------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨                                                                                                                                              | <b>(a)</b> 2016      | <b>(b)</b> 2017       | <b>(c)</b> 2018      | <b>(d)</b> 2019     | (e) 2020              | (f) Total       |
| 1           | Gifts, grants, contributions, and                                                                                                                                                      |                      |                       |                      |                     |                       |                 |
|             | membership fees received. (Do not                                                                                                                                                      |                      |                       |                      |                     |                       |                 |
|             | include any "unusual grants.")                                                                                                                                                         | 1,158,271.           | 1,644,463.            | 1,558,248.           | 2,552,600.          | 2,534,271.            | 9,447,853.      |
| 2           | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>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                                                                                                                                                    |                      |                       |                      |                     |                       |                 |
|             | furnished by a governmental unit to                                                                                                                                                    |                      |                       |                      |                     |                       |                 |
|             | the organization without charge                                                                                                                                                        |                      |                       |                      |                     |                       |                 |
| 6           | Total. Add lines 1 through 5                                                                                                                                                           | 1,158,271.           | 1,644,463.            | 1,558,248.           | 2,552,600.          | 2,534,271.            | 9,447,853.      |
| 7a          | Amounts included on lines 1, 2, and                                                                                                                                                    |                      |                       |                      |                     |                       |                 |
|             | 3 received from disqualified persons                                                                                                                                                   |                      | 395,733.              | 200,000.             | 428,318.            | 394,875.              | 1,418,926.      |
| Ł           | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                       |                      |                     |                       | 0.              |
|             | Add lines 7a and 7b                                                                                                                                                                    |                      | 395,733.              | 200,000.             | 428,318.            | 394,875.              | 1,418,926.      |
|             | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                      |                       | 200,0000             | 12070201            | 00170700              | 8,028,927.      |
|             | ction B. Total Support                                                                                                                                                                 |                      |                       |                      |                     |                       | •,•2•,•2        |
|             | endar year (or fiscal year beginning in)                                                                                                                                               | (a) 2016             | <b>(b)</b> 2017       | (c) 2018             | (d) 2019            | (e) 2020              | (f) Total       |
|             | Amounts from line 6                                                                                                                                                                    | 1,158,271.           | 1,644,463.            | 1,558,248.           | 2,552,600.          | 2,534,271.            | 9,447,853.      |
|             | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,                                                                                  | 316.                 | 232.                  |                      | 634.                | 559.                  |                 |
|             | and income from similar sources                                                                                                                                                        | 510.                 | 434.                  | 1,071.               | 054.                | 559.                  | 2,812.          |
| Ľ           | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975                                                                          |                      |                       |                      |                     |                       |                 |
|             | Add lines 10a and 10b                                                                                                                                                                  | 316.                 | 232.                  | 1,071.               | 634.                | 559.                  | 2,812.          |
|             | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                      |                       |                      |                     |                       |                 |
| 12          | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)                                                                                  |                      |                       |                      |                     |                       |                 |
|             | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                         | 1,158,587.           |                       |                      |                     |                       | 9,450,665.      |
| 14          | First 5 years. If the Form 990 is for th                                                                                                                                               | e organization's fir | rst, second, third,   | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizatio | on,             |
|             | check this box and stop here                                                                                                                                                           | <u></u>              |                       |                      |                     |                       | <b>&gt;</b>     |
| Se          | ction C. Computation of Publi                                                                                                                                                          | ic Support Per       | rcentage              |                      |                     |                       |                 |
| 15          | Public support percentage for 2020 (li                                                                                                                                                 | ine 8, column (f), d | livided by line 13,   | column (f))          |                     | 15                    | 84.96 %         |
|             | Public support percentage from 2019                                                                                                                                                    |                      |                       |                      |                     | 16                    | 84.23 %         |
| Se          | ction D. Computation of Inves                                                                                                                                                          | stment Incom         | e Percentage          |                      |                     |                       |                 |
| 17          | Investment income percentage for 20                                                                                                                                                    | 20 (line 10c, colum  | nn (f), divided by li | ne 13, column (f))   |                     | 17                    | .03 %           |
|             | Investment income percentage from 2                                                                                                                                                    |                      |                       |                      |                     | 18                    | .03 %           |
| <b>19</b> a | a 33 1/3% support tests - 2020. If the                                                                                                                                                 | -                    |                       |                      |                     |                       |                 |
|             | more than 33 1/3%, check this box ar                                                                                                                                                   |                      |                       |                      |                     |                       | <b>X</b>        |
| k           | <b>33 1/3% support tests - 2019.</b> If the                                                                                                                                            |                      |                       |                      |                     |                       |                 |
|             | line 18 is not more than 33 1/3%, che                                                                                                                                                  |                      | · ·                   | -                    |                     |                       |                 |
| 20          | Private foundation. If the organization                                                                                                                                                | n did not check a    | box on line 14, 19    | a, or 19b, check th  |                     |                       |                 |
| 0320        | 23 01-25-21                                                                                                                                                                            |                      |                       | 16                   | Sche                | edule A (Form 990     | or 990-EZ) 2020 |

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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|     |        | cupper ling erganizations (continuea)                                                                          |     |     |    |
|-----|--------|----------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |        |                                                                                                                |     | Yes | No |
| 11  | Has t  | he organization accepted a gift or contribution from any of the following persons?                             |     |     |    |
| а   | A per  | son who directly or indirectly controls, either alone or together with persons described in lines 11b and      |     |     |    |
|     | 11c b  | elow, the governing body of a supported organization?                                                          | 11a |     |    |
| b   | A fam  | ily member of a person described in line 11a above?                                                            | 11b |     |    |
| С   | A 35%  | 6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide |     |     |    |
|     | detail | in Part VI.                                                                                                    | 11c |     |    |
| Sec | ction  | B. Type I Supporting Organizations                                                                             |     |     |    |

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

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.
Section C. Type II Supporting Organizations

| Section C. | туре п | Supporting | Organizations |  |
|------------|--------|------------|---------------|--|
|            |        |            |               |  |

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1
 1

 Section D. All Type III Supporting Organizations
 1
 1
 1
 1
 1

|   |                                                                                                                        |   | 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 Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.                                                                         | 3 |     |    |

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Yes

1

2

No

No

Yes

2a

2b

За

3b

18

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                  | ng Orgai    | nizations                 |                                |
|------|-------------------------------------------------------------------------------|-------------|---------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on | Nov. 20, 1970 (explain in | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must  | st complete | e Sections A through E.   |                                |
| Sect | ion A - Adjusted Net Income                                                   |             | (A) Prior Year            | (B) Current Year<br>(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<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                 |             |                           |                                |
|      | instructions for short tax year or assets held for part of year):             |             |                           |                                |
| a    | Average monthly value of securities                                           | 1a          |                           |                                |
| b    | Average monthly cash balances                                                 | 1b          |                           |                                |
| 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 0.015 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 0.035.                                                     | 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 0.85 of line 1.                                                         | 2           |                           |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)        | 3           |                           |                                |
| 4    | Enter greater of line 2 or line 3.                                            | 4           |                           |                                |
| 5    | Income tax imposed in prior year                                              | 5           |                           |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to          |             |                           |                                |
|      | emergency temporary reduction (see instructions).                             | 6           |                           |                                |

