	****	THIS IS NOT A FIL	LEABLE COPY *****		
Form 8879-TE		IRS e-file Signatur for a Tax Exer	mot Entity		OMB No. 1545-0047
	For calendar year 202	1, or fiscal year beginning JUL 1	, 2021, and ending JUN 30	, 20 2 2	2021
Department of the Treesury		Do not send to the IRS. K			2021
Department of the Treasury Internal Revenue Service	▶	Go to www.irs.gov/Form8879T			
Name of filer				EIN or SSN	
ELDERH	IELP OF SA			95-288	0426
Name and title of officer or pe	erson subject to tax	DEBORAH MARTIN			
		CEO/EXECUTIVE DI	RECTOR		
Part I Type of	Return and Re	turn Information			
Form 5330 filers may enter or 10a below, and the amo	er dollars and cents ount on that line fo	. For all other forms, enter whole d r the return being filed with this for	ter the applicable amount, if any, fr ollars only. If you check the box on m was blank, then leave line 1b, 2b trun, then enter -0- on the applicab	line 1a, 2a, 3a, , 3b, 4b, 5b, 6 b	4a, 5a, 6a, 7a, 8a, 9a , 7b, 8b, 9b, or 10b,
	here ► X	b Total revenue, if any (Form 9	990, Part VIII, column (A), line 12) _	16	1,917,371.
2a Form 990-EZ che			990-EZ, line 9)		
3a Form 1120-POL			ne 22)		
4a Form 990-PF che			icome (Form 990-PF, Part V, line 5)		
5a Form 8868 check			e 3c))
6a Form 990-T chec			II, line 4)		
7a Form 4720 check			I, line 1)		
8a Form 5227 check		b FMV of assets at end of tax		8b	
9a Form 5330 check		b Tax due (Form 5330, Part II,		9b	
10a Form 8038-CP ch	heck here		requested (Form 8038-CP, Part III,	line 22) 10)b
			er or Person Subject to Ta		
Under penalties of periurv	. I declare that X	I am an officer of the above entity	y or 🔲 I am a person subject to	tax with respec	t to (name
intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv	ider, transmitter, or eipt or reason for re- e, I authorize the U ution account indic it the entry to this a s prior to the payme ve confidential info	electronic return originator (ERO) t lection of the transmission, (b) the S. Treasury and its designated Fin cated in the tax preparation softwa account. To revoke a payment, I m ent (settlement) date. I also authori mation necessary to answer inqui	n on the copy of the electronic return to send the return to the IRS and to reason for any delay in processing lancial Agent to initiate an electronic re for payment of the federal taxes ust contact the U.S. Treasury Finan ze the financial institutions involved ries and resolve issues related to the nd, if applicable, the consent to ele	preceive from the the return or re c funds withdra owed on this re ncial Agent at 1 d in the process ne payment. I ha	he IRS (a) an fund, and (c) the date wal (direct debit) eturn, and the -888-353-4537 no sing of the electronic ave selected a
PIN: check one box only X I authorize EV		LLIANCE PROFESSIO	NAL CORP. to	o enter my PIN	92123
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state age	•	charities as part of the IRS Fed/St	ve indicated within this return that ate program, I also authorize the af		-
return. If I have	indicated within thi		enter my PIN as my signature on th s being filed with a state agency(ies consent screen.		
Signature of officer or person subje	ect to tax ► **** ation and Auth	THIS IS NOT A FI	LEABLE COPY ****	Date 🕨	
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-	-	81442990720 Do not enter all zeros)	
			021 electronically filed return indica ernized e-File (MeF) Information for a		
ERO's signature REB	BECCA CHRI	STIANSEN	Date ► 04,	/30/23	
		ERO Must Retain This For			
			S Unless Requested To Do		
LHA For Privacy act and	d Paperwork Redu	ction Act Notice, see instruction	S.	F	orm 8879-TE (2021)
102521 01-11-22					

