PUBLIC

DISCLOSURE

2018

990

			** PUBLIC DISCLOSURE COPY	* *						
	Q	90	Return of Organization Exempt From							
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code							
		of the Treasury enue Service	Do not enter social security numbers on this form as it m		Open to Public Inspection					
			► Go to www.irs.gov/Form990 for instructions and the la lar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 201						
			f organization	D Employer identi						
D (Check if pplicat	ole:		D Employer identi	incation number					
Address ALZHEIMER'S SAN DIEGO										
	5534541									
	Initia returi Final	oer -492-4400								
	returı⊥ termi	n			3,082,106.					
	ated Amer returi		own, state or province, country, and ZIP or foreign postal code DIEGO, CA 92111	G Gross receipts \$						
F			nd address of principal officer: EUGENIA WELCH	H(a) Is this a group for subordinate						
	pend		AS C ABOVE	H(b) Are all subordinates						
11	Tax-ex	empt status:			a list. (see instructions)					
			ALZSD.ORG	H(c) Group exempt						
					M State of legal domicile: CA					
	art I									
_	1	Briefly describ	be the organization's mission or most significant activities: PROVIDE	SAN DIEGO FA	MILIES WITH					
лс П		CARE &	SUPPORT WHILE ADVANCING CRITICAL LOCA	L RESEARCH F	OR A CURE.					
Activities & Governance	2		x if the organization discontinued its operations or disposed of r							
vel	3			3	1 1 1 1					
ğ	4		lependent voting members of the governing body (rait vi, interta)							
s S	5		of individuals employed in calendar year 2018 (Part V, line 2a)							
itie	6		of volunteers (estimate if necessary)		250					
Ę	72	Total uprolato	d business revenue from Part VIII, column (C), line 12	7	· · · · · · · · · · · · · · · · · · ·					
¥			business taxable income from Form 990-T, line 38		-					
		Net unrelated		Prior Year	Current Year					
	8	Contributions	and grants (Part)/III line 1b)	3,393,630						
Revenue	9		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)	0						
ver	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	8,405						
Ŗ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,211						
	11			3,462,246						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,500						
	13		milar amounts paid (Part IX, column (A), lines 1-3)	100,500						
			to or for members (Part IX, column (A), line 4)	1,290,227						
Expenses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,290,227						
en			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 427,734.	0	• •					
Ă			5 1 (()) ())	1,074,589	. 667,645.					
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,471,316						
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	990,930	<u>485,351</u> .					
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12							
ts o ance		-		Beginning of Current Yea 2,568,450	r End of Year 2,715,411.					
Bala	20	Total assets (408,893						
Net Assets or Fund Balances	21		(Part X, line 26)	2,159,557						
_			fund balances. Subtract line 21 from line 20	4,109,00/	• 4,047,040.					
	art II	U		atomorphic and to the base of	man han na an a					
			I declare that I have examined this return, including accompanying schedules and st		my knowledge and belief, it is					
true	, corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	barer nas any knowledge.						

Sign Here	Signature of officer EUGENIA WELCH, PRESIDE Type or print name and title	INT	Dat	ie
Paid	Print/Type preparer's name	O Check PTIN		
Preparer	Firm's name 🕨 ALDRICH CPAS AND		Firi	m's EIN 🕨
Use Only	Firm's address 7676 HAZARD CENT SAN DIEGO, CA 92	one no.(619) 810-4940		
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
				- 000 (as (a)