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

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| Par   | t V   Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga            | anizations (continu                   | ued) |                                           |
|-------|-------------------------------------------------------------------|-----------------------------------|---------------------------------------|------|-------------------------------------------|
| Sect  | on D - Distributions                                              |                                   |                                       |      | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe         |                                   | 1                                     |      |                                           |
| 2     | Amounts paid to perform activity that directly furthers exemption |                                   |                                       |      |                                           |
|       | organizations, in excess of income from activity                  |                                   |                                       | 2    |                                           |
| 3     | Administrative expenses paid to accomplish exempt purpose         | es of supported organizatior      | IS                                    | 3    |                                           |
| 4     | Amounts paid to acquire exempt-use assets                         |                                   |                                       | 4    |                                           |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro    | ovide details in <b>Part VI</b> ) |                                       | 5    |                                           |
| 6     | Other distributions (describe in Part VI). See instructions.      |                                   |                                       | 6    |                                           |
| 7     | Total annual distributions. Add lines 1 through 6.                |                                   |                                       | 7    |                                           |
| 8     | Distributions to attentive supported organizations to which the   | he organization is responsive     | e                                     |      |                                           |
|       | (provide details in Part VI). See instructions.                   |                                   |                                       | 8    |                                           |
| 9     | Distributable amount for 2020 from Section C, line 6              |                                   |                                       | 9    |                                           |
| 10    | Line 8 amount divided by line 9 amount                            |                                   |                                       | 10   |                                           |
| Secti | on E - Distribution Allocations (see instructions)                | (i)<br>Excess Distributions       | (ii)<br>Underdistribution<br>Pre-2020 | ns   | (iii)<br>Distributable<br>Amount for 2020 |
| _1    | Distributable amount for 2020 from Section C, line 6              |                                   |                                       |      |                                           |
| 2     | Underdistributions, if any, for years prior to 2020 (reason-      |                                   |                                       |      |                                           |
|       | able cause required - explain in Part VI). See instructions.      |                                   |                                       |      |                                           |
| 3     | Excess distributions carryover, if any, to 2020                   |                                   |                                       |      |                                           |
| a     | From 2015                                                         |                                   |                                       |      |                                           |
| b     | From 2016                                                         |                                   |                                       |      |                                           |
| с     | From 2017                                                         |                                   |                                       |      |                                           |
| d     | From 2018                                                         |                                   |                                       |      |                                           |
| е     | From 2019                                                         |                                   |                                       |      |                                           |
| f     | Total of lines 3a through 3e                                      |                                   |                                       |      |                                           |
| g     | Applied to underdistributions of prior years                      |                                   |                                       |      |                                           |
| h     | Applied to 2020 distributable amount                              |                                   |                                       |      |                                           |
| i     | Carryover from 2015 not applied (see instructions)                |                                   |                                       |      |                                           |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.            |                                   |                                       |      |                                           |
| 4     | Distributions for 2020 from Section D,                            |                                   |                                       |      |                                           |
|       | line 7: \$                                                        |                                   |                                       |      |                                           |
| а     | Applied to underdistributions of prior years                      |                                   |                                       |      |                                           |
| b     | Applied to 2020 distributable amount                              |                                   |                                       |      |                                           |
| C     | Remainder. Subtract lines 4a and 4b from line 4.                  |                                   |                                       |      |                                           |
| 5     | Remaining underdistributions for years prior to 2020, if          |                                   |                                       |      |                                           |
|       | any. Subtract lines 3g and 4a from line 2. For result greater     |                                   |                                       |      |                                           |
|       | than zero, explain in Part VI. See instructions.                  |                                   |                                       |      |                                           |
| 6     | Remaining underdistributions for 2020. Subtract lines 3h          |                                   |                                       |      |                                           |
|       | and 4b from line 1. For result greater than zero, explain in      |                                   |                                       |      |                                           |
|       | Part VI. See instructions.                                        |                                   |                                       |      |                                           |
| 7     | Excess distributions carryover to 2021. Add lines 3j              |                                   |                                       |      |                                           |
|       | and 4c.                                                           |                                   |                                       |      |                                           |
| 8     | Breakdown of line 7:                                              |                                   |                                       |      |                                           |
| а     | Excess from 2016                                                  |                                   |                                       |      |                                           |
| b     | Excess from 2017                                                  |                                   |                                       |      |                                           |
| c     | Excess from 2018                                                  |                                   |                                       |      |                                           |
| d     | Excess from 2019                                                  |                                   |                                       |      |                                           |
| е     | Excess from 2020                                                  |                                   |                                       |      |                                           |

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| Part VI       | (Form 990 or 990-E                      |                    | During                                            | Dementer                            | a ASSU                      |                                     | , IIIC.          | 05-0577683                                                    | Pa     |
|---------------|-----------------------------------------|--------------------|---------------------------------------------------|-------------------------------------|-----------------------------|-------------------------------------|------------------|---------------------------------------------------------------|--------|
|               | Part IV. Section A                      | lines 1. 2. 3b. 3d | <ul> <li>Provide tl</li> <li>4b. 4c. 5</li> </ul> | ne explanations<br>a, 6, 9a, 9b, 9c | required by<br>11a, 11b, ar | Part II, line 10<br>nd 11c: Part IV | Part II, line 17 | 7a or 17b; Part III, line 12;<br>nes 1 and 2; Part IV, Sectio | on C.  |
|               | line 1; Part IV, Sec                    | tion D, lines 2 an | ld 3; Part I\                                     | /, Section E, line                  | s 1c, 2a, 2b                | , 3a, and 3b; F                     | art V, line 1; P | Part V, Section B, line 1e; F                                 | Part V |
|               | Section D, lines 5, (See instructions.) |                    | art V, Sectio                                     | on E, lines 2, 5, a                 | and 6. Also c               | complete this p                     | part for any ad  | ditional information.                                         |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
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|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
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|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
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|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
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|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
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|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
|               |                                         |                    |                                                   |                                     |                             |                                     |                  |                                                               |        |
| 32028 01-25-2 | 1                                       |                    |                                                   |                                     | <u> </u>                    |                                     | Sch              | edule A (Form 990 or 990                                      | )-EZ)  |
|               |                                         |                    |                                                   |                                     | 21                          |                                     |                  |                                                               |        |

Schedule B

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

Name of the organization

| * * | PUBLIC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|
|-----|--------|------------|------|-----|

## 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

2020

Employer identification number

|                                                 | Lewy Body Dementia Association, Inc.                                       | 05-0577683 |  |  |
|-------------------------------------------------|----------------------------------------------------------------------------|------------|--|--|
| Organization type (che                          |                                                                            |            |  |  |
| Filers of:                                      | Section:                                                                   |            |  |  |
| Form 990 or 990-EZ                              | $\fbox$ 501(c)( 3 ) (enter number) organization                            |            |  |  |
|                                                 | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four | ndation    |  |  |
|                                                 | 527 political organization                                                 |            |  |  |
| Form 990-PF 501(c)(3) exempt private foundation |                                                                            |            |  |  |
|                                                 | 4947(a)(1) nonexempt charitable trust treated as a private foundat         | ion        |  |  |
|                                                 | 501(c)(3) taxable private foundation                                       |            |  |  |

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

#### General Rule

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**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.

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Employer identification number

#### Lewy Body Dementia Association, Inc.

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05-0577683 . . . . . . . . . . . . . . . . .

| Parti      | Similators (see instructions). Use duplicate copies of Part I if additional space is needed. |                             |                                                                                                                      |  |  |  |
|------------|----------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions  | (d)<br>Type of contribution                                                                                          |  |  |  |
| 1          |                                                                                              | -<br>\$\$7,500.             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions  | (d)<br>Type of contribution                                                                                          |  |  |  |
| 2          |                                                                                              | -<br>\$\$10,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions  | (d)<br>Type of contribution                                                                                          |  |  |  |
| 3          |                                                                                              | -<br>\$\$5,000.<br>-        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions  | (d)<br>Type of contribution                                                                                          |  |  |  |
| 4          |                                                                                              | \$25,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions  | (d)<br>Type of contribution                                                                                          |  |  |  |
| 5          |                                                                                              | -<br>\$ <u>10,000.</u><br>- | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions  | (d)<br>Type of contribution                                                                                          |  |  |  |
| <u> </u>   |                                                                                              | -<br>\$ <u>358,500.</u><br> | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>990, 990-EZ, or 990-PF) (2020) |  |  |  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

#### Lewy Body Dementia Association, Inc.

05-0577683

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |                                                                                    |  |  |  |
|------------|-------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |  |  |
| 7          |                                                                                                       | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |  |  |
| 8          |                                                                                                       | \$ <u></u> 50,000.         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |  |  |
| 9          |                                                                                                       | -<br>\$ <u>50,000.</u>     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |  |  |
| 10         |                                                                                                       | \$ <u></u> 5,000.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |  |  |
|            |                                                                                                       | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |  |  |
| 12         |                                                                                                       | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.04011 Lewy Body Dementia Associat LEWYBOD1