		** PUBLIC DISCLOSURE COPY	* *		
Forr	" 9	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	n Income (except private f	Tax ioundations)	OMB No. 1545-0047
Depa	rtment	Do not enter social security numbers on this form as it n			Open to Public
Interr	al Rev	nue Service Go to www.irs.gov/Form990 for instructions and the la			Inspection
			JUN 30,		
B c a	heck if pplicat	le:	D Employe	er identificati	on number
	Addr chan			0000406	
	_chan]Initial	Doing business as		2880426	
	_returr Final returr	5095 MURPHY CANYON ROAD 100		ne number - 284 - 92	
	termi ated Amer returr	City or town, state or province, country, and ZIP or foreign postal code	G Gross receip H(a) Is this a	^{pts \$} a group returi	1,930,577.
	Appli tion pend	^{ra-} F Name and address of principal officer: DEBORAH MARTIN SAME AS C ABOVE	for sub	ordinates?	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			See instructions
		te: > WWW.ELDERHELPOFSANDIEGO.ORG		exemption nu	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘	/ear of formation:	1973 <u>м</u> St	ate of legal domicile: CA
Pa	irt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: PROVIDES	SERVICES	5 THAT	HELPS
Activities & Governance		SENIORS REMAIN INDEPENDENT & LIVE WITH DIGNI	TY IN THE	<u>EIR OWN</u>	HOMES.
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	more than 25% of	its net asset	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			13
ن مە	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	31
iviti	6	Total number of volunteers (estimate if necessary)		6	330
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
			Prior Yea		Current Year
e	8	Contributions and grants (Part VIII, line 1h)	1,903		1,348,463.
Revenue	9	Program service revenue (Part VIII, line 2g)		,730.	561,408.
Jev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		,843.	14,839.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,807.	-7,339.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,009		1,917,371.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1 010	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,219		1,350,373.
ens		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 222,825.		0.	0.
Expenses			410		207 440
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,990.	387,448.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,636		1,737,821.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		,800.	179,550.
Net Assets or Fund Balances			Beginning of Curr 2,253	261	End of Year 2,340,370.
Sse Bala	20	Total assets (Part X, line 16)		<u>,301.</u> ,477.	145,417.
let A	21	Total liabilities (Part X, line 26)	2,097		2,194,953.
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20	4,097	,004•	4,174,900.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atomante and to the	hast of my kn	owledge and belief it is
		aties of perjury, I declare that I have examined this return, including accompanying schedules and si ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre		-	owieuye and beller, it is
uue,	COLLE		aidi nas any known	եսցե.	

Sign Here	Signature of officer Date DEBORAH MARTIN, CEO/EXECUTIVE DIRECTOR Type or print name and title										
Paid	Print/Type preparer's name Preparer's signature Date Check PTIN REBECCA CHRISTIANSEN REBECCA CHRISTIANSEN04/30/23 if P01219191										
Preparer	Firm's name EVERGREEN ALLIANCE PROFESSIONAL CORP. Firm's EIN 86-1400078										
Use Only	IV Firm's address 4332 CERRITOS AVE, SUITE A105 LOS ALAMITOS, CA 90720 Phone no.714-372-8110										
May the If	Aay the IRS discuss this return with the preparer shown above? See instructions										

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

		OF SAN DIEGO		95-28804	426 Page
Par	t III Statement of Program Service	•			_
	Check if Schedule O contains a response	e or note to any line in t	his Part III		L
1	Briefly describe the organization's mission: ELDERHELP OF SAN DIEGO, CORPORATION FORMED FOR INFORMATION, AND COORDIN	THE PURPOSE NATED CARE I	OF PROVIDING PE O HELP SAN DIEG	RSONALIZED SEN O'S SENIORS RI	RVICES,
	INDEPENDENT AND LIVE WIT				
2	Did the organization undertake any significant p prior Form 990 or 990-EZ? If "Yes," describe these new services on Sched		g the year which were not listed	Г	Yes X N
3	Did the organization cease conducting, or make If "Yes," describe these changes on Schedule	e significant changes in	how it conducts, any program	ı services?	Yes X N
4	Describe the organization's program service ac Section 501(c)(3) and 501(c)(4) organizations a	complishments for eac			-
4a	revenue, if any, for each program service report (Code:) (Expenses \$ 692	ed. 590 • including grants	s of \$) (Revenue \$	78,361
	CARE COORDINATION PROVID ASSESS SENIORS' NEEDS FO		ONAL GERIATRIC DEVELOP CARE P		
	REGULAR CONTACT TO LENG				
	POSTPONE PLACEMENT INTO				
	THROUGH CARE COORDINATION	•			
	REGULARLY SCHEDULED GROO				
	VISITING, GARDENING AND				ATION TO
	MEDICAL APPOINTMENTS ANI	O OTHER SIMI	LAR ASSISTANCE	TO SENIORS.	
46	(a.) (a. 537	,046 . including grants			354,961
4b	(Code:) (Expenses \$ 537 HOUSING SERVICES PROVID				
	HOUSING OPTIONS INCLUDIN				
	ROOMMATE PLACEMENT SERVE		AL LIVING BOCIA		5
4	(a) 169	,495 including grants		,	128,086.
4c	(Code:) (Expenses \$169 SENIOR A GO GO PROVIDES				HE
	ORGANIZATION'S DRIVERS				
	DURING THEIR APPOINTMEN				
	DORING THEIR MITOINIMEN	i on mand,	AND MARE BORE		•
4d	Other program services (Describe on Schedule	O.)			
		g grants of \$) (Revenue \$)	
4e	Total program service expenses 🕨	1,399,131.			
					Form 990 (202
32002	12-09-21				
_			2		
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Form 990 (2021) ELDERHELP OF
Part IV Checklist of Required Schedules ELDERHELP OF SAN DIEGO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11a	23	x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation or Report IX column (A) line 12 If "Yes," complete Schedule I. Parts Land II.	04		x
13200	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	(2021)
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2021.05080 ELDERHELP OF SAN DIEGO

