** 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)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990 tax year beginning JUL 1, 2013 and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning

Open to Public

B (Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang			95-2	880426
	Initial returr		/suite	E Telephone numbe	
	Termi		ouno		284-9281
	Amer	ided O.,		G Gross receipts \$	978,898.
	Appli			H(a) Is this a group re	
	pend			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{1}$	Гах-ех	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527		list. (see instructions)
J	Websi	te: ► WWW.ELDERHELPOFSANDIEGO.ORG		H(c) Group exemptio	
K	orm o	f organization: X Corporation Trust Association Other L	Year o	of formation: 1973 N	A State of legal domicile: CA
Pa	art I				
	1	Briefly describe the organization's mission or most significant activities: PROVIDE	S S	ERVICES THA	T HELPS
Governance		SENIORS REMAIN INDEPENDENT & LIVE WITH DIGN	ITY	IN THEIR O	WN HOMES.
i.	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			14
∞ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
Activities	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			20
Ϊ	6	Total number of volunteers (estimate if necessary)			581
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	······		0.
		0		Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		802,792. 33,479.	893,474. 36,757.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,253.	5,503.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,275.	2,359.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		882,799.	938,093.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		002,199.	0.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		685,831.	701,423.
ıse		Professional fundraising fees (Part IX, column (A), line 11e)		0.00,000	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 120,122.			
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		226,538.	241,679.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		912,369.	943,102.
	1	Revenue less expenses. Subtract line 18 from line 12		-29,570.	-5,009.
or			_	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		724,117.	758,357.
ASS	21	Total liabilities (Part X, line 26)		67,741.	56,287.
Flee	22	Net assets or fund balances. Subtract line 21 from line 20		656,376.	702,070.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	·e	DEBORAH MARTIN, CEO/EXECUTIVE DIRECTOR			
		Type or print name and title		loto I	I DTIN
		Print/Type preparer's name Preparer's signature		Pate Check	PTIN
Paid		S. AVIII I I D	μ	1/27/15 if self-employ	ed
	parer	Firm's name AKT LLP		Firm's EIN	
use	Only	Firm's address 312 S. JUNIPER ST., SUITE 100		Dk / 7	60\ 716 1560
		ESCONDIDO, CA 92025		Phone no. (7	
May	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	n 990 (2013) ELDERHELP OF SAN DIEGO, INC. 9!	5-2880426	Page 2
Pa	rt III Statement of Program Service Accomplishments		•
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	ELDERHELP OF SAN DIEGO, INC. IS A CALIFORNIA NONPROFIT PU	BLIC BENEF	IT
	CORPORATION FORMED FOR THE PURPOSE OF PROVIDING PERSONALIS		
	INFORMATION, AND COORDINATED CARE TO HELP SAN DIEGO'S SEN		
	INDEPENDENT AND LIVE WITH DIGNITY IN THEIR OWN HOMES.	TOKS KEMAI	TA
2	Did the organization undertake any significant program services during the year which were not listed on		77
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to		
	revenue, if any, for each program service reported.	•	
4a	405 401	36,	757.)
	THE CONCIERGE CLUB PROVIDES COMPREHENSIVE MEMBERSHIP-BASE		
	SOLUTIONS TO ADDRESS THE GROWING HEALTH AND SOCIAL CHALLEI		
	AND MODERATE INCOME SENIORS AND THEIR FAMILIES ARE FACING		<u> </u>
	CONCIERGE CLUB OFFERS HELP WITH THE BASIC NECESSITIES OF		CU
	PERSONAL ATTENTION, MEANINGFUL ENGAGEMENT AND COORDINATED		
	SERVICES. A PERSONAL MEMBER CARE COORDINATOR WILL HELP CRI		
	OF SERVICES USING CARING STAFF, DEDICATED VOLUNTEERS AND (
	TRUSTED PROVIDERS. WITH THIS SUPPORT MEMBERS REMAIN INDEP	ENDENT AND	IN
	THEIR HOMES LONGER.		
4b	(Code:) (Expenses \$ 163,006 · including grants of \$) (Revenue \$		١
TIJ	THE HOMESHARE PROGRAM MATCHES SENIORS WHO WANT TO REMAIN	IN THEIR O	<u>wn</u>
	HOMES WITH ADULTS OF ALL AGES WHO ARE IN NEED OF HOUSING.		
	A SIMPLE SOLUTION THAT OFFERS GREAT BENEFIT TO SENIORS AND		тр
			IIEC
	SEEKING MORE AFFORDABLE HOUSING. IN ADDITION TO MAKING HOUSING TO MAKING HOUSING TO MAKE A PROPERTY OF THE PRO		
	HOMESHARE PROVIDES HOUSING CONSULTATIONS AND REFERRALS TO	SENTORS A	עע
	YOUNGER ADULTS WHO ARE IN NEED OF AFFORDABLE HOUSING.		
4c	(Code:) (Expenses \$ 142,707. including grants of \$) (Revenue \$)
	SENIORS-A-GO-GO PROVIDES ESCORTED DOOR-THROUGH-DOOR TRANS	PORTATION.	
	ELDERHELP DRIVERS WILL PICK UP MEMBERS AT THEIR DOOR, ASS		MBER
	DURING THEIR APPOINTMENT OR ERRAND, AND MAKE SURE THEY GET		
	DOKING THEIR AFFOINIMENT ON ERRAND, AND MAKE SORE THEI GE.	I HOME SAF	
	Other program services (Describe in Schedule O.)		
TU	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses 711,204.		
TU			