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Part I

Page 2 Employer identification number

05-0577683

#### Lewy Body Dementia Association, Inc.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d)

| (a) | (b)                        | (c)                 | (d)                                                                                            |
|-----|----------------------------|---------------------|------------------------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution                                                                           |
| 13  |                            | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (a) | (b)                        | (c)                 | (d)                                                                                            |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution                                                                           |
| 14  |                            | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (a) | (b)                        | (c)                 | (d)                                                                                            |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution                                                                           |
| 15  |                            | \$7,000.            | Person     X       Payroll                                                                     |
| (a) | (b)                        | (c)                 | (d)                                                                                            |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution                                                                           |
| 16  |                            | \$ <u>50,000.</u>   | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)                                                                                            |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution                                                                           |
| 17  |                            | \$16,000.           | Person     X       Payroll                                                                     |
| (a) | (b)                        | (c)                 | (d)                                                                                            |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution                                                                           |
| 18  |                            | \$12,094.           | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)                   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

### Lewy Body Dementia Association, Inc.

05-0577683

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition | onal space is needed.                 |                                                                                    |
|------------|------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------|
| (a)        | (b)                                                                                | (c)                                   | (d)                                                                                |
| <u>No.</u> | Name, address, and ZIP + 4                                                         | Total contributions          \$5,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions            | (d)<br>Type of contribution                                                        |
| 20         |                                                                                    | \$1,000,000.                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions            | (d)<br>Type of contribution                                                        |
|            |                                                                                    | \$ <u></u> \$                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions            | (d)<br>Type of contribution                                                        |
| 22         |                                                                                    | -<br>\$5,000.                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions            | (d)<br>Type of contribution                                                        |
|            |                                                                                    | \$5,000.                              | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions            | (d)<br>Type of contribution                                                        |
| 24         |                                                                                    | \$50,000.                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page **2** 

Employer identification number

#### Lewy Body Dementia Association, Inc.

05-0577683 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 25 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 28 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 29 X Person Payroll 24,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 30 X Person Pavroll 20,000. Noncash \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

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Employer identification number

#### Lewy Body Dementia Association, Inc.

05-0577683 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 31 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 32 Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 33 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 Х Person Payroll 23,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 35 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 36 X Person Pavroll 10,000. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

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#### Lewy Body Dementia Association, Inc.

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 37 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 38 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 40 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 41 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

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#### Lewy Body Dementia Association, Inc.

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 43 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 44 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 45 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 46 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 47 X Person Payroll 5,348. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 X Person Pavroll 7,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.04011 Lewy Body Dementia Associat LEWYBOD1

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Employer identification number

#### Lewy Body Dementia Association, Inc.

05-0577683 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 49 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 50 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 53 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 54 Person Pavroll 11,631. Noncash X \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

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Employer identification ٩r

05-0577683

#### Lewy Body Dementia Association, Inc.

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 55 Person

|            |                                   | \$13,789.                  | PayrollNoncashX(Complete Part II for<br>noncash contributions.)                  |
|------------|-----------------------------------|----------------------------|----------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                      |
|            |                                   | \$                         | Person Payroll On Complete Part II for noncash contributions.)                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                      |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                      |
|            |                                   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                      |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                      |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash                                                     |

(Complete Part II for noncash contributions.)

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Employer identification number

Lewy Body Dementia Association, Inc.

05-0577683

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |                      |  |  |  |  |
|------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|--|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.)                                                        | (d)<br>Date received |  |  |  |  |
| 54                           | Publicly Traded Stock                                           |                                                                                                        |                      |  |  |  |  |
|                              |                                                                 | \$11,631.                                                                                              | 12/30/20             |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.)                                                        | (d)<br>Date received |  |  |  |  |
| 55                           | Publicly Traded Stock                                           |                                                                                                        |                      |  |  |  |  |
|                              |                                                                 | \$13,789.                                                                                              | 12/30/20             |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.)                                                        | (d)<br>Date received |  |  |  |  |
|                              |                                                                 |                                                                                                        |                      |  |  |  |  |
|                              |                                                                 | \$                                                                                                     |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.)                                                        | (d)<br>Date received |  |  |  |  |
|                              |                                                                 |                                                                                                        |                      |  |  |  |  |
|                              |                                                                 | \$                                                                                                     |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.)                                                        | (d)<br>Date received |  |  |  |  |
|                              |                                                                 |                                                                                                        |                      |  |  |  |  |
|                              |                                                                 | \$                                                                                                     |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.)                                                        | (d)<br>Date received |  |  |  |  |
|                              |                                                                 |                                                                                                        |                      |  |  |  |  |
|                              |                                                                 | \$                                                                                                     |                      |  |  |  |  |

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| Schedule                  | B (Form 990, 990-EZ, or 990-PF) (2020)                                           |                                               | Page <b>4</b>                                                             |  |  |  |  |  |
|---------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|--|--|--|--|--|
| Name of c                 | organization                                                                     |                                               | Employer identification number                                            |  |  |  |  |  |
| Lewy                      | Body Dementia Associati                                                          | on, Inc.                                      | 05-0577683                                                                |  |  |  |  |  |
| Part III                  |                                                                                  | tions to organizations described in s         | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |  |  |
|                           | completing Part III, enter the total of exclusively religious,                   | charitable, etc., contributions of \$1,000 or | less for the year. (Enter this info. once.)<br>\$                         |  |  |  |  |  |
| (a) No.                   | Use duplicate copies of Part III if additiona                                    | space is needed.                              |                                                                           |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift                                                              | (c) Use of gift                               | (d) Description of how gift is held                                       |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  | (e) Transfer of gift                          | t                                                                         |  |  |  |  |  |
|                           |                                                                                  |                                               | <b>-</b>                                                                  |  |  |  |  |  |
|                           | Transferee's name, address, a                                                    | nd ZIP + 4                                    | Relationship of transferor to transferee                                  |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
| (a) No.                   |                                                                                  |                                               |                                                                           |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift                                                              | (c) Use of gift                               | (d) Description of how gift is held                                       |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           | (e) Transfer of gift                                                             |                                               |                                                                           |  |  |  |  |  |
|                           | Transferee's name, address, a                                                    | Relationship of transferor to transferee      |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               | · · ·                                                                     |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift                                                              | (c) Use of gift                               | (d) Description of how gift is held                                       |  |  |  |  |  |
| Part I                    |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  | e) Transfer of gift                           | l                                                                         |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           | Transferee's name, address, a                                                    | nd ZIP + 4                                    | Relationship of transferor to transferee                                  |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
| (a) No.                   |                                                                                  |                                               |                                                                           |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                              | (c) Use of gift                               | (d) Description of how gift is held                                       |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               | <u> </u>                                                                  |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           | (e) Transfer of gift                                                             |                                               |                                                                           |  |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
|                           |                                                                                  |                                               |                                                                           |  |  |  |  |  |
| 023454 11-2               | 25-20                                                                            | I                                             | Schedule B (Form 990, 990-EZ, or 990-PF) (2020)                           |  |  |  |  |  |
|                           |                                                                                  | 34                                            |                                                                           |  |  |  |  |  |

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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.