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	105	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
0	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
15a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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.70	430 161399 2690 2021.05080 ELDERHELP OF SAN DIEGO	26	90	1
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Form 990 (2021)	ELDERHELP OF	SAN DIEGO	
Part V Statements	Regarding Other IRS	6 Filings and Tax	Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			T
	filed for the calendar year ending with or within the year covered by this return 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	Section So ite (21) of gainzations. Dut the trust, any disqualited person, or thine operator engage in any		1	
7		17		Ì
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 990 (2	021)
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ELDERHELP OF SAN DIEGO

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

X

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

500	tion A. Governing Body and Management				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	3	103			
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:					
а	The governing body?			8a	X			
b	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 re-							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code.)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	x			
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy beto	ore filing the form?	11a				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			100	x			
13	on Schedule O how this was done			12c 13	X			
13 14	Did the organization have a written whistleblower policy?			14	X			
5	Did the process for determining compensation of the following persons include a review and appro-			14				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		laependent					
а	The organization's CEO, Executive Director, or top management official	•		15a	x			
	Other officers or key employees of the organization			15b		x		
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			10.5				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	-	•					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	D-T (section 501(c)(3	s)s only) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website Upon request Other (explai	n on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	of interest policy, a	nd fina	ncial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	DEBORAH MARTIN - 619-284-9281 5095 MURPHY CANYON ROAD, 100, SAN DIEGO, CA 9212	2						
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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 VI

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per liver and attending resource built any most for the and attending resource built any float attending resource built any float attending resource built attending resource the and attending res	(A)	(B)	(B) (C)						(D)	(E)	(F)
hours per week (list any pour and a mount of organizations below line) compensation from model generation the organizations (W-2/1009-MISC/ 1099-NEC) compensation of the organizations (W-2/1009-MISC/ 1099-NEC) amount of other compensation from the organizations (1) DEBORAH MARTIN (L2) NIKEL OSTEM 40.000 x 106,382. 0. 14,249. (2) NIKEL OSTEM 2.50 x x 0. 0. 0. (3) ANDREA HOGAN 2.50 x x 0. 0. 0. (4) JULE BOORE 2.50 x x 0. 0. 0. (5) CANDICE CAUFEILD 2.50 x x 0. 0. 0. (6) RUSSELL WINSLOW 1.50 x x 0. 0. 0. PASE TERSIDENT 2.50 x x 0. 0. 0. (6) RUSSELL WINSLOW 1.50 x x 0. 0. 0. DIRECTOR 2.50 x 0. 0. 0. 0. DIRECTOR 2.50 x 0. 0. <td< td=""><td>Name and title</td><td>Average</td><td>(do</td><td>not c</td><td>Pos</td><td>ition</td><td>l than</td><td>one</td><td>Reportable</td><td>Reportable</td><td>Estimated</td></td<>	Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
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DIRECTOR X 0. 0. 0. (14) JOE GARBANZOS 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(14) JOE GARBANZOS 2.50 X 0. 0. 0. DIRECTOR X 0 0. 0. 0.	(13) MONICA MEHREN	1.50									
DIRECTOR X 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
	(14) JOE GARBANZOS	2.50									
	DIRECTOR		Х						0.	0.	0.

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	990 (2021) ELDERHELE									95-2	880	426	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C					<u> </u>	
	(A) Name and title	(B) Average hours per week (list any	box, offic	not c unle	ss per	ition ^{more} rson i	than o s both r/trust	n an	(D) Reportable compensation from the	(E) Reportable compensatic from related organization	on d	am	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	fro orga and	om the anizat d relat nizatio	e ion ed
1b	Subtotal						 	•	106,382.		0.	1	4,2	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					I		0. 106,382.		0. 0. 0. 14,249.			
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	io r	eceived more than \$100	,000 of reportab	le			1
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	phest compensated emp	loyee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	im of reportabl	le co	mp	ensa	ation	and	l otl				3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsati	ion f	rom	any	unre	elat	ed organization or indivi		;	4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or sı	ich j	pers	ion .					5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-									npens	ation f	rom	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	с	(C omper		n
2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	tec	above) who received m	ore than				
	\$100,000 of compensation from the organiz	•				(,			Form	990 c	2021)