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Par			47-5534541 Page
	t III Statement of Program Se	rvice Accomplishments	
	Check if Schedule O contains a re	sponse or note to any line in this Part III	
1	Briefly describe the organization's mission		
		O PROVIDES SAN DIEGO FA	MILIES WITH CARE AND
		ING CRITICAL LOCAL RESE	
		ficant program services during the year which	
	prior Form 990 or 990-EZ?		Yes X
	If "Yes," describe these new services on	Schedule O.	
3	Did the organization cease conducting, o	or make significant changes in how it conducts	s, any program services? Yes X
	If "Yes," describe these changes on Sch	edule O.	
4	Describe the organization's program ser	vice accomplishments for each of its three larg	gest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizat	tions are required to report the amount of gran	ts and allocations to others, the total expenses, and
	revenue, if any, for each program service		
		511,265. including grants of \$	60,000.) (Revenue \$
	ALZHETMER'S SAN DIEG	O IS LOCALLY GOVERNED A	ND FUNDED BY THE COMMUNITY
		A LEGACY STARTED MORE	
		O PROVIDES PERSONALIZED	
		TIONS, EDUCATIONAL CLAS	
			WITH A RECENT DIAGNOSIS OF
			PROGRAMS, AND SUPPORT AND
			SPITE PROGRAM. UNDERSTANDING
			ENCE, CHALLENGES AND NEEDS,
		DIEGO CLINICAL TEAM IND	
	INTERACTION AND FOCU	SES ON PROVIDING PERSON	ALIZED SUPPORT.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
		00	,, , , ,,, , , , , , , , ,
4-			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
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4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
) (Revenue \$)
4d	Other program services (Describe in Sch	nedule O.)	
4d	Other program services (Describe in Sch	nedule O.)) (Revenue \$) (Revenue \$)
4d	Other program services (Describe in Sch	nedule O.)) (Revenue \$)
4d 4e	Other program services (Describe in Sch (Expenses \$ Total program service expenses ►	nedule O.) including grants of \$ 1,511,265.) (Revenue \$) Form 990 (20
4d 4e	Other program services (Describe in Sch	nedule O.)) (Revenue \$) Form 990 (20

Form 990 (2018)

Part IV Checklist of Required Schedules

ALZHEIMER'S SAN DIEGO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			37
	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	45		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		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			<u>-</u> -
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.	х	
00000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2018)
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2018.05030 ALZHEIMER'S 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>л</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ A
34		34		x
35 2	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	000		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wippings to prize wippers?	10	Х	
82000	(gambling) winnings to prize winners?	form		l (2018)
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2018.05030 ALZHEIMER'S SAN DIEGO

	990 (2018) ALZHEIMER'S SAN DIEGO 47-55	34541	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	,	28		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	<u>4a</u>		X
	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_ <u>^</u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	or2 70		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay If "Yes," did the organization notify the donor of the value of the goods or services provided?			- 23
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
		7c		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization receive any runos, directly of indirectly, to pay premiums on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	··· -		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0			
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter:			
	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			
	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.) 11b			
12a	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			
13	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	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 990	(2018)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
Sec	tion A. Governing Body and Management		X	
	Enter the number of voting members of the governing body at the end of the tax year 1	<u>د</u>	Yes	1
Ia	,, _,	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	5		
		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Ľ
~	officer, director, trustee, or key employee?	2		╀
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or 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 was filed?	4	<u> </u>	┝
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		┝
6	Did the organization have members or stockholders?	6		╞
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	\downarrow
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		r	-
			Yes	╀
	Did the organization have local chapters, branches, or affiliates?	10a		╀
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		⊥
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	Ι
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Τ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			T
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Γ
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s)s only) avail	ak
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUZETTE FRENCH - $(858)966-3312$			
	6632 CONVOY COURT, SAN DIEGO, CA 92111			
200	6 12-31-18	Form	1 990	(2
	7			,-
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Part VII	Compensation of Officers,	Directors, T	rustees, Ke	ey Employees,	Highest C	Compensated
	Employees, and Independe	ent Contract	tors			