Department of the Treasury Internal Revenue Service

Name of the organization

13430830 794789 LEWYBODY

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

Employer identification number 05-0577683

|        | Lewy Body Dementia Association, Inc.                                                                                                                                                                          | 05-0577683                             |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Par    | t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A                                                                                                                                 | Accounts.Complete if the               |
|        | organization answered "Yes" on Form 990, Part IV, line 6.                                                                                                                                                     |                                        |
|        | (a) Donor advised funds                                                                                                                                                                                       | (b) Funds and other accounts           |
| 1      | Total number at end of year                                                                                                                                                                                   |                                        |
| 2      | Aggregate value of contributions to (during year)                                                                                                                                                             |                                        |
| 3      | Aggregate value of grants from (during year)                                                                                                                                                                  |                                        |
| 4      | Aggregate value at end of year                                                                                                                                                                                |                                        |
| 5      | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu                                                                                                 | nds                                    |
|        | 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 advisors in writing that grant funds can be used                                                                                                  | only                                   |
|        | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe                                                                                                 | erring                                 |
|        | impermissible private benefit?                                                                                                                                                                                | Yes No                                 |
| Par    | t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV                                                                                                                 | /, line 7.                             |
| 1      | Purpose(s) of conservation easements held by the organization (check all that apply).                                                                                                                         |                                        |
|        | Preservation of land for public use (for example, recreation or education)                                                                                                                                    | torically important land area          |
|        | Protection of natural habitat Preservation of a cer                                                                                                                                                           | tified historic structure              |
|        | Preservation of open space                                                                                                                                                                                    |                                        |
| 2      | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c                                                                                                | conservation easement on the last      |
|        | day of the tax year.                                                                                                                                                                                          | Held at the End of the Tax Year        |
| а      | Total number of conservation easements                                                                                                                                                                        | 2a                                     |
| b      | Total acreage restricted by conservation easements                                                                                                                                                            | 2b                                     |
| с      | Number of conservation easements on a certified historic structure included in (a)                                                                                                                            | 2c                                     |
|        | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure                                                                                                      |                                        |
|        | listed in the National Register                                                                                                                                                                               | 2d                                     |
| 3      | Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga                                                                                                     | Inization during the tax               |
|        | year ▶                                                                                                                                                                                                        |                                        |
| 4      | Number of states where property subject to conservation easement is located                                                                                                                                   |                                        |
| 5      | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of                                                                                                        |                                        |
| -      | violations, and enforcement of the conservation easements it holds?                                                                                                                                           | Yes                                    |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation                                                                                               | ······································ |
| •      |                                                                                                                                                                                                               |                                        |
| 7      | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e                                                                                                   | asements during the year               |
| -      |                                                                                                                                                                                                               |                                        |
| 8      | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(                                                                                                    | (B)(i)                                 |
| •      | and section $170(h)(4)(B)(ii)$ ?                                                                                                                                                                              | Yes No                                 |
| 9      | In Part XIII, describe how the organization reports conservation easements in its revenue and expense state                                                                                                   |                                        |
| Ŭ      | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t                                                                                              |                                        |
|        | organization's accounting for conservation easements.                                                                                                                                                         |                                        |
| Par    | t III Organizations Maintaining Collections of Art, Historical Treasures, or Other                                                                                                                            | Similar Assets.                        |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.                                                                                                                                     |                                        |
|        | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba                                                                                                   | alance sheet works                     |
| Ĩ      | of art, historical treasures, or other similar assets held for public exhibition, education, or research in further                                                                                           |                                        |
|        | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.                                                                                                |                                        |
| h      | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan                                                                                                    | ce sheet works of                      |
| , N    | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand                                                                                           |                                        |
|        | provide the following amounts relating to these items:                                                                                                                                                        | ce of public service,                  |
|        |                                                                                                                                                                                                               | ▶ \$                                   |
|        | (i) Revenue included on Form 990, Part VIII, line 1                                                                                                                                                           | <b>N A</b>                             |
| 0      | (ii) Assets included in Form 990, Part X                                                                                                                                                                      |                                        |
| 2      | If the organization received or held works of art, historical treasures, or other similar assets for financial gain the following amounts required to be reported under EASP ASC OFP relating to these items: | , provide                              |
| -      | the following amounts required to be reported under FASB ASC 958 relating to these items:                                                                                                                     | ► ¢                                    |
|        | Revenue included on Form 990, Part VIII, line 1                                                                                                                                                               |                                        |
|        | Assets included in Form 990, Part X                                                                                                                                                                           |                                        |
|        | For Paperwork Reduction Act Notice, see the Instructions for Form 990.                                                                                                                                        | Schedule D (Form 990) 2020             |
| 032051 | <sup>12-01-20</sup> <b>35</b>                                                                                                                                                                                 |                                        |