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		х
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 temporarily restricted endowments, permanent			
	endowments, or 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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	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		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) ELDERHELP OF SAN D Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
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) and 501(c)(4) 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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
00	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	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			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	41	

Form 990 (2013) ELDERHELP OF SAN DIEGO, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1006. Enter-0- if not applicable 1a 6 6		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the completion of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers? 2e 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 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b If the calendar year ending with or within the year covered by this return 3 b If the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If Yes, 1 and 1 filed a form 950 of 10 to the year? W 10.7 or line 93, provide an explanation in Schedule O 3 b If Yes, 2 enter the name of the foreign country. Level as a bank account, securities account, or other financial account? 4 c A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or country (such as a bank account, securities account, or other financial accounts? 5 c Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 5 c Was the organization appray to a prohibited tax shelter transaction? 5 c Was the organization appray to a prohibited tax shelter transaction? 5 c Was the organization and party to a prohibited tax shelter transaction? 5 c Was the organization and party to a prohibited tax shelter transaction? 5 c Was the organization and party to a prohibited tax shelter transaction? 5 c Was the organization and party to a prohibited tax shelter transaction? 5 c Was the organization shelt were not tax deductibles a charatable contribution? 6 c Was the organization shelt were an except if St made party as a contribution on appray to goods and service						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I/I not applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a 20 2b If all least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c If the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Line 14 any time during the calendar year, did the organization have an interest 1a, 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 A any time during the calendar year, did the organization have an interest 1a, 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?) 5b If Yes, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5c Was the organization a party to a prohibited tax shelter frananciation at any time during the tax year? 5c If Yes, a fine ine Sa or Sb, did the organization file Form 8888.72 5c If Yes, a fine ine Sa or Sb, did the organization file Form 8888.72 5d Did any quantization shelt was or is a party to a prohibited tax shelter transaction? 5d Did the organization shelt was used to shelt the are normally greater than \$100,000, and did the organization solic array country and the second shelt of the organization shelt was not tax deductible? 7c Organization shelt was payment in excess of \$55 make pay to so contributions or grits were not tax deductible. 7c	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners? 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. 3b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c If Yes, 1 has it filed a Form 390 To this year? If Yes, 1 has it filed a Form 390 To this year? If Yes, 1 has it filed a Form 390 To this year? If Yes, 1 has it filed a Form 390 To this year? If Yes, 1 has a farmal account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account.) 3c If Yes, 1 has the foreign country (such as a bank account, securities account, or other financial account.) 3d If Yes, 1 has the foreign country of year and year. 3d If Yes, 1 has the security of a prohibited tax shelter transaction at any time during the tax year? 3d If Yes, 1 has the security of a prohibited tax shelter transaction at any time during the tax year. 3d If Yes, 1 has the security of a prohibited tax shelter transaction and year than 300,000, and did the organization solicit any contributions that may receive deductible as charitately contributions? 3d If Yes, 1 has the security of the organization has the are normally greater than \$100,000, and did the organization solicit any orthogous that are normally greater than \$100,000, and did the organization solicit any orthogous that are year or tax deductible? 4d If Yes, 1 has the organization has the very end to the subject of the goods or services provided? 5d If Yes, 1 has the organization received a contribution of a	b		1b	0			
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendary pair entings with or within the year covered by this result. Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If the veginization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the celandary year, did the organization have an inferents 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 accountly? 5b if Yes, inter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, it line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, it line 5a or 5b, did the organization file Form 8886-77 6c If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 8d If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8d If Yes, it did the organization notify the donor of the value of the goods or services provided? 7c If Yes, it did the organization neceive any part in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7c If Yes, it did the organization receive any part in excess of \$75 made party as a contribution of capacitation fellows any partil in excess of \$75 made party as a contribution of the service	2a						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 accountly? 4a At any time the name of the foreign country. 5b If "Yes," enter the name of the foreign country. 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to line 3a or 3b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "did the organization notify the donor of the value of the goods or services provided? 7b Organization sections apprend in eccess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If Yes, "did the organization neceive a payment in eccess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If If Yes, "dictate the number of Forms 8932? filed during the year 9c If If Yes, "dictate the number of Forms 8932? filed during the year 10 If If Ye		filed for the calendar year ending with or within the year covered by this return	2a	20			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filed a Form 990T for this year? if "No," to fire 3b, provide an explanation in Schedule O 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 accounts. 5b if "Yes," inter the name of the foreign country." ▶ 5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5c Was the organization appropriate for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization for you a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6c If "Yes," to line 5a or 5b, did the organization file form 8886-17? 6c If "Yes," to line the were not tax deductible as chariable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to fle Form 8282? 6d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 6d If "Yes," find the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If "Yes," find the organization file personal property for which it was required? 7d If If the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5b If 'Yes,' to line 5a or 5b, did the organization file Form 8886-1? 6c 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 deductibles? 6c 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 deductibles? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a) bif the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive a payment in excess of \$75 made partly as contribution of organizations provided to the payor? 7a X 8 If Yes, 'indicate that may receive deductible contributions under section 170(c). a) bif the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7b If Yes, 'indicate the number of Forms 8282 filed during the year 1b of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X 7d Did the organization during t		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)? 5a Was the organization aperunts for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To Was to the Foreign accounts of the done of the value of the goods or services provided? 7 To Was to the Foreign accounts of the done of the value of the goods or services provided? 7 To Was to the organization neceive apyment in excess of \$75 made partly as a contribution of property for which it was required to the payor? 7 To Was to the organization receive apyment in excess of \$75 made partly as a contribution of the good or services provided? 7 To Was to the organization receive apyment in excess of \$75 made partly as a contribution of the good or services provided? 7 To Was to the organization received a contribution of qualified intellectual property, did the organization file organization with the property for which it was required. 8 To the organization organization services organization s	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions?" 6a Z If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organization shat may receive deductible contributions under section 170(c). a bill the organization shat may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 cf Yes, indicate the number of Forms 8282 filed during the year ap premount benefit contract? 7 To X 9 If the organization make a contribution of qualified intellectual property, did the organization file a Form 1088 cf Yes, indicate the number of premiums, directly or indirectly, or a personal benefit contract? 7 To X 7 To X 9 Sponsoring organization maintaining donor advised funds an assertion solicing stany time during the year? 9 Sponsoring organization maintaining donor advised funds an ascendison solicing sta	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b if "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for the See of St. of the Organization that it was or is a party to a prohibited tax shelter transaction? Sec	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