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			,			F	SAN DIE	GO		95-2880	426 Page 9
Pa	rt \	VIII									
			Check if Schedule O	contair	ns a respo	onse	or note to any	line in this Part VIII	(B)	(0)	
								(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ts, An			Fundraising events				105,366	<u>-</u>			
ilar İlar			Related organizations				451 704	_			
Sin',			Government grants (cont				451,724	-			
utic Jer		f	All other contributions, gifts,	-			701 373				
Otl		~	similar amounts not included				791,373 10,245	-			
Con		-	Total. Add lines 1a-1f					1,348,463.			
<u> </u>							Business Code				
e	2	а	CONTRACT REVI	ENUE			900099	545,746.	545,746.		
Program Service Revenue		b	CLIENT VOLUNT	FARY	PAYM	1E	900099	15,662.			
enu enu		с									
ran eve		d									
rog		е									
٩			All other program service								
								561,408.			
	3		Investment income (inclu					14,957.			14,957
	4		other similar amounts) Income from investment					14,557.			14,557
	5		Royalties				-				
	Ū				(i) Real		(ii) Personal				
	6	а	Gross rents	6a				-			
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
		d	Net rental income or (loss								
	7	а	Gross amount from sales of		(i) Securit		(ii) Other	4			
			assets other than inventory	7a	5,02	.9.		_			
ø		b	Less: cost or other basis		5,14	7					
evenue		~	and sales expenses Gain or (loss)		-11			-			
Rev			Net gain or (loss)					-118.			-118
Other Re	8		Gross income from fundrais								
đ	-	-	including \$ 105								
			contributions reported or								
			Part IV, line 18			8a	720				
			Less: direct expenses			8b	8,059				
			Net income or (loss) from		-		<u>,</u>	-7,339.			-7,339
	9	а	Gross income from gamir								
		h	Part IV, line 19			9a 9b		-			
			Less: direct expenses Net income or (loss) from								
	10		Gross sales of inventory,			<u> </u>	/				
		-	and allowances			10a	3				
		b	Less: cost of goods sold			10k	þ				
			Net income or (loss) from			ry	🕨				
s							Business Code	e			
Miscellaneous Revenue	11	а									
llan /ent		b									ļ
sce Rev		c									
Ϊ			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instructi					1,917,371.	561,408.	0.	7,500
12200							·····		_ 301/1000	J. J.	Form 990 (2021
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ELDERHELP OF SAN DIEGO Part IX Statement of Functional Expenses

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

D-	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	122,756.	92,067.	18,413.	12,276
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,048,063.	832,669.	59,568.	155,826
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	87,856.	80,531.	3,103.	4,222
0	Payroll taxes	91,698.	72,360.	6,152.	13,180
1	Fees for services (nonemployees):				
а	Management				
b	Legal		10.100		1 0 0
С	6 F	14,725.	12,198.	723.	1,804
d	, , , , , , , , , , , , , , , , , , ,				
е	• • • •	E 022		E 022	
f	Investment management fees	5,033.		5,033.	
g		16,766.	9,161.	2,749.	1 954
~	column (A), amount, list line 11g expenses on Sch 0.)	8,282.	6,860.	407.	4,856
2	Advertising and promotion	32,276.	26,830.	1,556.	3,890
3 4	Office expenses	56,871.	47,111.	2,793.	6,967
4 5	Information technology Royalties	50,071.		2,755.	0,501
6		76,472.	63,311.	3,872.	9,289
7	Occupancy Travel	23,041.	21,856.	620.	565
8	Payments of travel or entertainment expenses		,		
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,386.	810.		576
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10,667.	8,854.	533.	1,280
3	Insurance	20,364.	16,625.	1,105.	2,634
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		75,710.	75,710.		
b	RECRUITMENT/TRAINING	24,894.	21,289.	1,038.	2,567
с	EQUIPMENT	12,846.	10,641.	631.	1,574
d	MERCHANT PROCESSING FEE	7,265.		7,265.	
е	· · · · · · · · · · · · · · · · · · ·	850.	248.	304.	298
5	Total functional expenses. Add lines 1 through 24e	1,737,821.	1,399,131.	115,865.	222,825
6	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)				Form 990 (20)