| 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 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         b       Contributions       (c) Two sears back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two sears back       (c) Two years back       (d) Three years back         d       Grants or scholarships       (c) Two sears back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two sears back       (d) Three years back       (e) Four years back         f       Administrative expenses       (f) Administrative expenses       (f) Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                       | dy Dementi             |              |                | -              |            |             | 05-05      |            |         | age <b>2</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------|------------------------|--------------|----------------|----------------|------------|-------------|------------|------------|---------|--------------|
| collection terms (check all that apply):       d       Loan or exchange program         b       Scholarly research       Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                       |                        |              |                |                |            |             |            |            | nuea)   |              |
| a       Public sublishin       d       Loan or exchange program         b       Scholarly research       e       Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                                                       | ion, and other record  | as, cneck    | c any of the   | tollowing that | at make s  | significant | use of its |            |         |              |
| b       Scholarly research       e       Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                       |                        | . — .        |                | banga progr    |            |             |            |            |         |              |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how thy further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection?  Part IV Escow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  a Bed fully Explain the arrangement in Part XIII and complete the following table:       be fi 'Yes,' explain the arrangement in Part XIII and complete the following table:      be fi 'Yes,' explain the arrangement in Part XIII and complete the following table:      be granization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     ves      ho     be fi 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     be controlutions      fa Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years black (d) Three years back (e) Four years back     a Grants or scholarships     controlutions         (a) Current year end balance (line 1g, column (a)) held as:     a Board designated or quanization answered 'Yes' on Form 990, Part X, line 2, and programs     f Administrative expenses     d for any so scholarships     def or the provide the distingence of the organization that are held and administered for the organization     by:         (i) Prelated organization         fs         Trem endowment \{56}         Term endowment thands not in the possession of the organization that are held and administered for the organization         becorption of property         (a) Corror tor (b) Cost or othe   |      |                                                       | C C                    |              |                |                |            |             |            |            |         |              |
| 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 treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection's co |      |                                                       | e                      |              |                |                |            |             |            |            |         |              |
| During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection?     Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21.     Is the organization angement. Invase, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?     Is the organization angement in Part XII and complete the following table:         If 'Yes,' explain the arrangement in Part XII and complete the following table:         If 'Yes,' explain the arrangement in Part XII and complete the following table:         If 'I'ss,' explain the arrangement in Part XII and complete the following table:         If 'I'ss,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII     Did the organization angewerd 'Yes' on Form 990, Part X, Iine 21, for escrow or custodial account liability?     Ves \No b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the organization answerd 'Yes' on Form 990, Part X, Iine 21, for escrow or custodial account liability?     Ves \No b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization answerd 'Yes' on Form 990, Part X, Iine 21, for escrow or custodial account liability?     I a Beginning of year balance     is on thirts or schelarships     is on the asset of the organization answerd 'Yes' on Form 990, Part X, Iine 2     Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:     a Board designated or quasi-adowment \ %     Term endowment funds not in the possession of the organization that are held and administered for the or   |      | -                                                     | allastions and avala   | in how th    | ov furthor t   | ho organizati  | ion'o ovo  | mot ouroc   | noo in Dor | • VIII     |         |              |
| to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Contribution of Control (Control (C                                                                                                 |      |                                                       |                        |              |                |                |            |             | se in Fai  | L AIII.    |         |              |
| Part IV       Escrow and Custodial Arrangements. Complete if 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 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 II the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         d Additions during the year       Id       Image: Complete II the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here II the explanation has been provided on Part XIII.       Image: Complete II the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here II the explanation has been provided on Part XIII.       Image: Complete II the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete II the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete II 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 id's The percentage for facilities and programs.       Image: Complete II the organization is a                                                                                                                                                                                                                                                                                                                                                                                   | 5    |                                                       |                        |              |                |                |            |             |            | Ves        |         |              |
| reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included<br>on Form 990, Part X?       Ves       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1c         d Additions during the year       1e         1 Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Ves         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part X, line 10.       No         1 Beginning of year balance       1       1       1         e Orthinutions       1       1       1       1         a Beginning of year balance       1       1       1       1       1         a Beginning of year balance       1       1       1       1       1         a Current year       (b) Prior year       (c) Two years back       (d) Four years back       1       1       1       1       1       1       1       1       1       1       1       1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Par  |                                                       |                        |              |                |                |            |             |            |            | <br>r   |              |
| 1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included<br>on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . a. |                                                       |                        |              | organizatio    | answered       | 163 011    | 110111330   | , i aitiv, | in le 3, 0 |         |              |
| 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         d       Id       1d         d       Distributions during the year       1d         d       Id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Yes       No         D       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 V, line 10.         1a       Beginning of year balance       (a) Ourrent year       (b) Prior year       (c) Two years back       (d) Three years back         b       Contributions       (a) Ourrent year       (b) Prior year       (c) Two years back       (d) Three years back         a       Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1a   |                                                       |                        | diary for    | contribution   | ns or other as | sets not   | included    |            |            |         |              |
| b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         a       Distributions during the year       1e         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ive       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No       Ive       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Ives "explain the arrangement in Part XIII.       Ives "explain the arrangement in Part XIII.       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | iu   |                                                       |                        |              |                |                |            |             |            | Ves        |         | No           |
| c       Beginning balance       1c         1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         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       Contributions       (a) Current year         b       Contributions       (a) Current year         b       Contributions or scholarships       (a) Current year ablance         c       Other expenditures for tacilities       (a) Current year ablance         and programs       (b) for year balance       (c) Four years back <th>h</th> <th>If "Yes " explain the arrangement in Part XIII</th> <th>and complete the fo</th> <th>towina t</th> <th>ahle:</th> <th></th> <th></th> <th></th> <th></th> <th>100</th> <th></th> <th>1110</th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | h    | If "Yes " explain the arrangement in Part XIII        | and complete the fo    | towina t     | ahle:          |                |            |             |            | 100        |         | 1110         |
| c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         d       Distributions during the year       1f       1e         d       Distributions during the year       1f       1f         d       Distributions during the year       1f       1f         d       Distributions       1f       1f       1f         d       Distributions       1f       1f       1f         d       Contributions       1f       1f       1f         d       Carants or scholarships       1f       1f       1f         d       Chare sependitures for facilities       1f       1f       1f         d       Garants or scholarships       1f       1f       1f       1f         d       For of year balance       1f       1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                       |                        | nowing t     |                |                |            |             |            | Amoun      | +       |              |
| d Additions during the year       1d         e Distributions during the year       1d         1       1e         2a 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.       Image: Check here if the explanation has been provided on Part XIII.       Image: 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.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the part XIIII.       Image: Check here if the                                                                                                                                                                                                                                                                                                                                                                                                               | c    | Beginning balance                                     |                        |              |                |                |            | 10          |            | ,          | -       |              |
| e       Distributions during the year       1e         if       Ending balance       If         2a       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       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       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         a       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         a       Board designated or quasi-endowment >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes', explain the narrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: State Stat                                                                                                                                              |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| 2a 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       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         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         b Contributions       (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       (e) Four years back         c Tortivotions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Tortivotions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Tortivotions       (a) Contributions       (b) Prior year       (c) Two years back       (e) Four years back         c Tortivotes the expenditures for facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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 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         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) Lurrent year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (a) Lurent year       (b) Prior year       (c) Two years back       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (a) Lurent year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Prior year       (f) Prior year       (f) Prior year<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (c) Two years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (c) Two years back       (c) Two years back         e       Other expenditures for facilities       (c) Two year balance       (c) Two year balance       (c) Two year balance         g       End of year balance       (c) Two year balance       (c) Two year balance       (c) Two year balance         2       Provide the estimated percentage of the current year end balance (line 1g, column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                       |                        |              |                |                |            |             |            |            |         | ]            |
| 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 Image: Contribution of the expenditures for facilities   and programs Image: Contribution of the expenditures for facilities   g End of year balance   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Term endowment ▶  %   b   f(i)   Unrelated organizations   iii)   iii)   liii)   b   iii)   Part VI   Land,   b   b   b   b   b   b   b   b   b   b   b   b   b   b   b   b   b   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| b       Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | ·                                                     | (a) Current year       | <b>(b)</b> P | rior year      | (c) Two yea    | rs back    | (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   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 Term endowment ▶  %   i) Unrelated organizations   (ii) Related organizations   (iii) Related organizations   (iii) Related organizations   iii) Related organizations   iii) Related organizations   iii) Related organizations   iii) Related organizations listed as required on Schedule R?   4 Describte 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| d Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| e       Other expenditures for facilities<br>and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| f       Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| g End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | f    |                                                       |                        |              |                |                |            |             |            |            |         |              |
| 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       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| b       Permanent endowment ▶      %         c       Term 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization set (as required on Schedule R?</li> <li>(iii) Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2    |                                                       |                        | ce (line 1   | g, column (a   | a)) held as:   |            |             |            |            |         |              |
| c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Part VI Land, Buildings, and Equipment.</li> </ul> 3a(ii)     3a(ii)         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3a(i)       3b         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.       (d) Book value basis (investment)         basis (other)       (c) Accumulated depreciation       (d) Book value basis (other)         basis (investment)       basis (other)       (d) Book value depreciation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3a(i)         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       1a Land       1a Land       1a Land       1a Land         b Buildings       1a Land       1a Land       1a Land       1a Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | с    | Term endowment                                        | %                      |              |                |                |            |             |            |            |         |              |
| by:<br>(i) Unrelated organizations<br>(ii) Related organizations<br>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?<br>4 Describe in Part XIII the intended uses of the organization's endowment funds.<br>Part VI Land, Buildings, and Equipment.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.<br>Description of property<br>(a) Cost or other<br>basis (investment)<br>b Buildings<br>1a Land<br>b Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | The percentages on lines 2a, 2b, and 2c sho           | uld equal 100%.        |              |                |                |            |             |            |            |         |              |
| (i)       Unrelated organizations       3a(i)         (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       (c) Accumulated depreciation         b       Buildings         b       Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3a   | Are there endowment funds not in the posse            | ession of the organiz  | ation tha    | at are held a  | and administe  | ered for t | he organiz  | ation      |            |         |              |
| (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.       3b         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         1a Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | 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.       Fart 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         1a       Land       Land       Land       Land         b       Buildings       Land       Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | (i) Unrelated organizations                           |                        |              |                |                |            |             |            | 3a(i)      |         |              |
| 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.       Fart 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         1a       Land       Land       Land       Land         b       Buildings       Land       Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | (ii) Related organizations                            |                        |              |                |                |            |             |            | 3a(ii)     |         |              |
| 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 organization | ations listed as requi | red on S     | chedule 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       (d) Book value         1a       Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _    |                                                       |                        | owment f     | funds.         |                |            |             |            |            |         |              |
| Description of property     (a) Cost or other<br>basis (investment)     (b) Cost or other<br>basis (other)     (c) Accumulated<br>depreciation     (d) Book value       1a Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Par  |                                                       |                        |              |                |                |            |             |            |            |         |              |
| basis (investment)     basis (other)     depreciation       1a Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | Complete if the organization answere                  | ed "Yes" on Form 99    | 0, Part IV   | /, line 11a. S | See Form 990   |            |             |            |            |         |              |
| b Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | Description of property                               |                        |              |                |                |            |             | d          | (d) Boo    | k value | э            |
| b Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1a   | Land                                                  |                        |              |                |                |            |             |            |            |         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | b    | Buildings                                             |                        |              |                |                |            |             |            |            |         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | с    | Leasehold improvements                                |                        |              |                |                |            |             |            |            |         |              |
| d Equipment 57,116. 57,116. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d    | Equipment                                             |                        |              | 5              | 7,116.         |            | 57,13       | 16.        |            |         | 0.           |
| e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                       |                        |              |                |                |            |             |            |            |         |              |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tota | Add lines 1a through 1e. (Column (d) must e           | equal Form 990, Part   | X, colun     | nn (B), line 1 | 10c.)          | <u></u>    |             |            |            |         | 0.           |