See instructions for filing requirements for Form TD F00-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization read enductible as charitable contributions? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If If the organization make any taxable distributions under section 4966? 8 Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Section 501(c)(T) organizations. Enter: a Initiation fees and capital contribution of acas, boats, airplanes, or other vehicles, did the organization file promess of the organization mak		financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Х
Sa X	b	If "Yes," enter the name of the foreign country: ▶					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 888617 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11 Did the organization received a contribution of cars, boats, aniphanes, or other whiches, did the organization file a Form 1038-C? 12 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 12 Did the organization make any taxable distributions under section 4986? 13 Section 501(c)(7) organizations. Enter: 14 Initiation fees and capital contribution to a donor, donor advisor, or related person? 15 Section 501(c)(7) organizations. Enter: 16 Gross income from members or shareholders 17 In Did by Gross received from them) 18 Section 501(c)(12) organizations. Enter: 19 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11 Did Bord organ		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accour	nts.			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If "Yes," inclicate the number of Forms 8282 filed during the year 1 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X 9 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Te X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C? 8 Sponsoring organizations make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organizations make a distribution of advised funds and section 509(a)(3) supporting organization file a Form 1098-C? 9 Sponsoring organizations make a distribution of a donor, donor advised, or related person? 9 Did the organization have a variable distributions under section 4966? 9 Did the organization fleerance and a d	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax 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? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 In X 5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7 C X 6 If "Yes," indicate the number of Forms 8282 filed during the year 8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 To X 9 If the organization received a contribution of qualified intellectual property, did the organizations in a Form 1098 Cr S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 10 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. b Enter the amount	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax 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? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 In X 5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7 C X 6 If "Yes," indicate the number of Forms 8282 filed during the year 8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 To X 9 If the organization received a contribution of qualified intellectual property, did the organizations in a Form 1098 Cr S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 10 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. b Enter the amount	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distribution sunder section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distribution sunder section 4966? 9 Did the organization make any taxable distribution under section 4966? 9 Did the organization make any taxable distribution section 4966? 10 Did the organization make any taxable distribution to another sources against amounts due or received from them.) 12							
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year of life Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year					6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," idid the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization flie a Form 1098-0? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie a Form 1098-0? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie a Form 1098-0? f Ph If the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 15b 17c 18c 19c 19c 19c 19c 19c 19c 19	b						
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To bid the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? C Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? C DID the organization organization of qualified intellectual property, did the organization file Form 8899 as required? D DID the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? D DID the organization make any taxable distribution of the sponsoring organizations. Did the supporting organization or advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? D DID the organization make any taxable distributions under section 4966? D DID the organization make any taxable distributions under section 4966? D DID the organization make any taxable distributions under section 4966? D DID Section 501(c)(7) organizations. Enter: D Gross income from members or shareholders D Gross income from members or shareholders D Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 12a Section 501(c)(72) organizations. Enter: D Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 12b Section 501(c)(72) organizations Enter: D Gross income from other sources (Do not net amounts d		were not tax deductible?			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9a b Gross receipts, included on Form 990, Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 501(c)(12) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of	7	Organizations that may receive deductible contributions under section 170(c).					
to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 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 13b If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more tha	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations are a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Gection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of reserves the organization in rore than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organ		to file Form 8282?			7c		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution included on Part VIII, line 12 10 a Did the organization server 990, Part VIII, line 12, for public use of club facilities 10 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from them.) 11 b Did	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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 organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make and steribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Is Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		Х
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b	g	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization file Formation (Intellectual property) and the organization (Intellectual prope	orm 88	99 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 C 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h				7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8						
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Lite "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	e during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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: a Gross income from members or shareholders 11a 1	10						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c	11						
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а		11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c 14a 15c 15d 15c 15d 15c 15d 15c 15d	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		/					
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 13a 13b 13b 13b 14a X			1 1	•	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · · · · · · · · · · · · · · ·	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					46		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	а				13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ا یم ا				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					44		Y
	D	if res, thas it filed a Forth 720 to report these payments? If two, provide an explanation in Schedule	.			gan	(2012)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	anning body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 14		103	140
ıu	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
٠	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a		Ť		
, u		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<i>,</i> a		
b		7b		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Dir Onoice (The econom & requeste information about periode net required by the informat revenue econo.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	u		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	·	
	DEBORAH MARTIN - 619-284-9281			
	6150 MISSION GORGE ROAD #140 SAN DIEGO CA 92120			