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			(A)		(B)
			Beginning of year		End of year
1	Cash - non-interest-bearing		438,964.	1	561,089
2	Savings and temporary cash investments	880,494.	2	892,020	
3	Pledges and grants receivable, net	31,000.	3	4,200	
4	Accounts receivable, net			4	91,543
5	Loans and other receivables from any curre				
	trustee, key employee, creator or founder, s	ubstantial contributor, or 35%			
	controlled entity or family member of any of	these persons		5	
6	Loans and other receivables from other disc	qualified persons (as defined			
	under section 4958(f)(1)), and persons desc	ribed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	32,35
10a	Land, buildings, and equipment: cost or oth				
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11	Investments - publicly traded securities		644,506.	11	586,31
12	Investments - other securities. See Part IV, I			12	
13	Investments - program-related. See Part IV,		13		
14	Intangible assets	32,000.	14	21,33	
15	Other assets. See Part IV, line 11	166,577.	15	151,51	
16	Total assets. Add lines 1 through 15 (must			16	2,340,37
17	Accounts payable and accrued expenses			17	145,41
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Compl			21	
22	Loans and other payables to any current or				
	trustee, key employee, creator or founder, s	ubstantial contributor, or 35%			
	controlled entity or family member of any of			22	
23	Secured mortgages and notes payable to u			23	
24	Unsecured notes and loans payable to unre			24	
25	Other liabilities (including federal income tax				
	parties, and other liabilities not included on				
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		155,477.	26	145,41
	Organizations that follow FASB ASC 958,				
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		1,614,389.	27	1,757,16
28	Net assets with donor restrictions			28	437,78
	Organizations that do not follow FASB AS				
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current fu	nds		29	
30	Paid-in or capital surplus, or land, building, o			30	
31	Retained earnings, endowment, accumulate			31	
32	Total net assets or fund balances			32	2,194,95
			2,253,361.		2,340,37

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Form	1990 (2021) ELDERHELP OF SAN DIEGO	95-288	0426	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,917		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,737	7,8	21.
3	Revenue less expenses. Subtract line 2 from line 1	3	179	9,5	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,097	7,8	84.
5	Net unrealized gains (losses) on investments	5	-82	2,4	81.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,194	1,9	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	aan (2021)

Form **990** (2021)

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Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

2021
Open to Public Inspection
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OMB No. 1545-0047

Name of the organization

lam	e of t	he organization ਸਾਹ ਸਾ	RHELP OF S	AN DIECO					identification number $5-2880426$					
Par	+ 1	Reason for Public (omploto ti	his part) S	oo instructior		J-2000420					
							ee instruction	15.						
1	organi	zation is not a private found												
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .												
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
3 [
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
r		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5 l		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental ı	unit descrik	bed in					
r		section 170(b)(1)(A)(iv). (C	Complete Part II.)											
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).							
7	Χ	An organization that norma	Ily receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in					
		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a	land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	/, and state o	f the colleg	e or					
r		university:												
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ns, members	hip fees, a	nd gross receipts from					
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	ganization	after June 30, 1975.					
r		See section 509(a)(2). (Cor	mplete Part III.)											
11 ļ		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).							
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or					
		more publicly supported or	ganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section	5 09(a)(3). (Check the box on					
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, an	d 12g.						
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving					
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting					
		organization. You must o	complete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving					
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,					
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.							
d		Type III non-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection v	vith its suppo	rted organ	zation(s)					
		that is not functionally int	•	• •			•	d an attent	iveness					
		requirement (see instruct												
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III						
		functionally integrated, or		nally integrated support	ing organi	zation.								
		r the number of supported o												
g		ide the following information			(iv) is the orga	inization listed			(vi) Amount of other					
	(I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed	(v) Amount of support (see ir		support (see instructions)					
		organization		above (see instructions))	Yes	No								
Total														

Schedule A (Form 990) 2021

ELDERHELP OF SAN DIEGO

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

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and								
•	membership fees received. (Do not								
	include any "unusual grants.")	1,431,434.	1,128,969.	1,444,653.	1,903,371.	1,348,463.	7,256,890		
2	Tax revenues levied for the organ-	, ,	, ,	, ,	, ,	, ,	, ,		
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1,431,434.	1,128,969.	1,444,653.	1,903,371.	1,348,463.	7,256,890.		
	The portion of total contributions								
Ŭ	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						76,611.		
6	Public support. Subtract line 5 from line 4.						7,180,279		
	ction B. Total Support						7,100,275,		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	1,431,434.	1,128,969.	1,444,653.	1,903,371.	1,348,463.	7,256,890.		
	Gross income from interest,	1,101,101.	1,120,505.	1,111,000.	1,000,011.	1,010,100.	,,200,000		
0									
	dividends, payments received on								
	securities loans, rents, royalties,	14,789.	18,799.	18,181.	15,777.	14,957.	82,503.		
~	and income from similar sources	14,709.	10,199.	10,101.	13,777.	14,957.	02,303.		
9	Net income from unrelated business								
	activities, whether or not the	13,267.	23,718.	26,152.	20,807.		83,944.		
	business is regularly carried on	13,207.	23,110.	20,152.	20,007.		03,944.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						E 402 22E		
	Total support. Add lines 7 through 10						^{7,423,337} . 723,286 .		
	Gross receipts from related activities,	,	,			12	123,200.		
13	First 5 years. If the Form 990 is for th	-	st, second, third, f	fourth, or fifth tax y	ear as a section 5	501(c)(3)			
80	organization, check this box and stop						>		
	ction C. Computation of Publ			(1)		44	96.73 %		
. –	Public support percentage for 2021 (I					14			
15	Public support percentage from 2020					15	, .		
168	33 1/3% support test - 2021. If the c								
	stop here. The organization qualifies								
Ľ	33 1/3% support test - 2020. If the c								
	and stop here. The organization qual								
1/8	10% -facts-and-circumstances test	-							
	and if the organization meets the fact			-	-	-			
	meets the facts-and-circumstances te	-			-				
k	10% -facts-and-circumstances tes	-					10% or		
	more, and if the organization meets th						. —		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨								
						Schedule A	(Form 990) 2021		