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

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

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

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

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

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

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

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

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

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

		<u> </u>				<u> </u>				(=)
(A)	(B)			ر Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation	compensation	amount of
	week	<u> </u>				1		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ustee	trus		ee	npen		(00-2/1099-10130)		and related
	below	dual ti	Institutional trustee		Key employee	Highest compensated employee	L_			organizations
	line)	ndivic	nstitu	Officer	eyen	mplo	orme			organizationo
(1) BILL SMITH	5.00	-	-	0	×	Ξē	Œ			
CHAIR		x		x				0.	0.	0.
(2) MARCEA LLOYD	5.00									
VICE CHAIR	5.00	x		x				0.	0.	0.
(3) DERRICK WALSH	5.00									· ··
TREASURER	5.00	x		x				0.	0.	0.
(4) MARTY LEVIN	5.00	<u>^</u>						0.	0.	0.
(4) MARTI LEVIN SECRETARY	5.00	x		x				0.	0.	0.
	2.50	^		^				0.	0.	0.
(5) DENNIS SCHOVILLE	2.50	x						0.	0.	0.
DIRECTOR	<u> </u>	^						0.	0.	0.
(6) ANN OWENS	5.00							0	<u>م</u>	0
DIRECTOR		X						0.	0.	0.
(7) LINDA CHO	2.50	.,								•
DIRECTOR	0 50	X						0.	0.	0.
(8) BARI BERKMAN	2.50									•
DIRECTOR		х						0.	0.	0.
(9) BILL GORE	2.50									
DIRECTOR		Х						0.	0.	0.
(10) SUSAN GUERRA	2.50								_	_
DIRECTOR		Х						0.	0.	0.
(11) VINCE KINGSLEY	2.50									
DIRECTOR		Х						0.	0.	0.
(12) HERB LIBERMAN	2.50									
DIRECTOR		X						0.	0.	0.
(13) CLAUDIA MAZANEC	2.50									
DIRECTOR		X						0.	0.	0.
(14) JILL MENDLEN	2.50									
DIRECTOR		X						0.	0.	0.
(15) JUDY WENKER	2.50									
DIRECTOR		x						0.	0.	0.
(16) ABRAHAM CHYUNG	2.50									
DIRECTOR		x						0.	0.	0.
(17) EUGENIA WELCH	40.00									
PRESIDENT & CEO		1		x				88,007.	0.	4,915.
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Form **990** (2018)

Part VII Sector A. Officers, Directors, Trustees, Ky Employees, and Highes Compensated Employees (continued) (A) Average (D) (E) (Paportable) (Compensation) Estimated Name and tile Average (N) (Paportable) (Compensation) (Compensati		Form 990 (2018) ALZHEIMER'S SAN DIEGO 47-5534541 Page 8													
(iii t any) nated organizations below in it at of below in it at of below in it is at of the intervention of the intervention in the intervention in the intervention of the intervention in the intervention of the intervention of the intervention of the intervention intervention of the intervention of the intervent	Par	(A)	(B) Average hours per	(C) Position (do not check more than one box, unless person is both ar) than is bot	one h an	(D) (E) Reportable Reportable compensation compensati		le Estimat tion amount			
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			hours for related organizations below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization	s	com fr org and	pensa om the anizat d relat	e ion ed
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
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c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) NONE Description of services Compensation (A) NONE Description of services Compensation (A) NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1										0.		0.			0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 4	-	Total number of individuals (including but n),000 of reportabl	-		4,9	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 X	3	Did the organization list any former officer,				•	•			•				Yes	
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Total revenue Total revenue <thtotal revenue<="" thr=""> Total r</thtotal>			Check if Schedule O con	tains a response	or note to any lir	ne in this Part VIII			
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b Less: direct expenses b b b b b b b b b b b b b b b b b b		9 d							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a		h							
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 2,655,696.									
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total revenue. See instructions 2,655,696.									
b Less: cost of goods soldb c Net income or (loss) from sales of inventory ► Code Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions ► 2,655,696. 0. 0. 028,761.		10 a							
c Net income or (loss) from sales of inventory ▶ Image: Code state		F							
Miscellaneous Revenue Business Code Image: Code Image: Code Image: Code 11 a									
11 a		С							
b	ŀ	44 -			Dusiness Code				
c									
d All other revenue									
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 2,655,696. 0. 0. -28,761.									
I2 Total revenue. See instructions ▶ 2,655,696. 0. 0. -28,761.									
						2 655 606	0	0	-28 761
					····· P	.050,050,2	U •	0.	