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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated amount of		
	hours per week	offi	, unle cer an	ss pe id a d	irecto	or/trus	n an stee)	compensation from	compensation from related	other		
	(list any	sctor						the	organizations	compensation		
	hours for	Individual trustee or director	gy.			ated		organization	(W-2/1099-MISC)	from the		
	related organizations	ustee	Institutional trustee		98	Highest compensated employee		(W-2/1099-MISC)		organization and related		
	below	dual tr	tional	١.	nploy	st con	_			organizations		
	line)	Individ	nstitu	Officer	Key employee	Highe	Former					
(1) TODD MILLER	3.00											
PRESIDENT		X		Х				0.	0.	0.		
(2) MATTHEW FINK	2.00											
VICE PRESIDENT		X		Х				0.	0.	0.		
(3) SHIRLEY S. THOMAS	3.00											
SECRETARY		X		Х				0.	0.	0.		
(4) NICOLE DARLING	3.00											
SECRETARY		X		Х				0.	0.	0.		
(5) JUDITH WENKER	3.00											
PAST PRESIDENT		X		Х				0.	0.	0.		
(6) LISA LUISO	2.00											
TREASURER		X		Х				0.	0.	0.		
(7) RUSSELL WINSLOW	2.00]							_	_		
TREASURER		Х		Х				0.	0.	0.		
(8) ALEX MARJANOVIC	1.00											
DIRECTOR		Х				<u> </u>		0.	0.	0.		
(9) MAGGIE SAYRE	1.00											
DIRECTOR	1	Х						0.	0.	0.		
(10) AMY NELSON	1.00	ļ										
DIRECTOR	1	Х						0.	0.	0.		
(11) ELAINE BALOK	1.00	ļ								•		
DIRECTOR	1 00	Х						0.	0.	0.		
(12) CINDI HILL	1.00	ļ										
DIRECTOR	1 00	Х						0.	0.	0.		
(13) KEN DAVENPORT	1.00	١,,								0		
DIRECTOR	1 00	Х						0.	0.	0.		
(14) KATIE WIEST	1.00	١,,							0.	0		
DIRECTOR	40.00	Х	-			<u> </u>	_	0.	0.	0.		
(15) DEBORAH MARTIN	40.00	4		x				05 201	_	2 506		
CEO/EXECUTIVE DIRECTOR		-	-	^	-	<u> </u>	\vdash	95,391.	0.	2,586.		
		1										
		-				\vdash	\vdash					
		1										
		<u> </u>						1	l			

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(B) (C)				(D)	(E)			(F)			
	Name and title	Average	(do				than	one	Reportable	Reportable		Es	timate	ed
		hours per week					is bot or/trus		compensation	compensation		ar	nount	of
		(list any	tor						from the	from related organization		com	other pensa	ition
		hours for	or director				pa		organization	(W-2/1099-MI			om th	
		related	stee o	rustee			pensat		(W-2/1099-MISC)		organizatio			
		organizations below	ual tru	ional t		ployee	t com	١.					d relat anizati	
		line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ainzan	0115
			_	_		×		۳						
			1											
						_	_							
						H								
			1											
			1											
1b	Sub-total							<u> </u>	95,391.		0.		2,5	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	95,391.		0.	2,586		86.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ole			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v er	nplo	vee	or	highest compensated e	mplovee on	ľ			
	line 1a? If "Yes," complete Schedule J for s								riigi loot compencator c			3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		Х
5	Did any person listed on line 1a receive or a	-				-			-					
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch _i	pers	son .					5		X
	tion B. Independent Contractors		d							\$100,000 of oor		-4:		
1	Complete this table for your five highest co the organization. Report compensation for	-	-								riperis	allon	TOTTI	
	(A)	ano odionidai y	oui ,	orran	ng r	*10	<u> </u>		(B)	y our.		((<u> </u>	
	Name and business	address	NC	INC	3				Description of s	ervices	С		nsatio	n
											 			
											 			
											<u> </u>			
								\perp						
2	Total number of independent contractors (i	-	ot lii	mite	d to		se li: 0	stec	a above) who received n	nore than				
	\$100,000 of compensation from the organi	∠αιι∪ι1 📂												