Schedule D (Form 990) 2020

032052 12-01-20

13430830 794789 LEWYBODY

| Schedule D (Form 990) 2020 Lewy Body                                                                     | y Dementia Asso                 | ciation, Inc.                      | 05-0577683 Page <b>3</b>         |
|----------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|----------------------------------|
| Part VII Investments - Other Securities                                                                  | S.                              |                                    | ×                                |
| Complete if the organization answered "                                                                  |                                 |                                    |                                  |
| (a) Description of security or category (including name of security                                      | urity) (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)                                                                                                      |                                 |                                    |                                  |
| (H)<br>Total (Cal (b) must actual Form 000 Dart V, cal (D) line 10                                       | \ <b>\</b>                      |                                    |                                  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12<br>Part VIII Investments - Program Relate |                                 |                                    |                                  |
|                                                                                                          |                                 | 11a Cas Farm 000 Dart V lia        | - 10                             |
| Complete if the organization answered " (a) Description of investment                                    | (b) Book value                  |                                    | Cost or end-of-year market value |
|                                                                                                          |                                 |                                    |                                  |
| <u>(1)</u>                                                                                               |                                 |                                    |                                  |
| (2)                                                                                                      |                                 |                                    |                                  |
| (3)                                                                                                      |                                 |                                    |                                  |
| <u>(4)</u><br>(5)                                                                                        |                                 |                                    |                                  |
| (6)                                                                                                      |                                 |                                    |                                  |
| (7)                                                                                                      |                                 |                                    |                                  |
| (8)                                                                                                      |                                 |                                    |                                  |
| (9)                                                                                                      |                                 |                                    |                                  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13                                           |                                 |                                    |                                  |
| Part IX Other Assets.                                                                                    |                                 |                                    |                                  |
| Complete if the organization answered "                                                                  | Yes" on Form 990. Part IV. line | e 11d. See Form 990. Part X. lin   | ne 15.                           |
| 5                                                                                                        | (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 | e 11e or 11f. See Form 990, Pa     | rt X, line 25.                   |
| 1.(a) Description of liability                                                                           |                                 |                                    | (b) Book value                   |
| (1) Federal income taxes                                                                                 |                                 |                                    |                                  |
| (2)                                                                                                      |                                 |                                    |                                  |
| (3)                                                                                                      |                                 |                                    |                                  |
| (4)                                                                                                      |                                 |                                    |                                  |
| (5)                                                                                                      |                                 |                                    |                                  |
| (6)                                                                                                      |                                 |                                    |                                  |
| (7)                                                                                                      |                                 |                                    |                                  |
| (8)                                                                                                      |                                 |                                    |                                  |
| (9)                                                                                                      |                                 |                                    |                                  |
| Total. (Column (b) must equal Form 990, Part X, col. (                                                   | , ,                             |                                    |                                  |
| 2. Liability for uncertain tax positions. In Part XIII, pr                                               |                                 | -                                  |                                  |
| organization's liability for uncertain tax positions u                                                   | under FASB ASC 740. Check I     | nere if the text of the footnote h | has been provided in Part XIII   |