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ELDERHELP OF SAN DIEGO

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

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

Calendar year (or fiscal year beginning in)	• (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and		(5) 2010	(0) 2013			
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 \dots						
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						
alendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
I4 First 5 years. If the Form 990 is for t	-			•		
check this box and stop here	lie Cumport De					
Section C. Computation of Pub						
15 Public support percentage for 2021					15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve		•				
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the	e organization did I	not check the box	on line 14, and line	e 15 is more than 3	33 1/3% , and line	17 is not
more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly s	upported organiza	ition	▶□
b 33 1/3% support tests - 2020. If the	e organization did i	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	anization qualifies a	as a publicly suppo	orted organizatior	י ו
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>
32023 01-04-22					Schedule	A (Form 990) 2021
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70430 161399 2690	20	∠⊥•USU&U .	ELDERHELP	OF SAN D.	LEGO	26901

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 10b | | Schedule A (Form 990) 2021

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Part IV Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~	Did the summing the time such that have 6th of any summarized and since the state of the summarized to			

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Section C. Type II Supporting Organization	S
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			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test durin	g the	yea(see instructions	;).
---	---	-------	----------------------	-----

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

Schedule A (Form 990) 2021

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No

Yes

2a

2b

За

3b

Schedule A			ELDERHELP				0
Part V	туре ш	Non-Function	onally Integrate	a 503	9(a)(3)	Supporting	Organizations

Jeetion	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
CC	ollection of gross income or for management, conservation, or			
m	naintenance of property held for production of income (see instructions)	6		
7 O	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
еD	iscount claimed for blockage or other factors			
(e	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
Sf	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by 0.035.	6		
7 R	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
3 M	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
5 In	ncome tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990) 2021

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Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purport	ns 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
-	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

* *	PUBLIC	DISCLOSURE	COPY	* 1
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Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

95-2880426

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

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

General Rule

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

Special Rules

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

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

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

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

Employer identification number

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95-2880426

ELDERHELP OF SAN DIEGO

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 54,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 60,384. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 47,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 42,845. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 22

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2021.05080 ELDERHELP OF SAN DIEGO

Part I

(a)

No.

Employer identification number

ELDERHELP OF SAN DIEGO

95-2880426 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution

7		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>37,917.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$224,378.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>101,592.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$32,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 123452 11-1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Part I

(a) No.

13

(a) No.

(a) No.

(a) No.

Page 2 Employer identification number

ELDERHEL

ELP OF SAN DIEGO		95-2880426
Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
	\$30,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for

		φ	
			(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.)
123452 11-11-21			Schedule B (Form 990) (2021)

) (г) (2

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2021.05080 ELDERHELP OF SAN DIEGO

Page 3

Employer identification number

95-2880426

ELDERHELP OF SAN DIEGO

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of or	rganization			Employer identification number		
ELDERI	HELP OF SAN DIEGO			95-2880426		
Part III		 through (e) and the following line ent charitable, etc., contributions of \$1,000 or 	ry For organizations	that total more than \$1,000 for the yea		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
Part I						
-		(e) Transfer of gift				
	Transferee's name, address, a			Insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-		(e) Transfer of gift				
	Transferee's name, address, a			insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee		
123454 11-11	1-21	26		Schedule B (Form 990) (2021		