Check if Schedule O centains a response or note to any line in this Part VIII (A) Related or secretary function Part VIII (A) Part VII	ı u	L VII			or note to any lir	ne in this Part VIII			
2 a CONCIERGE CLUB 900099 36,757. 36,757.			Oneon ii Odricadie O doria	anis a response	or note to any iii	(A) Total revenue	exempt function	business	Revenue excluded from tax under sections 512 - 514
2 a CONCIERGE CLUB Susiness Code 900099 36,757. 36,757.	Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above Noncash contributions included in lines	1b	260,872. 591,028. 1,890.	893.474.			
2 a CONCIERGE CLUB 900099 36,757. 36,757.	<u> </u>		Total: Add lines 1a-11						
Total, Add lines 2a.2f	gram Service Revenue	b c d					36,757.		
3 Total. Add lines 2a21	Pro		All other program service reve	nue					
3 Investment income (including dividends, interest, and other similar amounts) 8 , 474		a				36,757.			
1			Investment income (including other similar amounts)	dividends, intere	est, and	-			8,474.
(i) Real (ii) Personal (ii) Personal (iii) Person									
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
B Less: cost or other basis and sales expenses 31,261. 3,710.			Gross amount from sales of	(i) Securities					
d Net gain or (loss) ———————————————————————————————————		С	Less: cost or other basis and sales expenses Gain or (loss)	31,261. 739.	3,710. -3,710.				
including \$ 41,574. of contributions reported on line 1c). See Part IV, line 18		d	Net gain or (loss)		>	-2,971.			-2,971.
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. > 2,359. 2,359. 2,359. 2,359.	er Revenue		including \$ 41,5 contributions reported on line Part IV, line 18	74 • of 1c). See					
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 9 38,093. 36,757. 0. 7,862.	O#				5,834.	2 250			2 350
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.		9 a	Gross income from gaming ac Part IV, line 19	tivities. See	>	2,339.			2,359.
b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a C C C C C C C C C C C C C C C C C C		С	Net income or (loss) from gam	ing activities	▶				
Miscellaneous Revenue Business Code 11 a			Less: cost of goods sold	b					
11 a									
c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ► 938,093. 36,757. 0. 7,862.		11 a							
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 938,093. 36,757. 0. 7,862.		b							
e Total. Add lines 11a-11d		С							
12 Total revenue. See instructions. ▶ 938,093. 36,757. 0. 7,862.		d							
		е				020 002	26 858		7 060
	33200		I otal revenue. See instructions.	<u></u>	<u> </u>	938,093.	36,/5/.	υ.	Form 990 (2013)

Form 990 (2013) ELDERHELP OF Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	this Part IX	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		·		·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 506	40 550	00 005	4 100
	trustees, and key employees	82,586.	49,552.	28,905.	4,129
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E22 C40	400 051	22 275	01 400
7	Other salaries and wages	523,649.	409,851.	32,375.	81,423
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	44,609.	40,392.	1,769.	2 440
9	Other employee benefits	50,579.	40,392.	4,990.	2,448 5,341
10	Payroll taxes	50,579.	40,240.	4,330.	3,341
11	Fees for services (non-employees):				
	Management				
	Legal	7,580.		7,580.	
	Accounting	7,500.		7,300.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	11,794.	6,373.	5,421.	
12	Advertising and promotion	16,979.	13,596.	25.	3,358
13	Office expenses	35,625.	19,550.	7,020.	9,055
14	Information technology	37,771.	30,623.	2,464.	4,684
 15	Royalties	,	•		· · · · · · · · · · · · · · · · · · ·
16	Occupancy	44,530.	34,470.	6,053.	4,007
17	Travel	34,922.	34,146.	206.	570
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,668.	1,926.	632.	1,110
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,750.		4,750.	
23	Insurance	8,003.	6,612.	635.	756
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CLIENT GOODS AND SERVIC	16,556.	16,543.	13.	0
b	MISCELLANEOUS	11,210.	3,625.	5,244.	2,341
С	STAFF RETENTION	2,826.	675.	2,101.	50
d	BAD DEBTS	2,267.	1,093.	1,174.	0
е	All other expenses	3,198.	1,929.	419.	850
25	Total functional expenses. Add lines 1 through 24e	943,102.	711,204.	111,776.	120,122
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)				5 000 (22.12

Form 990 (2013)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	10,893.	1	75,631
2		103,378.	2	54,537
3		0.	3	15,000
4		98,835.	4	49,627
5				
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>v</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets			7	
8 ۴			8	
9		7,159.	9	13,328
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 46,818.			
	basis. Complete Part VI of Schedule D 10a 46,818. b Less: accumulated depreciation 10b 14,797.	16,474.	10c	32,021
11	Investments - publicly traded securities	16,474. 381,558.	11	410,239
12		105,820.	12	107,974
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	724,117.	16	758,357
17	Accounts payable and accrued expenses	67,741.	17	56,287
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္မ 22				
≜	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
- 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	
26		67,741.	26	56,287
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ X☐ and			
Se	complete lines 27 through 29, and lines 33 and 34.	450 605		F14 004
를 27	Unrestricted net assets	459,687.	27	514,284
<u>ē</u> 28		103,362.	28	94,459
<u></u> 29	,	93,327.	29	93,327
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ	and complete lines 30 through 34.			
30			30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	, , , , , , , , , , , , , , , , , , , ,	656 276	32	700 000
_ 33		656,376.	33	702,070
34	Total liabilities and net assets/fund balances	724,117.	34	758,357

Ра	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,1			
3	Revenue less expenses. Subtract line 2 from line 1	3			09.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			76.		
5	Net unrealized gains (losses) on investments	5	5	<u>0,7</u>	03.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			0.		
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			2,0			
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both:						
	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	ie audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule 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							
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ELDERHELP OF SAN DIEGO, INC.