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

D٥	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	60 000	60.000		
	and domestic governments. See Part IV, line 21	60,000.	60,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	126,250.	88,375.	12,625.	25,250
~	trustees, and key employees	120,230.	00,575.	12,025.	25,250
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,067,888.	747 500	118,730.	201 626
7	Other salaries and wages	1,00/,000.	747,522.	110,/30.	201,636
8	Pension plan accruals and contributions (include	19,855.	15 520	2 1 7 2	೧ 1⊑२
-	section 401(k) and 403(b) employer contributions)	134,745.	15,530. 105,394.	<u>2,172.</u> 14,736.	2,153 14,615
9	Other employee benefits				
10	Payroll taxes	93,962.	60,136.	13,155.	20,671
11	Fees for services (non-employees):				
а	Management				
b	• • • • • • • • • • • • • • • • • • •		20.200	0.074	11 100
С	U	51,850.	38,369.	2,074.	11,407
d	Lobbying	6,650.	6,650.		
е	° /				
f	Investment management fees				
g		110 202		1 2 5 1	10 005
	column (A) amount, list line 11g expenses on Sch 0.)	112,303.	100,077.	1,361.	10,865
12	Advertising and promotion	66,304.	48,171.	0.024	18,133
13	Office expenses	61,197.	47,891.	2,234.	11,072
14	Information technology				
15	Royalties				00 540
16	Occupancy	122,747.	93,288.	8,910.	20,549
17	Travel	16,228.	13,522.	391.	2,315
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		1 000	100	
20	Interest	2,651.	1,988.	106.	557
21	Payments to affiliates		0 100		
22	Depreciation, depletion, and amortization	20,250.	8,100.	5,265.	6,885
23	Insurance	16,856.	12,566.	797.	3,493
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)			101	
а	POSTAGE	79,353.	26,716.	134.	52,503
b	EQUIPMENT RENTAL/MAINTE	66,763.	34,549.	26,028.	6,186
С	BANK FEES	38,021.	0.	21,895.	16,126
d	DUES, SUBSCRIPTIONS & M	6,472.	2,421.	733.	3,318.
е	·				
25	Total functional expenses. Add lines 1 through 24e	2,170,345.	1,511,265.	231,346.	427,734
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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2018.05030 ALZHEIMER'S SAN DIEGO

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ALZHEIMER'S SAN DIEGO

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00118_01

Га	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or not	e to ar	iy line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,099,176.	1	1,299,098.
	2	Savings and temporary cash investments	844,621.	2	952,756.		
	3	Pledges and grants receivable, net			275,009.	3	152,450.
	4	Accounts receivable, net			6,875.	4	19,838.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ţ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			57,379.	9	34,831.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	81,548. 33,534.			
	b	Less: accumulated depreciation		33,534.	68,264.	10c	48,014.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			217,126.	12	208,424.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			2,568,450.	16	2,715,411.
	17	Accounts payable and accrued expenses		240,610.	17	88,385.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
Lial		Complete Part II of Schedule L			168,283.	22	0.
	23	Secured mortgages and notes payable to unrela			100,203.	23	0.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines Schedule D		· ·		25	
	26				408,893.	25 26	88,385.
	20	Organizations that follow SFAS 117 (ASC 958			,	20	
ŷ		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			1,706,276.	27	2,229,268.
ala	28	Temporarily restricted net assets			236,155.	28	189,334.
ЧB	29				217,126.	29	208,424.
Fun		Organizations that do not follow SFAS 117 (A					
م ا		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		E		32	
z	33	Total net assets or fund balances			2,159,557.	33	2,627,026.
	34	Total liabilities and net assets/fund balances			2,568,450.	34	2,715,411.
							Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

Form	ALZHEIMER'S SAN DIEGO	47-	5534541	- Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,17		
3	Revenue less expenses. Subtract line 2 from line 1	3			351.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,15		
5	Net unrealized gains (losses) on investments	5	-	9,1	L79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	·8,7	703.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,62	27,0)26.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form 9	90 or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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ALZHEIMER'S SAN DIEGO

947(a)(1)	nonexempt	t charitable trus	t.
			_

Attach to Form 990 or Form 990-EZ.