Schedule D (Form 990) 2020

032053 12-01-20

| Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total revenue, gains, and other support per audited financial statements       1       3,748,830.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       1       3,748,830.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2b       2c         4       Bonated services and use of facilities       2b       2c       0.         3       3,748,830.       2a       2a       0.         4       Attornegating agains (losses) on investments       2a       2a       0.         5       Recorveiles of prior year grants       2a       2a       0.         4       Attornegating 2e form 190, Part VIII, line 12, but not on line 1:       3       3,748,830.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4b       4c       0.         5       Otal revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       3,748,830.       5       3,748,830.         Part XIII       Reconciliation of Expenses per Audited Financial Statem                                                             | Sche | edule D (Form 990) 2020 Lewy Body Dementia Asso                          | -                 |               | 0577683 Page 4 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------|-------------------|---------------|----------------|
| 1       Total revenue, gains, and other support per audited financial statements       1       3,748,830.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2a         a       Net unrealized gains (losses) on investments       2a       2b         b       Donated services and use of facilities       2a       2c         c       Recoveries of prior year grants       2d       2c         d       Other (Describe in Part XIII.)       2d       2e       0.         a       Nutract line 2e from line 1       3       3,748,830.         4       Amounts included on Form 990, Part VIII, line 12; but not on line 1:       a       3       3,748,830.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       4c       0.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       3,748,830.       5         Complete if the organization answerd "ves" on Form 990, Part IV, line 12.         1       1       2,037,647.         2a         Donated services and use of facilities         2a         Donated services and use of facilities         2a <t< th=""><th>Pa</th><th>rt XI Reconciliation of Revenue per Audited Financial Stat</th><th>ements With Reven</th><th>ue per Returr</th><th>1.</th></t<>                         | Pa   | rt XI Reconciliation of Revenue per Audited Financial Stat               | ements With Reven | ue per Returr | 1.             |
| 2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a Net unrealized gains (losses) on investments       2a       2b         b Donated services and use of facilities       2b       2c         c Recoveries of prior year grants       2c       2d         d Other (Describe in Part XIII.)       2d       2e       0.         a Naturat line 2e from line 1       2d       2e       0.         a Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       3       3, 748, 830.         a Mounts included on Form 990, Part VIII, line 7b       4a       4e       0.         b Other (Describe in Part XIII.)       4a       4e       0.         c Add lines 4a and 4b       4c       0.       5       3, 748, 830.         Feat XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3, 748, 830.         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.       1       2, 037, 647.         1       Total revenes and loses per audited financial statements       2a       2a       2a         1       Total expenses and loses per audited financial statements       2a       2a       2a       2a         2       Other losses       2a                                                                                    |      | Complete if the organization answered "Yes" on Form 990, Part IV, line   | e 12a.            |               |                |
| a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3 3,748,830.         4 Amounts included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2a       2a         b Prior year adjustments       2a         c Other losses       2a         d Other (Describe in Part XIII.)       2a         e Add lines 2a through 2d       3         3 Subtract line 2e from 1ine 1       3         4 ad lines 2a through 2d       2         3       2, 037, 647.         4 Add lines 2a through 2d       3         3 Subtract line 2e from 1ine 1       3                                                                                                            | 1    | Total revenue, gains, and other support per audited financial statements |                   | 1             | 3,748,830.     |
| b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2d         3       3.748,830.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4d         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       3, 748, 830.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3, 748, 830.         Complete if the organization answerd "Yes" on Form 990, Part I, line 12.)       5       3, 748, 830.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.       1       2, 037, 647.         1       Total expenses and losses per audited financial statements       2a       1       2, 037, 647.         2       Amounts included on line 1       2d       2d       2d       2d       2d         2       Othe                                                       | 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:      |                   |               |                |
| c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         7 Total expenses and losses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         1       Total expenses and use of facilities         2a       2b         b       Prior year adjustments         c       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       2,037,647.         4       2a         b       Prior year adjustments         c       Other (Describe in Part XIII.)         e       Add lines 2a through 2d <th>а</th> <th>Net unrealized gains (losses) on investments</th> <th> 2a</th> <th></th> <th></th>                                   | а    | Net unrealized gains (losses) on investments                             | 2a                |               |                |
| d Other (Describe in Part XIII.)       2d       2e       0.         a Add lines 2a through 2d       2e       0.         3 Subtract line 2e from line 1       3 3,748,830.       3 3,748,830.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4b       4c       0.         c Add lines 4a and 4b       4c       0.       5       3,748,830.         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3,748,830.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.       1       2,037,647.         A mounts included on line 1 but not on Form 990, Part IX, line 25:       1       2,037,647.         a Donated services and use of facilities       2a       2a       2a         b Prior year adjustments       2c       2c       2c       0.         c Other losses       2c       0.       3       2,037,647.         a Add lines 2a through 2d       2e       0.       3       2,037,647.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       2,037,647.       3                                                                                | b    | Donated services and use of facilities                                   | 2b                |               |                |
| e       Add lines 2a through 2d       2e       0.         3       Subtract line 2e from line 1       3       3,748,830.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       3       3,748,830.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4a       4c       0.         b       Other (Describe in Part XIII.)       4b       4c       0.       5       3,748,830.         Complete if the organization answered "Yes" on Form 990, Part I, line 12.)       5       3,748,830.       5       3,748,830.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3,748,830.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       2,037,647.         1       Total expenses and losses per audited financial statements       2a       2a       2a         1       Total expenses and use of facilities       2a       2b       2a       2a         2       Donated services and use of facilities       2b       2c       0.       3       2,037,647.         2       Add lines 2a through 2d       3       2,037,647.       3       3       2,037,647.         3       Subtract                                                                                                       | С    | Recoveries of prior year grants                                          | 2c                |               |                |
| 3       Subtract line 2e from line 1       3       3,748,830.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4c       0.         b       Other (Describe in Part XIII.)       4b       4c       0.       5       3,748,830.         Construction of Expenses per Audited Financial Statements With Expenses per Return.       5       3,748,830.       4c       0.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3,748,830.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       2,037,647.         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1       2,037,647.         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a       0.         B       Prior year adjustments       2c       2a       0.       3       2,037,647.         C       Other (Describe in Part XIII.)       2d       2a       0.       3       2,037,647.         A       Add lines 2a through 2d       3       2,037,647.       3       2,037,647.       4       4a       4a                                                                          | d    | Other (Describe in Part XIII.)                                           | 2d                |               | _              |
| 4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4c       0.         5       Other (Describe in Part XIII.)       4c       0.       5       3, 748, 830.         6       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       3, 748, 830.         Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       2, 037, 647.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       2a       2a         2       Donated services and use of facilities       2a       2b       2c       2c         3       Donated services and use of facilities       2a       3       2, 037, 647.       3       2, 037, 647. <th>е</th> <th>Add lines <b>2a</b> through <b>2d</b></th> <th></th> <th></th> <th>0.</th> | е    | Add lines <b>2a</b> through <b>2d</b>                                    |                   |               | 0.             |
| a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.       5       3,748,830.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3,748,830.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       2,037,647.         1       Total expenses and losses per audited financial statements       1       2,037,647.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1         2       Ab       2b       2c       2d         3       Donated services and use of facilities       2a       2c       2d         4       Athought included on line 1 but not on Form 990, Part IX, line 25:       2c       2d       2d         4       Other (Describe in Part XIII.)       2d       2e       0.       3       2,037,647.         4       Add lines 2a through 2d       2       0.       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       2,037,647.         4 <t< th=""><th>3</th><th>Subtract line <b>2e</b> from line <b>1</b></th><th></th><th></th><th>3,748,830.</th></t<>  | 3    | Subtract line <b>2e</b> from line <b>1</b>                               |                   |               | 3,748,830.     |
| b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       3,748,830.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3,748,830.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       2,037,647.         1       Total expenses and losses per audited financial statements       1       2,037,647.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1         2       Donated services and use of facilities       2a       2a       1         6       Other losses       2c       1       2,037,647.         4       Add lines 2a through 2d       2e       0.       3       2,037,647.         3       Subtract line 2e from line 1       3       2,037,647.       3       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       2,037,647.       3       3       2,037,647.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4c       0.                                                                                    | 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:     |                   |               |                |
| c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       3,748,830.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       3,748,830.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       2,037,647.         1       Total expenses and losses per audited financial statements       1       2,037,647.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | а    | Investment expenses not included on Form 990, Part VIII, line 7b         | 4a                |               |                |
| 5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       3, 748, 830.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       2, 037, 647.         1       Total expenses and losses per audited financial statements       1       2, 037, 647.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Donated services and use of facilities       2a       2b       2c         3       Donated services and use of facilities       2a       2b       2c         4       Other (Describe in Part XIII.)       2d       2d       0.         3       Subtract line 2e from line 1       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       2,037,647.         3       Subtract line 2e from line 1       4a       4a       4a       0.         5       Total expenses not included on Form 990, Part VIII, line 7b       4a       4c       0.         6       Other (Describe in Part XIII.)       4b       4c       0.       5       2,037,647.         5       Total exp                                                                    | b    | Other (Describe in Part XIII.)                                           | 4b                |               |                |
| Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       2,037,647.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1         2       Donated services and use of facilities       2a       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2e       0.         3       Subtract line 2e from line 1       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       2,037,647.         3       Subtract line 2e from line 1       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       2,037,647.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4c       0.         b       Other (Describe in Part XIII.)       4b       4c       0.       0.         c       Add lines 4a and 4b       4c       0.       5       2,037,647. <tr< th=""><th>с</th><th></th><th></th><th></th><th>• •</th></tr<>                                                 | с    |                                                                          |                   |               | • •            |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 7b         4       Amounts included on Form 990, Part VIII, line 7b         4       Amounts included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         f       4c         0       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         f       Acc         f       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                          |                   |               |                |
| 1       Total expenses and losses per audited financial statements       1       2,037,647.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2a       2b       2b         b       Prior year adjustments       2c       2c       2c         c       Other losses       2c       2d       2e       0.         3       Subtract line 2a through 2d       2c       0.       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4b       4c         b       Other (Describe in Part XIII.)       4a       4b       4c       0.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pa   |                                                                          |                   | nses per Retu | rn.            |
| 2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4a       4a         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | · · · · · · · · · · · · · · · · · · ·                                    |                   | ii            |                |
| a Donated services and use of facilities       2a       2b         b Prior year adjustments       2b       2b         c Other losses       2c       2c         d Other (Describe in Part XIII.)       2d       2e         e Add lines 2a through 2d       2e       0.         3 Subtract line 2e from line 1       3       2,037,647.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         b Other (Describe in Part XIII.)       4a       4b         c Add lines 4a and 4b       4c       0.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1    |                                                                          |                   | 1             | 2,037,647.     |
| b       Prior year adjustments       2b       2c         c       Other losses       2c       2c         d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2d       2         3       Subtract line 2e from line 1       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.       0.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2    |                                                                          | 1 1               |               |                |
| c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         e       Add lines 2a through 2d       2e       0.         3       Subtract line 2e from line 1       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.       0.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | а    |                                                                          |                   |               |                |
| d Other (Describe in Part XIII.)       2d       2e       0.         e Add lines 2a through 2d       2e       0.         3 Subtract line 2e from line 1       3       2,037,647.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4b       4c       0.         c Add lines 4a and 4b       4c       0.       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b    | Prior year adjustments                                                   | 2b                |               |                |
| e Add lines 2a through 2d       2e       0.         3 Subtract line 2e from line 1       3       2,037,647.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       a         b Other (Describe in Part XIII.)       4b       4c       0.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | С    | Other losses                                                             |                   |               |                |
| 3       Subtract line 2e from line 1       3       2,037,647.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       a         b       Other (Describe in Part XIII.)       4b       4c       0.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d    |                                                                          |                   |               | •              |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | е    |                                                                          |                   |               | • •            |
| a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | Subtract line <b>2e</b> from line <b>1</b>                               |                   |               | 2,037,647.     |
| b Other (Describe in Part XIII.)       4b       4c       0.         c Add lines 4a and 4b       4c       0.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4    |                                                                          |                   |               |                |
| c Add lines 4a and 4b       4c       0.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       2,037,647.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | а    | Investment expenses not included on Form 990, Part VIII, line 7b         | 4a                |               |                |
| 5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | b    | Other (Describe in Part XIII.)                                           | 4b                |               |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | С    | Add lines <b>4a</b> and <b>4b</b>                                        |                   |               |                |
| Part XIII Supplemental Information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                          | .)                | 5             | 2,03/,647.     |
| Devide the descriptions would be Det II. Boss 0. F. and 0. Det III. Boss descript 4. Det IV. Boss de and 0. Det V. Boss 4. Det V. Boss 0. Det VI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                          |                   |               |                |

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.

032054 12-01-20

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service                                                                         | Gov               | irants and Oth<br>vernments, ar<br>ete if the organizatio<br>Go to www.ir | nd Individual               | <b>ls in the Ŭni</b><br>' on Form 990, Pa<br>m 990. | ited States<br>rt IV, line 21 or 22.                                  |                                       | OMB No. 1545-0047 2020 Open to Public Inspection                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------|
| Name of the organization                                                                                                                                   |                   |                                                                           |                             |                                                     |                                                                       |                                       | Employer identification number                                                    |
|                                                                                                                                                            |                   | Associatio                                                                | on, Inc.                    |                                                     |                                                                       |                                       | 05-0577683                                                                        |
| Part I General Information on Grants                                                                                                                       |                   |                                                                           |                             |                                                     |                                                                       |                                       |                                                                                   |
| <ol> <li>Does the organization maintain records<br/>criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> </ol> | istance?          |                                                                           |                             |                                                     |                                                                       |                                       | tion X Yes No                                                                     |
| Part II Grants and Other Assistance to                                                                                                                     |                   |                                                                           |                             |                                                     | anization answered "                                                  | Yes" on Form 990 Par                  | t IV line 21 for any                                                              |
| recipient that received more than                                                                                                                          | -                 |                                                                           |                             |                                                     |                                                                       |                                       | ,                                                                                 |
| 1 (a) Name and address of organization<br>or government                                                                                                    | (b) EIN           | (c) IRC section<br>(if applicable)                                        | (d) Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance      | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance                                             |
| The Mayo Clinic<br>200 First Street, SW                                                                                                                    |                   |                                                                           |                             |                                                     |                                                                       |                                       | Scientific Research,<br>Medical Education,<br>Clinical Trials, Patient            |
| Rochester, MN 55905                                                                                                                                        | 41-6011702        |                                                                           | 50,000.                     | 0.                                                  |                                                                       |                                       | Support                                                                           |
| Georgetown University<br>3700 O Street, NW<br>Washington, DC 20057                                                                                         | 53-0196603        |                                                                           | 9,000.                      | 0.                                                  |                                                                       |                                       | Scientific Research,<br>Medical Education,<br>Clinical Trials, Patient<br>Support |
| Shirley Ryan Ability Lab<br>355 E. Erie Street<br>Chicago, IL 60611                                                                                        | 36-2256036        |                                                                           | 6,750.                      | 0.                                                  |                                                                       |                                       | Scientific Research,<br>Medical Education,<br>Clinical Trials, Patient<br>Support |
| University of Miami<br>1320 S. Dixie Hwy.,Ste 100<br>Coral Gables, FL 33146                                                                                | 59-0624458        |                                                                           | 6,750.                      | 0.                                                  |                                                                       |                                       | Scientific Research,<br>Medical Education,<br>Clinical Trials, Patient<br>Support |
| <ul> <li>2 Enter total number of section 501(c)(3) a</li> </ul>                                                                                            | and government or | ganizations listed in th                                                  | ne line 1 table             |                                                     |                                                                       |                                       | ▶ 4.                                                                              |