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

95-2880426

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.					
he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2			'0(b)(1)(A)(ii). (Attach Sc										
з 🗌			tal service organization			170(b)(1)	(A)(iii).						
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the h	hospita	ıl's nan	ne.
	city, and stat		,						•				,
5	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in			
-	-	(b)(1)(A)(iv). (Comple	-	,		,	J						
6			ent or governmental unit	t describe	d in sectio	n 170(b)(I)(A)(v).						
7 X			eives a substantial part					or from the	general	nuh	lic des	cribed	in
		b)(1)(A)(vi). (Comple		or its supp	ore monna	governine	intai anni c	7 110111 1110	gonorai	pub	110 000	Jiibou	
8			section 170(b)(1)(A)(vi).	(Complete	Part II)								
9 🗌			eives: (1) more than 33 1			rom contri	hutions m	nemhershi	n fees a	nd a	aross re	ceints	from
5			nctions - subject to certa										
			axable income (less sect										
		509(a)(2). (Complete		lion o i i ta	ix) Holli bu	1311103303 6	acquired b	y the orga	inzation	arto	i dunc	50, 151	Ο.
10			perated exclusively to te	et for publ	ic cafety 9	Soo soctio	n 500(a)(/	1)					
11			perated exclusively for the						v out the	nur	nneae	of one	or
			ations described in section										Oi
			organization and comple				.). See se t	, LIOI1 309(а)(Э). Оп	CUN	li le bo	(iiiai	
	a Type I			ype III - Fu			d	Tvn	e III - Nor	n fur	actiona	lly into	aratad
•		•	at the organization is not		•	-						•	•
c			han one or more publicly										
f			ten determination from t						(a)(1) OI	3001	11011 30	3(a)(∠).	
•		rganization, check th						5 III					
~		•	nis box organization accepted ar					owing por	2				. –
g			lirectly controls, either al									Yes	No
			upported organization?							Г	11g(i)		110
	-		n described in (i) above?							г	11g(ii)		\vdash
			person described in (i) o										\vdash
h			about the supported or							L	11g(iii	<u>и</u>	
h	Flovide the h	ollowing information	about the supported of	gariizatiori	(5).								
				(iv) le the c	organization	(v) Did you	ı notify tha	(vi) Is	the	,			
. ,	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			Lorganizátic	on in col. I	(VII)	Amoun (netary
urya	amzauon		above or IRC section		document?			(i) organiz U.S	.?		Su	pport	
			(see instructions))	Yes	No	Yes	No	Yes	No				
				1.55				1.55					
					-			-					
otal													

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	993,356.	1070545.	859,167.	802,792.	893,474.	4619334.
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	222 256	4000545	050 465	000 500	000 454	1610001
	Total. Add lines 1 through 3	993,356.	1070545.	859,167.	802,792.	893,474.	4619334.
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,						0.45 0.04
	column (f)						245,801.
	Public support. Subtract line 5 from line 4.						4373533.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009 993, 356.	(b) 2010	(c) 2011 859, 167.	(d) 2012 802, 792.	(e) 2013 893, 474.	(f) Total
	Amounts from line 4	993,356.	1070545.	859,167.	802,792.	893,4/4.	4619334.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	FF 000	02 226	2 007	2 252	0 474	152 240
	and income from similar sources	55,098.	83,336.	3,087.	3,253.	8,474.	153,248.
9	Net income from unrelated business						
	activities, whether or not the					2 250	2 250
	business is regularly carried on					2,359.	2,359.
10	Other income. Do not include gain						
	or loss from the sale of capital	20 446	06 701	10 100	42 275		170 (10
	assets (Explain in Part IV.)	30,446.	86,701.	12,190.	43,275.		172,612.
	Total support. Add lines 7 through 10						4947553.
	Gross receipts from related activities,	•				12	114,209.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sac	organization, check this box and storection C. Computation of Publ	here	rcentage				P
				- h (f)		44	88.40 %
	Public support percentage for 2013 (•	* * * * * * * * * * * * * * * * * * * *		14	0 F 4 4
	Public support percentage from 2012					15	
16a	33 1/3% support test - 2013. If the c	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o						
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•				
40	organization meets the "facts-and-circ						__
ΙÖ	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, or 1/k			
					Sche	dule A (Form 990	UI 99U-EZ) 2U13

332022 09-25-13

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, piedee com	oloto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		, ,	,	, ,		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				1		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, ,	, ,	, ,		, ,
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (lin					15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2012. If the o	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec			·		ŭ	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	>

hedule A	(Form 990 or 990-EZ) 2013 ELDERHELP OF SAN DIEGO, INC.	95-2880426 _{Pa}
Part IV	(Form 990 or 990-EZ) 2013 ELDERHELP OF SAN DIEGO, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Employer identification number

E	LDERHELP OF SAN DIEGO, INC.	95-2880426
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule For an organization	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m plete Parts I and II.	
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regol(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribution of software	
contributions for If this box is chec purpose. Do not ((c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribute exclusively for religious, charitable, etc., purposes, but these contributions did not to sked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because in the ole, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. Ply religious, charitable, etc., t received <i>nonexclusively</i>
	that is not covered by the General Rule and/or the Special Rules does not file Schedule I	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

ELDERHELP OF SAN DIEGO, INC.