2021.05080 ELDERHELP OF SAN DIEGO

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

ELDERHELP OF SAN DIEGO



Name of the organization

Employer identification number 95-2880426

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in		vised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 🗌
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	se confe	rring
Par		÷), Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat	Preservation	of a cerl	ified historic structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a quality of the terror of	ified conservation contribution in the for	m of a c	
	day of the tax year.			Held at the End of the Tax
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic st			2c
	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	ne orga	nization during the tax
	year ▶			
	Number of states where property subject to conservation ea		-	
	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing co	nservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and onforcing concor	votion o	accompania during the year
'		ding of violations, and enforcing conser	Valione	asements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.			
_	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or	Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under FASB ASC 9		t and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pu	· ·		
	service, provide in Part XIII the text of the footnote to its fina			·
	If the organization elected, as permitted under FASB ASC 9			ce sheet works of
	art, historical treasures, or other similar assets held for publi			
	provide the following amounts relating to these items:			1 2
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		-	
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990)
	10-28-21			. ,
		27		
704	4 30 161399 2690 2021.0	05080 ELDERHELP OF S	AN D	IEGO 2690

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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	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 or		,	,			-		-
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990), Part IV,	line 9, oi	r	
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	t included				
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a					······			
D			lowing table.				Amoun	t	
c	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •				1
Par									_
		(a) Current year	(b) Prior year	(c) Two years back		/ears back	(e) Four	r years	back
1a	Beginning of year balance	163,144.	141,192.	136,395.	1	.30,406.		120	981.
	Contributions								
	Net investment earnings, gains, and losses	-12,332.	21,952.	4,797.		5,989.		9,	425.
	Grants or scholarships		· ·	,		·			
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses	750.							
g	End of year balance	150,062.	163,144.	141,192.	1	.36,395.		130	406.
2	Provide the estimated percentage of the curr	,	,			,		,	
	Board designated or quasi-endowment		%						
	Permanent endowment 100.0000	%							
		<u></u> / -							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses		tion that are held a	nd administered for	the organi	zation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						·		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A		ed	(d) Boo	k valu	е
		basis (investm	. ,		preciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X, column (B), line 1	10c.)					0.
						Schedule	D (Forn	n 990)	2021

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Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV lir	a 11b Sac Form 990 Part V line 12	
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	ial derivatives	(-)	(-)	· · · , · · · · · · · · · · · · · · · · · · ·
	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total (Col. ((b) must aqual Form 000 Part V col. (P) line 12)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ►			
i art viii	Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	· · ·			•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	1		a 11d Cas Fairs 000 Part V line 15	
	Complete if the organization answered "Yes" c	Description	le Tru. See Form 990, Fart A, line 15.	(b) Book value
(1) BE		•	COMMUNITY FOUNDATION	12,806.
	NDOWMENT			132,162.
(-)	EPOSITS			6,543.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	15.)		151,511.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, Iir	ne 11e or 11f. See Form 990, Part X, line 25	
<u>1.</u>	(a) Description of liability			(b) Book value
()	deral income taxes			
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	25.)	>	
	y for uncertain tax positions. In Part XIII, provide			that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 ELDERHELP OF SAN DIEGO			95-	2880426 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	etur	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,894,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-82,481.		
b	Donated services and use of facilities	2b	64,190.		
с	Recoveries of prior year grants				
d			-5,033.		
е	Add lines 2a through 2d			2e	-23,324.
3	Subtract line 2e from line 1			3	1,917,371.
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.
					1 017 271
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,917,371.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit		•	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wit ^{a.}	h Expenses per	•	irn.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit ^{a.}	h Expenses per	•	
	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	irn.
1 2	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	h Expenses per	Retu	irn.
1 2 a	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit	h Expenses per 64,190.	Retu	irn.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents Wit	h Expenses per	Retu	rn. 1,805,037.
1 2 a b c	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	nents Wit	h Expenses per 64,190. 3,026.	1 2e	rn. 1,805,037.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wit	h Expenses per 64,190. 3,026.	1	irn.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	nents Wit	h Expenses per 64,190. 3,026.	1 2e	rn. 1,805,037.
1 2 b c d e 3	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wit	h Expenses per 64,190. 3,026.	1 2e	rn. 1,805,037.
1 2 b c d 3 4	TXII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit	h Expenses per 64,190. 3,026.	1 2e	rn. 1,805,037.
1 2 b c d e 3 4 a b	T XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per 64,190. 3,026.	1 2e	rn. <u>1,805,037.</u> <u>67,216.</u> <u>1,737,821.</u> 0.
1 2 d c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	nents Wit	h Expenses per 64,190. 3,026.	1 2e 3	rn. 1,805,037.

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 ESTABLISHED IN AN ACCOUNT TO SUPPORT GENERAL

OPERATIONS AND WAS CREATED OVER TIME VIA DONATIONS FROM A VARIETY OF

DONORS, MANY OF WHICH RESPONDED TO A MULTI-YEAR CAMPAIGN. THE ENDOWMENT

FUNDS ARE IN TRUSTS HELD FOR THE ORGANIZATION IN THE ELDERHELP OF SAN

DIEGO FUND AT SDF AND WITH CHARLES SCHWAB.