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2020

05-0577683

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(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.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

20

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

| Name of | the | organization |
|---------|-----|--------------|
|---------|-----|--------------|

Lewy Body Dementia Association, Inc.

| Inployer | luent | mcat |    | numbe |
|----------|-------|------|----|-------|
| 0        | 5-0   | 577  | 68 | 3     |

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21

| Pa              | rt I Types of Property                           |                                      |                                                           |                                                                                    |                                         |         |     |      |
|-----------------|--------------------------------------------------|--------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------|---------|-----|------|
|                 |                                                  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | etermin | •   | s    |
| 1               | Art - Works of art                               |                                      |                                                           | <u> </u>                                                                           |                                         |         |     |      |
| 2               | Art - Historical treasures                       |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 3               | Art - Fractional interests                       |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 4               | Books and publications                           |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 5               | Clothing and household goods                     |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 6               | Cars and other vehicles                          |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 7               | Boats and planes                                 |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 8               | Intellectual property                            |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 9               | Securities - Publicly traded                     | X                                    | 4                                                         | 29,299.                                                                            | Amount of S                             | ale     | Pro | oce  |
| 10              | Securities - Closely held stock                  |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 11              | Securities - Partnership, LLC, or                |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 12              | Securities - Miscellaneous                       |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 13              | Qualified conservation contribution -            |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 15              | Historic structures                              |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 14              | Qualified conservation contribution - Other      |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 15              | Real estate - Residential                        |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 16              | Real estate - Commercial                         |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 17              | Real estate - Other                              |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 18              | Collectibles                                     |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 19              | Food inventory                                   |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 20              | Drugs and medical supplies                       |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 21              | Taxidermy                                        |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 22              | Historical artifacts                             |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 23              | Scientific specimens                             |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 23<br>24        | Archeological artifacts                          |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 25              | Other  ()                                        |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 23<br>26        | Other ( )                                        |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 20<br>27        | Other ( )                                        |                                      |                                                           |                                                                                    |                                         |         |     |      |
| 28              | Other ( )                                        |                                      |                                                           |                                                                                    |                                         |         |     |      |
| <u>20</u><br>29 | Number of Forms 8283 received by the organi      | L<br>zation durin                    | l<br>a tho tax yoar for (                                 | ontributions                                                                       |                                         |         |     |      |
| 25              | for which the organization completed Form 82     |                                      |                                                           |                                                                                    |                                         |         |     |      |
|                 | for which the organization completed form oz     | 00, Fait V, L                        |                                                           | 29                                                                                 |                                         |         | Yes | No   |
| 202             | During the year, did the organization receive b  | v contributiv                        | any proporty ro                                           | oortod in Part L linos 1 throu                                                     | ah 28 that it                           |         | 165 | NU   |
| 504             | must hold for at least three years from the date |                                      |                                                           |                                                                                    |                                         |         |     |      |
|                 |                                                  |                                      |                                                           |                                                                                    |                                         | 30a     |     | х    |
| <b>۲</b>        | exempt purposes for the entire holding period    | •                                    |                                                           |                                                                                    |                                         | 304     |     |      |
|                 | If "Yes," describe the arrangement in Part II.   | nolicy that -                        | oquiros the review                                        | of any populandard cost-ib                                                         | itions?                                 | 24      |     | х    |
| 31              | Does the organization have a gift acceptance     |                                      |                                                           |                                                                                    |                                         | 31      |     | - 22 |
| s∠a             | Does the organization hire or use third parties  |                                      | -                                                         |                                                                                    |                                         | 20-     |     | х    |
| L.              | contributions?                                   |                                      |                                                           |                                                                                    |                                         | 32a     |     | - 27 |
|                 | If "Yes," describe in Part II.                   | olume (a) f-                         | r a tupa of muse                                          | v for which column (a) in the                                                      | alvad                                   |         |     |      |
| 33              | If the organization didn't report an amount in o | 01 (C)                               | r a type of propert                                       | y for which column (a) is che                                                      | eckea,                                  |         |     |      |
|                 | describe in Part II.                             |                                      |                                                           |                                                                                    |                                         |         |     |      |

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032141 11-23-20

| Part II       | <b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and wheth is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of this part for any additional information. | her the organization<br>both. Also complete |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
|               |                                                                                                                                                                                                                                                                             |                                             |
|               |                                                                                                                                                                                                                                                                             |                                             |
|               |                                                                                                                                                                                                                                                                             |                                             |
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| 32142 11-23-2 | ⊬20 Sch                                                                                                                                                                                                                                                                     | edule M (Form 990)                          |
| 30830         | 42<br>794789 LEWYBODY 2020.04011 Lewy Body Dementia Assoc                                                                                                                                                                                                                   | iat LEWVRO                                  |
| 20020         | 794709 HEWIDODI 2020.04011 Hewy Body Dementia ASSOC                                                                                                                                                                                                                         | Tat DEWIDC                                  |

| SCHEDULE O<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or 990-EZ.<br>Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0047                         |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Name of the organization                                                                     | Lewy Body Dementia Association, Inc.                                                                                                                                                                                                                                            | Employer identification number 05-0577683 |
| Form 990, Pa                                                                                 | rt VI, Section B, line 11b:                                                                                                                                                                                                                                                     |                                           |
| The board of                                                                                 | directors is provided a draft copy of the For                                                                                                                                                                                                                                   | rm 990 for review                         |
| prior to iss                                                                                 | ance. Each board member is sent the 990 ele                                                                                                                                                                                                                                     | ctronically and                           |
| given a suff                                                                                 | icient amount of time to review and comment.                                                                                                                                                                                                                                    |                                           |
| Form 990, Pa                                                                                 | rt VI, Line 17, List of States receiving copy                                                                                                                                                                                                                                   | of Form 990:                              |
| AL, AK, AZ, AR,                                                                              | CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, I                                                                                                                                                                                                                   | MD, MA, MI, MN, MS, MO                    |
| MT, NE, NV, NH,                                                                              | NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT,                                                                                                                                                                                                                     | VT,VA,WA,WV,WI,WY,                        |
| DC                                                                                           |                                                                                                                                                                                                                                                                                 |                                           |
|                                                                                              |                                                                                                                                                                                                                                                                                 |                                           |
| Form 990, Pa                                                                                 | rt VI, Section C, Line 19:                                                                                                                                                                                                                                                      |                                           |
| LBDA makes i                                                                                 | ts governing documents, conflict of interest                                                                                                                                                                                                                                    | policy and                                |
| financial st                                                                                 | atements available to the public upon request                                                                                                                                                                                                                                   | •                                         |
| Form 990, Pa                                                                                 | rt XII, Line 2c:                                                                                                                                                                                                                                                                |                                           |
| There has be                                                                                 | en no change from the prior year in the overs                                                                                                                                                                                                                                   | ight or                                   |
| selection pr                                                                                 | ocess.                                                                                                                                                                                                                                                                          |                                           |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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