95-2880426

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$54,377.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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		\$18,703.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ 75,449.	Person X Payroll

Name of organization

Employer identification number

ELDERHELP OF SAN DIEGO, INC.

95-2880426

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

Name of organization

Employer identification number

ELDERHELP OF SAN DIEGO, INC.

95-2880426

Part I (a) No. rom Part I (a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date receiv FMV (or estimate) (see instructions) (d) PMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) PMV (or estimate) (see instructions) (g) PMV (or estimate) (see instructions) (d) Date receiv FMV (or estimate) (see instructions) (d) Date receiv	Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. Trom Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received the part of the part	No. from		FMV (or estimate)	(d) Date received
(a) No. from Part I (a) No. Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receiv (e) FMV (or estimate) (see instructions) (d) Date receiv (e) FMV (or estimate) (see instructions) (from Description of noncash property given (g) FMV (or estimate) (see instructions) (g) Date receiv (g) FMV (or estimate) (see instructions) (g) Date receiv (g) FMV (or estimate) (see instructions) (g) Date receiv (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) Date receiv (g) FMV (or estimate) (see instructions) (g) Date receiv (g) FMV (or estimate) (see instructions) (g) Date receiv			_	
No. (a) (b) FMV (or estimate) (c) (d) Date receive			<u> </u>	
(a) No. (b) Description of noncash property given See instructions (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) Description of noncash property given (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) Date receive (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (c) FMV (or estimate) (see instructions)	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) Description of noncash property given See instructions (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) Description of noncash property given (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) Date receive (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (c) FMV (or estimate) (see instructions)				
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receivence of the part of the			<u> </u>	
(a) No. from Part I (a) Description of noncash property given FMV (or estimate) (see instructions) Date received (a) No. from Part I (b) FMV (or estimate) (see instructions) Date received (c) FMV (or estimate) (see instructions) Date received (d) Date received (a) No. from Description of noncash property given (a) No. from Description of noncash property given FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (e) Date received (for instructions) (d) Date received (e) Date received (for instructions) (d) Date received (e) Date received (for instructions) (for instructions	No. from		FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given \$				
No. from Part I (a) No. from Part I (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received the second of th			\$	
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date receive \$ (a) No. (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (see instructions) Date receive	No. from		FMV (or estimate)	(d) Date received
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date receive \$ (a) No. (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (see instructions) (d) Date receive				
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) (d) Date received (a) No. (b) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) FMV (or estimate) (see instructions) (d) Date received			\$	
(a) No. (b) from Description of noncash property given (c) FMV (or estimate) (see instructions) Date receive	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) from Description of noncash property given (c) FMV (or estimate) (see instructions) Date received			_	
No. (b) FMV (or estimate) (d) Factorizations (b) FMV (or estimate) (see instructions)	_		<u> </u>	
	No. from		FMV (or estimate)	(d) Date received
			_	
\$ Schedule B (Form 990, 990-EZ, or 990-FZ)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number ELDERHELP OF SAN DIEGO INC. 95-2880426 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(1), (8), or (10) organization year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (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, and 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, and 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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number 95-2880426 ELDERHELP OF SAN DIEGO, s Maintaining Donor Advised Funds or Other Similar Funds or Accounts 🔿

aı	organizations Waintaining Donor Advised		of Accounts. Complete if the
	organization answered Tes to Form 990, Pattiv, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Paı	t II Conservation Easements. Complete if the orga	ınization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of	of a 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	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it \boldsymbol{I}	nolds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pai	T III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	"	•
	historical treasures, or other similar assets held for public exhil		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		• •
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treas		gain, provide
	the following amounts required to be reported under SFAS 110	, ,	
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

23

	rt III Organizations Maintaining C	collections of A			Othe	r Simil		ts/conti		age Z
	Using the organization's acquisition, accessi									
3	(check all that apply):	on, and other record	is, check any or the	Tollowing that a	are a si	grillicarit	use or its	COIIECTIO	II ILEII	15
_	Public exhibition	d	Loop or eve	hange program						
a				nange program	15					
b	Scholarly research	е	Other							
C	Preservation for future generations				,					
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit o							٦.,		٦
Da	to be sold to raise funds rather than to be ma							Yes		<u> No</u>
Pai	rt IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the organization	n answered "Ye	es" to I	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other asse	ts not	included		_		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo	orm 990 Part X line	212					Yes		No
	If "Yes," explain the arrangement in Part XIII.							_ 100		j
	rt V Endowment Funds. Complete in					n				
- 011		(a) Current year	(b) Prior year	(c) Two years t			ears hack	(e) Fou	r vears	hack
12	Beginning of year balance	105,821.	104,391.				12,767.	(0) 1 0 0		979.
	T .								,	
	Contributions	2,153.	1,430.	15	131		79,616.		5.0	788.
_	Net investment earnings, gains, and losses									, 700.
d	Grants or scholarships									
е	Other expenditures for facilities			556						
	and programs			556,	526.					
f	Administrative expenses									
g	End of year balance	107,974.	105,821.	· · · · · ·	391.	6	45,483.		412,	767.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment	.00	_%							
	Permanent endowment ► 86.00	%								
С	Temporarily restricted endowment ▶1	<u>4.00</u> %								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ınd administere	d for th	ne organiz	zation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, I	ine 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (other)	(c) Ac	cumulate reciation	ed	(d) Boo	k valu	e
	Land									
	Buildings									
	Leasehold improvements			2,130.		2	25.		1,9	05.
	Equipment						-			
	Other		4	4,688.		14,5	72.	3	0,1	16.
	I. Add lines 1a through 1e. (Column (d) must e						<u> </u>		$\frac{3}{2}, 0$	
. J.u	in the miles rathrough to testam (a) must be	.,	, (2),	- \-/-/					, ,	•

