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 due date for filing your	Number, street, and room or suite no. If a P.O. box, s 912 Killian Hill Road SW						
return. See 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) The Organizatio	06	Form 8870			12	
 If this is box ▶ 1 I req the q ↓ 	quest an automatic 6-month extension of time until organization named above. The extension is for the org \overline{X} calendar year 2020 or	Group Exe and atta Nover anization's	emption Number (GEN) If ch a list with the names and TINs of nber 15, 2021 , to file s return for: d ending	this is fo all memb	r the whole g vers the exter npt organizat 	group, check this nsion is for.	
	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less	0.	^	0.	
	nonrefundable credits. See instructions. 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	

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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 Internal Revenu	the Treasury le Service
A For the	2020 calendar year,
B Check if	C Name of organiz

or tax year beginning

3 C	heck if pplicab	le: C Name of organization		D Employer identific	ation number
	_Addre				
	Name Chang			05-057768	33
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	912 Killian Hill Road SW		404-935-6	5444
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,748,830.
	Amer	DIIDUIII, GA 50047		H(a) Is this a group ret	urn
	Appli tion	F Name and address of principal officer: Mark Wall		for subordinates?	Yes X No
	pend	^{ng} 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
		_{te:} ▶ 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 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). Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) 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 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 Here	Signature of officer Mark Wall, Chief Finan Type or print name and title	cial Officer	Date					
Paid	Print/Type preparer's name Cynthia Tabb	רופטמופו א אושומנעופ	Date Check PTIN 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 delivering clinical care, outreach, and education of public and
	conferences, host exhibits at national medical conferences, and support 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 Lewy body dementias to caregivers, families, professionals and the
4a	revenue, if any, for each program service reported. (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 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 Briefly describe the organization's mission:
	990 (2020) Lewy Body Dementia Association, Inc. 05-0577683 Pa t III 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 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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)

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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 Schedule J	23		x
24 2	Schedule J 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 4 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): 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
0 5	Part V, line 1	34		X 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 1a 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	[·] 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? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f				
		7g				
-	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 					
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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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)
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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) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related 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 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.
		_								
		-								
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Form **990** (2020)

13430830 794789 LEWYBODY

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		ewy Body										05-0	577	683	Pa	age 8
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) Name and title		(B) Average hours per week	box	not cl , unles	ss pei	ition more rson i	than o is both r/trust	n an		(D) eportable npensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o other	
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former		the ganization (1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate nizatio	e ion ed
1b	Subtotal									2	260,000.		0.			0.
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VI	I, Section A	·····	·····		·····	 		2	0. 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 No
3	Did the organization list any f line 1a? <i>If</i> "Yes," <i>complete</i> So	chedule J for si	uch individual											3		X
4 5	For any individual listed on lin and related organizations gre 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? tion B. Independent Contrac		plete Schedul	e J f	or su	uch j	pers	son .						5		X
1																
	Name	(A) and business	address	N	ONE	3					(B) Description of :	services	С	(C omper		1
									_							
2	Total number of independent \$100,000 of compensation fr	·		iot li	mite	d to	tho:	~	sted	above)	who received r	nore than				
														Form		2020)

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					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 I	e in this Part VIII (A)	(B)	(C)	[]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ts t	1	а	Federated campaigns	1a			-				
Contributions, Gifts, Grants and Other Similar Amounts	· ·		Membership dues				_				
ج م			Fundraising events								
ar /			Related organizations								
s,			Government grants (contrib			169,52	26.				
rsi 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 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 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 Net income or (loss) from fu		8b						
			(<i>)</i>	•							
	9	а	Gross income from gaming								
		h	Part IV, line 19 Less: direct expenses		9a 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				▶				
		-			· ,	Business C	Code				
Miscellaneous Revenue	11	а					<u> </u>				
ane nue		b									
ells eve		c									
lisc R		-	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instructions					3,748,830.	0.	0.	559.
03200							. 1		-		Form 990 (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 not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	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 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 8	Other salaries and wages 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 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 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	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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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

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(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 12
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			
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consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	b	Were the organization's financial statements audited by an independent accountant?		2 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.						
3a 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 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	U 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 Inspection

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Department of the Treasury Internal Revenue Service					Attach to Form 990 or F v/Form990 for instructi			nformation.		Open to Public Inspection
Name of the organization				- -					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 s			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		Type I. 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. You must c	complete Part IV, S	ections A and B.					
b		Type II. 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). You mus	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). You must co	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 (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount of support (see i	-	(vi) Amount of other 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) 🕨	(a) 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) 🕨	(a) 2016	(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						>
	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	t - 2020. 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 stop h e	ere. Explain in Part	t VI how the organi	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	t - 2019. 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 s	stop here. 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) 🕨	(a) 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.")	1,158,271.	1,644,463.	1,558,248.	2,552,600.	2,534,271.	9,447,853.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 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) 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, dividends, payments received on 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 (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	316.	232.	1,071.	634.	559.	2,812.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	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>					>
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 %
19 a	a 33 1/3% support tests - 2020. If the	-					
	more than 33 1/3%, check this box ar						X
k	33 1/3% support tests - 2019. 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			
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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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Schedule A (Form 990 or 990-EZ) 2020

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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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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Schedule A (Form 990 or 990-EZ) 2020

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 (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater 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		

Schedule A (Form 990 or 990-EZ) 2020 Lewy Body Dementia Association, Inc.