▶	 Go to www.irs.gov/Form990 for 	instructions a	and the lates	st information

OMB No. 1545-0047
2018
Open to Public Inspection

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

	Employer identification number		
	47-5534541		
tructions.			

Pa	art I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	orgar	nization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)		
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 or 990 EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iiii).						
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,
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental unit descrit	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	antial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the colleg	le or
		university:						
10		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of its suppor	t from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box in
	_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
	_	_ organization. You must c	complete Part IV, Se	ections A and B.				
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having						
		control or management of the supporting organization vested in the same persons that control or manage the supported						
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
C		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
	_	its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
C		Type III non-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V.	
e		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi:	zation.		· · · · · · · · · · · · · · · · · · ·
f	Ent	er the number of supported o	organizations					
<u>ç</u>		vide the following information			(iv) Is the orga	nization listed		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

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Schedule A (Form 990 or 990 EZ) 2018 ALZHEIMER'S SAN DIEGO

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1699242.	3240096.	3393630.	2684457.	11017425.
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		1699242.	3240096.	3393630.	2684457.	11017425.
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	a a luvrana (f)						602,036.
6	Public support. Subtract line 5 from line 4.						10415389.
	ction B. Total Support						104133030
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2019	
	Amounts from line 4	(d) 2014	(b) 2015 1699242.	3240096.	(d) 2017 3393630.	(e) 2018 2684457	(f) Total 11017425.
	Gross income from interest.		10992420	5240050.	3333030.	20044570	1101/1230
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,		364.		8,405.	22,095.	30,864.
•	and income from similar sources		504.		0,403.	22,095.	50,004.
9	Net income from unrelated business						
	activities, whether or not the				60,211.	0.	60 211
	business is regularly carried on				00,211.	0.	60,211.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						11108500.
	Total support. Add lines 7 through 10						LT108200.
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
800	organization, check this box and stop	here	rooptogo		<u></u>		► <u>X</u>
	ction C. Computation of Publ						
	Public support percentage for 2018 (I					14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be	ox and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	is 🕨 🗌
					Saha	dula A (Earm 000	or 990-E7) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 ALZHEIMER'S SAN DIEGO

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

n ir 2 (C n fr 2 3 (C a	Bifts, grants, contributions, and nembership fees received. (Do not nclude any "unusual grants.") Gross receipts from admissions, nerchandise sold or services per-								
ir 2 (C fr 2 3 (C 2 2	nclude any "unusual grants.")				1	1			
2 (0 n f a c 3 (0 a	Gross receipts from admissions,								
n f a c 3 C a									
f a c 3 (a	nerchandise sold or services per-								
a c 3 (a	ormed, or facilities furnished in								
c 3 (a	iny activity that is related to the								
а	organization's tax-exempt purpose								
	Bross receipts from activities that								
ir	re not an unrelated trade or bus-								
	ness under section 513								
4 T	ax revenues levied for the organ-								
iz	zation's benefit and either paid to								
С	or expended on its behalf								
5 T	he value of services or facilities								
	urnished by a governmental unit to								
	he organization without charge								
	otal. Add lines 1 through 5								
	mounts included on lines 1, 2, and								
	B received from disgualified persons								
	mounts included on lines 2 and 3 received								
	om other than disqualified persons that								
	xceed the greater of \$5,000 or 1% of the mount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
ect	ion B. Total Support								
	lar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0)	2018	(f) Total	
	Amounts from line 6	(4) 2014	(6) 2010	(0) 2010	(4) 2011	(0)	2010	(1) 1014	
	Gross income from interest,								
	lividends, payments received on								
S	ecurities loans, rents, royalties,								
	Ind income from similar sources								
	Inrelated business taxable income								
,	less section 511 taxes) from businesses								
	cquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	egularly carried on								
2 (Other income. Do not include gain								
	or loss from the sale of capital ussets (Explain in Part VI.)								
	otal support. (Add lines 9, 10c, 11, and 12.)								
4 F	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)	(3) organiz	ation,	
С	heck this box and stop here							►	
ect	ion C. Computation of Public	c Support Pe	rcentage						
1 5 F	Public support percentage for 2018 (lir	ne 8, column (f), c	divided by line 13,	column (f))		15			%
1 6 F	Public support percentage from 2017	Schedule A, Part	III, line 15			16			%
ect	ion D. Computation of Inves	tment Incom	e Percentage						
7 li	nvestment income percentage for 201	8 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17			%
	nvestment income percentage from 2					18			%
	3 1/3% support tests - 2018. If the o					33 1/3%	, and line 1	7 is not	
	nore than 33 1/3% , check this box an							▶□	
	3 1/3% support tests - 2017. If the c						33 1/3%.	and	
	ne 18 is not more than 33 1/3%, chec	•							
	Private foundation. If the organization			•		-		·····	=
	10-11-18) or 990-EZ) 2	2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
-	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	TIC		
000	aon B. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
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Schedule A (Form 990 or 990-EZ) 2018 ALZHEIMER'S SAN DIEGO