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 ELDERHELP O	F SAN DIEGO,	INC.	95-2880426 _{Page}
Part VII Investments - Other Securities.	•		<u></u>
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ENDOWMENT FUNDS	107,974	END-OF-Y	ZEAR MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	107,974	:•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990,	
(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	9 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, lin		n 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(6) (7) (8)

Schedule D	(Form 990) 2013	ELDERHELP	OF	SAN	DIEGO,	INC.	95-2880426	Page
Part XI	Reconciliation of	Revenue per A	\udit	ed Fin	ancial Stat	ements	With Revenue per Return.	
	Complete if the organiz	zation answered "Ye	es" to	Form 99	00, Part IV, line	12a.		

	Complete if the organization answered Tes to Form 990, Fart IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,014,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	50,703.		
b	Donated services and use of facilities	2b	25,722.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	76,425.
3	Subtract line 2e from line 1			3	938,093.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	938,093.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	968,824.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	25,722.		
b	Prior year adjustments				
С	Other losses	ا مو ا			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	25,722.
3	Subtract line 2e from line 1			3	943,102.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	943,102.
D -	+ VIII Complemental Information				

| Part XIII | Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUND WAS CREATED OVER TIME VIA DONATIONS FROM A

VARIETY OF DONORS, MANY OF WHICH RESPONDED TO A MULTI-YEAR CAMPAIGN. THE ENDOWMENT FUNDS ARE HELD IN A CERTIFICATE OF DEPOSIT AND IN A TRUST HELD FOR THE ORGANIZATION IN THE ELDERHELP OF SAN DIEGO FUND AT THE SAN DIEGO FOUNDATION.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX

POSITIONS AS ADDRESSED IN FINANCIAL ACCOUNTING STANDARDS BOARD, ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND

PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME

332054 09-25-13

Schedule D (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

Open To Public Inspection

Name of the organization				•			ntification number						
ELDERHE	LP OF SAN DIEGO, I	NC.				95-2880	426						
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	'es" to	Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not						
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		have custody or control of		or control of from activity		(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No										
Total													
List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is	exempt from re	egistration						

332081 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

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

95-2880426 Page 2 Schedule G (Form 990 or 990-EZ) 2013 ELDERHELP OF SAN DIEGO, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ESSENCE OF (add col. (a) through LIFE 5K FUN RUN col. (c)) (total number) (event type) (event type) Revenue 31,878. 14,256. 3,633. 49,767. 1 Gross receipts 23,685 14,256. 3,633. 41,574. 2 Less: Contributions 8.193. 8,193. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 3,706. 3,706. 7 Food and beverages 8 Entertainment 626. 1,502. 2,128. Other direct expenses 5,834. 10 Direct expense summary. Add lines 4 through 9 in column (d) 2,359. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) _____**>** Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2013

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2013 ELDERHELP OF SAN DIEGO, INC. 95-	<u> </u>	<u> </u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	'es	└── No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility			<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sim \frac{1}{2} = \frac			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	'es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9	b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	,	,	, ,
_				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013
Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

ELDERHELP OF SAN DIEGO, INC.

Employer identification number
95-2880426

FORM 990, PART VI, SECTION B, LINE 11:

THE FINANCE COMMITTEE OF THE BOARD WILL REVIEW THE 990 WITH

POLICY. ANY DISCLOSURES ARE INCLUDED IN THE AUDIT NOTES.

THE CPA FIRM PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE

ANNUAL MEETING AND EVERY BOARD MEMBER IS REQUIRED TO SIGN A COPY OF THE

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE EXECUTIVE DIRECTOR ANNUALLY. THE PROCESS CONSISTS OF

DISCUSSION AND RESEARCH BY THE EXECUTIVE COMMITTEE TO DETERMINE BOTH (A)

THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AS DETERMINED BY GOALS, STAFF

SURVEYS, AND OTHER INFORMATION AS AVAILABLE, AND (B) RESEARCH INTO

COMPARABLE NONPROFIT SALARIES AND COMPENSATION IN SAN DIEGO AND SOUTHERN

CALIFORNIA.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

31

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ⋅

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ightharpoonup X• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print 95-2880426 ELDERHELP OF SAN DIEGO, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 6150 MISSION GORGE ROAD, #140 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SAN DIEGO, CA 92120 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (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) 06 Form 8870 12 DEBORAH MARTIN The books are in the care of ▶ 6150 MISSION GORGE ROAD, #140 - SAN DIEGO, CA 92120 Telephone No. ► 619-284-9281 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 17, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning JUL 1, 2013 , and ending JUN 30, 2014 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA 323841 12-31-13 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)