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 Lewy Body Dementia Association, Inc. 05-0577683 Page 7

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 Part VI)		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) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable 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				

Schedule A (Form 990 or 990-EZ) 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	 Provide tl 4b. 4c. 5 	ne explanations a, 6, 9a, 9b, 9c	required by 11a, 11b, ar	Part II, line 10 nd 11c: Part IV	Part II, line 17	7a or 17b; Part III, line 12; 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.	
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	* *
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Schedule of Contributors

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

OMB No. 1545-0047

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 not 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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Parti	Similators (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		- \$\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		- \$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		- \$\$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		- \$ <u>10,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u> </u>		- \$ <u>358,500.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.) 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.

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

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

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Part I

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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 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$10,000.	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
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 Payroll 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

13430830 794789 LEWYBODY

Employer identification number

Lewy Body Dementia Association, Inc.

05-0577683

Part I	Contributors (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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u></u> \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		- \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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13430830 794789 LEWYBODY

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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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13430830 794789 LEWYBODY

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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13430830 794789 LEWYBODY

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Page 2 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 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

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 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)

Page 2

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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.)

Page 2

13430830 794789 LEWYBODY

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2020.04011 Lewy Body Dementia Associat LEWYBOD1

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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 noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II for noncash contributions.)

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Dn	nu	m	ıbe

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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
54	Publicly Traded Stock						
		\$11,631.	12/30/20				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
55	Publicly Traded Stock						
		\$13,789.	12/30/20				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

13430830 794789 LEWYBODY

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4					
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.) \$					
(a) No.	Use duplicate copies of Part III if additiona	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	t					
			-					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from 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. 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. from 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						

13430830 794789 LEWYBODY

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	N A
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	¹²⁻⁰¹⁻²⁰ 35	

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 2
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 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										 r	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 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				
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b Contributions	1a	Beginning of year balance										
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d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses												
g End of year balance	f											
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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: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization set (as required on Schedule R? (iii) Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 	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: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Part VI Land, Buildings, and Equipment. 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		%								
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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

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13430830 794789 LEWYBODY

Schedule D (Form 990) 2020 Lewy Body	y Dementia Asso	ciation, Inc.	05-0577683 Page 3
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) Total (Cal (b) must actual Form 000 Dart V, cal (D) line 10	\ \		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 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> (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.		
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	С	Add lines 4a and 4b			
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 (Form 990) Department of the Treasury Internal Revenue Service	Gov	irants and Oth vernments, ar ete if the organizatio Go to www.ir	nd Individual	ls in the Ŭni ' on Form 990, Pa m 990.	ited States 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							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	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 or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
The Mayo Clinic 200 First Street, SW							Scientific Research, Medical Education, Clinical Trials, Patient
Rochester, MN 55905	41-6011702		50,000.	0.			Support
Georgetown University 3700 O Street, NW Washington, DC 20057	53-0196603		9,000.	0.			Scientific Research, Medical Education, Clinical Trials, Patient Support
Shirley Ryan Ability Lab 355 E. Erie Street Chicago, IL 60611	36-2256036		6,750.	0.			Scientific Research, Medical Education, Clinical Trials, Patient Support
University of Miami 1320 S. Dixie Hwy.,Ste 100 Coral Gables, FL 33146	59-0624458		6,750.	0.			Scientific Research, Medical Education, Clinical Trials, Patient Support
 2 Enter total number of section 501(c)(3) a 	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 cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de 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 24	Archeological artifacts							
25	Other ()							
23 26	Other ()							
20 27	Other ()							
28	Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organi	L zation durin	l 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
۲	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	Supplemental Information. 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 both. Also complete
32142 11-23-2	⊬20 Sch	edule M (Form 990)
30830	42 794789 LEWYBODY 2020.04011 Lewy Body Dementia Assoc	iat LEWVRO
20020	794709 HEWIDODI 2020.04011 Hewy Body Dementia ASSOC	Tat DEWIDC

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	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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Schedule O (Form 990 or 990-EZ) 2020

43 2020.04011 Lewy Body Dementia Associat LEWYBOD1

13430830 794789 LEWYBODY