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

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

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 ALZHEIMER'S SAN DIEGO

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			(Forme 000 or 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2018

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chedule A (Form 990 or 990-EZ) 2	2018 ALZHEIMER'	S	SAN	DIEGO	

Schedule A	(Form 990 or 99	0-EZ) 2018 ALZHE	MER'S S	SAN DII	EGO		47-5534541 _{Pa}
Part VI	Part IV, Sectior line 1; Part IV, S Section D, lines	Section D, lines 2 and 3 s 5, 6, and 8; and Part V	o, 4c, 5a, 6, 9a ; Part IV, Secti	i, 9b, 9c, 11; on E, lines 1	a, 11b, and 11c; Part IV c, 2a, 2b, 3a, and 3b; F	, Section B, lines 1 Part V, line 1; Part V	and 2; Part IV, Section C, /, Section B, line 1e; Part V
	(See instruction	ns.)					
32028 10-11-	18					Schedul	e A (Form 990 or 990-EZ)
					21		
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Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust 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

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

Special Rules

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

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

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

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

47-5534541

ALZHEIMER'S SAN DIEGO

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$150,000.	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			
2		\$227,407.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$31,663.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$25,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
823452 11-08	δ- 18 ••• • • • • • • • • • • • • • • • • •	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018			

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ALZHEIMER'S SAN DIEGO

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$56,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$_220,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08-	24	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

2018.05030 ALZHEIMER'S SAN DIEGO

Employer identification number

47-5534541

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 X 13 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 14 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 823452 11-08-18

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

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ALZHEIMER'S SAN DIEGO

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Name of organization

Employer identification number

47-5534541

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 19 X 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** 20 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Х Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person Pavroll 21,000. Noncash \$ (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

(d)

Type of contribution

X

X

X

47-5534541

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

> (d) Type of contribution

5,000.

21,000.

10,000.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 25 \$ (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 26 \$ (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 27 \$ (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 28

		\$5,0	00. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
29		\$10,0	00. (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
30		\$15,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	08-18	27	B (Form 990, 990-EZ, or 990-PF) (2018)
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ALZHEIMER'S SAN DIEGO

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> 823452 11-08		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018

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47-5534541

ALZHEIMER'S SAN DIEGO

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$40,000.	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
39		\$44,750.	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>40</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
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u> 823452 11-08-	18	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
	29		200, 000 LE, 01 000-F1 / (2010)

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ALZHEIMER'S SAN DIEGO

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$41,574.	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
46		\$75,000.	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
47		\$34,065.	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>48</u> 823452 11-08		\$28,138.	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
020402 11-08		Schedule D (Form	330, 330-EL, 01 330-PF) (2018