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE

SERVICE AND FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

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Schedule D (Form 990) 2021 ELDERHELP OF SAN DIEGO Part XIII Supplemental Information (continued)	95-2880426 Page 5
SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE IN	COME TAX
LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED IN	COME TAXES. THE
ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND	FINANCIAL
REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITION AND	BELIEVES THAT
ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT	ORGANIZATION
INFORMATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAIN	ED UPON
EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXA	MINATION BY
FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE	YEARS AND FOUR
YEARS, RESPECTIVELY, AFTER THEY ARE FILED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INVESTMENT MANAGEMENT FEES	-5,033.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
INVESTMENT MANAGEMENT FEES	-5,033.
SPECIAL EVENTS	8,059.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,026.

Schedule D (Form 990) 2021

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SCHEDULE G (Form 990)								OMB No. 1545-0047
(0		2021					
Department of the Treasury Internal Revenue Service	► Go		Open to Public Inspection					
Name of the organizatio		LP OF SAN DIEGO					Employer ide 95-2880	entification number 426
	sing Activities. complete this par	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	ne organization rais tions l email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-l	ΕΖ.		Schedule	e G (Form 990) 2021

132081 10-21-21

ELDERHELP OF SAN DIEGO

95-2880426 Page 2

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

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
an			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	106,086.			106,086.			
	2	Less: Contributions	105,366.			105,366.			
	3	Gross income (line 1 minus line 2)	720.			720.			
	4	Cash prizes							
Se	5	Noncash prizes							
xpens	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	8,059.			8,059.			
	10	, , , , , , , , , , , , , , , , , , , ,	()		►	8,059.			
Pa		Net income summary. Subtract line 10 from lin				-7,339.			
Fd	ILI	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	Inswered "Yes" on Forn	1 990, Part IV, line 19, or	reported more than				
Revenue		······································	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev									
	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No	No No	No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•				
	-				····· P				
		ter the state(s) in which the organization condu	· · -						
		the organization licensed to conduct gaming ac				Yes No			
b) IT "	No," explain:							
		ere any of the organization's gaming licenses re Yes," explain:		-	year?	Yes No			
_									
1320	82 10	0-21-21			Sche	dule G (Form 990) 2021			

Schedule G (Form 990) 2021	ELDERHELP O	F SAN	DIEGO		<u>95-2</u> 8	380420	5 Page 3
11 Does the organization condu	ct gaming activities with non	members?				Yes	No
12 Is the organization a grantor,							
						Yes	🗌 No
13 Indicate the percentage of ga							
						13a	%
						13b	%
14 Enter the name and address	of the person who prepares	the organi	zation's gaminę	g/special events books and recor	ds:		
Name 🕨							
Address 🕨							
15a Does the organization have a						Yes	No
b If "Yes," enter the amount of	gaming revenue received by	the organ	ization 🕨 \$	and the amo	unt		
of gaming revenue retained b	by the third party \blacktriangleright \$						
c If "Yes," enter name and add	ress of the third party:						
Name 🕨							
Address ►							
16 Gaming manager information	:						
Name 🕨							
Gaming manager compensat	ion 🕨 \$	_					
Departmention of partylege provide							
Description of services provid							
	Employee		ndependent c	ontractor			
17 Manualatara diatributiana							
17 Mandatory distributions:	undar atata law ta maka ahari	tabla diatr	ibutions from t	ha gaming proceeds to			
a Is the organization required u					1	🗌 Yes	No No
				er exempt organizations or spent			
organization's own exempt a	-			a chempt organizations of spent	in the		
	<u> </u>		s required by F	Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9	, 9b, 10b,
15b, 15c, 16, and 17	b, as applicable. Also provide	e any addi	tional informati	on. See instructions.			
132083 10-21-21					Schedul	e G (Form	990) 2021
			34				•

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	Schedule G (Form 990)
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SCHEDULE O

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 95-2880426

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

ELDERHELP MANAGEMENT REVIEWS THE FORM 990. AFTER PRELIMINARY APPROVAL, THE

BOARD OF DIRECTORS AND FINANCE COMMITTEE ARE PROVIDED A COPY OF THE FORM

990 FOR REVIEW AND COMMENTS PRIOR TO FILING.

ELDERHELP OF SAN DIEGO

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 POLICY.

ANY DISCLOSURES ARE INCLUDED IN THE AUDIT NOTES.

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

ELDERHELP'S EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE AND 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.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS

DURING THE YEAR.

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

Schedule O (Form 990) 2021