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Name of organization

Employer identification number

47-5534541

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 49 X Person Payroll 20,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 50 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 53 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 54 X Person Pavroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

Employer identification number

47-5534541

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 55 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 56 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 57 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 58 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 59 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 60 Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

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

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> 823452 11-08		\$	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
020702 11-00	- IO つつ		330, 330-L2, 01 330-FF/ (2010

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47-5534541

ALZHEIMER'S 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 67 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 68 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 69 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 70 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 71 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 72 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

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

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Employer identification number

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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. irom 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
-		 \$	

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	MER'S SAN DIEGO Exclusively religious, charitable, etc., contribution	is to organizations described in	section 501(c)(7)	47 - 5534541 (8) or (10) that total more than \$1,000 for
	from any one contributor. Complete columns (a) the	rough (e) and the following line e	ntry For organizatio	ne
	completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional sp	itable, etc., contributions of \$1,000 o ace is needed.	r less for the year. (Ent	er this info. once.) •••
) No.				/ . .
rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	-			
-				
_		(e) Transfer of gi		
-	Transferee's name, address, and	ZIP + 4	Relations	hip of transferor to transferee
-				
-				
i) No. rom	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
-				
-				
	(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relations	hip of transferor to transferee
-				
-				
ı) No.				
rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	-			
-				
		(e) Transfer of gi	 ft	
	Transferee's name, address, and	ZIP + 4	Relations	hip of transferor to transferee
-				
-				
i) No. rom	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
-				
-	-			
	(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relations	hip of transferor to transferee
-	, ,,,,			
-				
-				
				Schedule B (Form 990, 990-EZ, or 990-F

SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 Demotion 100 MM Model 10
Department of the Treasury Internal Revenue Service Co to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization
Internal Revenue Service Inspection Inspection Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Part I-A and C below. Do not complete Part I-B. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number ALZHEIMER 'S SAN DIEGO 47 - 5534541 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.<
Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(n)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(n)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALZHEIMER 'S SAN DIEGO ALZHEIMER 'S SAN DIEGO Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Porvide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Volunteer hours for political campaign activities
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALZHEIMER 'S SAN DIEGO Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Porvide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALZHEIMER'S SAN DIEGO Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete if the organization is exempt under section 501(c)(3).
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALZHEIMER 'S SAN DIEGO 47 - 5534541 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALZHEIMER'S SAN DIEGO Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Poivide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization ALZHEIMER'S SAN DIEGO Employer identification number 47-5534541 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number ALZHEIMER'S SAN DIEGO 47-5534541 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
Name of organization Employer identification number ALZHEIMER'S SAN DIEGO 47-5534541 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
ALZHEIMER'S SAN DIEGO 47-5534541 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3).
Part I-B Complete if the organization is exempt under section 501(c)(3).
1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities > \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
line 17b ▶ \$
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.
(a) Name(b) Address(c) EIN(d) Amount paid from filing organization's funds. If none, enter -0(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018	ALZHEIMER'	S	SAN	DIEGO
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Part II-A Complete if the organiz section 501(h)).	ation is exe	mpt under section	on 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check if the filing organization b	elongs to an aff	iliated group (and list	in Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share of e	excess lobbying	expenditures).			
B Check ► □ if the filing organization of	hecked box A a	nd "limited control" p	rovisions apply.		
Limits on (The term "expenditure)	Lobbying Expe		l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
e Total exempt purpose expenditures (ad	d lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bo	oth columns.		
If the amount on line 1e, column (a) or (b) i	s: The lot	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1	э.		
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	0 \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	000 \$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (enter 2					
h Subtract line 1g from line 1a. If zero or le	, .				
i Subtract line 1f from line 1c. If zero or le					
j If there is an amount other than zero on		line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this year?				l	Yes No
(Some organizations that m	ade a section 5	eraging Period Unde 601(h) election do no rate instructions for l	t have to complete all	of the five columns I	below.
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		I
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018 ALZHEIMER'S SAN DIEGO

47-5534541 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,650.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,650.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
f c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(1)		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ection
501(c)(6).			Vee Ne
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect			otion
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered			
answered "Yes."	1 NO, O	n (b) Fai	
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit	ical		
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year			
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part I	I-A, lines 1 a	and 2 (see
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:			
TO IDENTIFY THE NEEDS OF CALIFORNIANS WHO ARE IMPACT	D BY A	ALZHEI	MER'S
AND COMMUNICATE WITH OUR ELECTED OFFICIALS TO MAKE SU	JRE THI	EY UND	ERSTAND
THE NEEDS OF THEIR CONSTITUENTS.			

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

SCHEDULE [)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ALZHEIMER'S SAN DIE	GO	47-5534541
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation)	rically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic strue	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it l		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
•			
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio		
5	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.		le organization s'accounting for
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stateme	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhil		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		• •
b	Assets included in Form 990, Part X		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

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40 2018.05030 ALZHEIMER'S SAN DIEGO

Sche	dule D (Form 990) 2018 ALZHEIM	ER'S SAN D	LEGO			47-	553454	1 р	age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, d	or Other	[·] Similar As	sets(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	at are a sig	nificant use of	its collection	n item	ıs
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ams				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further t	he organizati	on's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit o								-
	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered '	"Yes" on F	orm 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	ns or other as	sets not ir	ncluded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount	t	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe				-	y?	Yes		
	If "Yes," explain the arrangement in Part XIII.								
Ра	rt V Endowment Funds. Complete i	-							
_		(a) Current year	(b) Prior year	(c) I wo year	rs back (c	I) Three years ba	ack (e) Four	years	back
	Beginning of year balance	217,126.	010 (10						
	Contributions	255	219,612.						
	Net investment earnings, gains, and losses	357.	15,112.						
	Grants or scholarships								
е	Other expenditures for facilities	0.050	17 500						
-	and programs	9,059.	17,598.						
	Administrative expenses	208,424.	217 126						
g	End of year balance	,	217,126.						
2	Provide the estimated percentage of the curr	rent year end balance		a)) neid as:					
	Board designated or quasi-endowment ► Permanent endowment ► 100.00	0/	_%						
		%							
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sho	%							
20			tion that are hold a	nd administa	rad for the	orgonization			
Ja	Are there endowment funds not in the posse	ssion of the organiza	luon inai are neiu a			eorganization	Г	Yes	No
	by: (i) unrelated organizations							X	
	(ii) related organizations								x
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or ot		or other		umulated	(d) Bool	k valu	e
		basis (investm	• •		• •	eciation	(-)		-
1 a	Land	· · ·							
	Buildings								
	Leasehold improvements								
	Equipment		8	1,548.		33,534.	4	8,0	14.
	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			4	8,0	14.
						Sched	dule D (Form	n 990)	2018

Part VII Investments - (DIIII	DIDCO
Schedule D (Form 990) 2018	ALZHEIMER'S	SAN	DIEGO

Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
 Fire an otal algorithm and 	(b) DOOK Value		ouse of end-of-year market value
Financial derivatives			
Closely-held equity interests Other			
(A) BENEFICIAL INTEREST IN			
(B) TRUSTS, SAN DIEGO			
	208,424.	END-OF-YEAR M	
	200,424.	END OF TEAM P	IARREI VALCE
(D)			
(E)			
(F)			
(G) (1)			
(H)	208,424.		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	200,424•		
			. 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
			Cost of end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	on Form 990. Part IV, line -	1d See Form 990 Part X lin	ne 15
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line ⁻ Description	1d. See Form 990, Part X, lir	ne 15. (b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)		1d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2)		1d. See Form 990, Part X, lir	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		1d. See Form 990, Part X, lir	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		1d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		1d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		1d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	1d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (a) [(2) (a) (3) (4) (5) (6) (7) (8) (9) (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
 (9) (a) [b] must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [c] (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) <li< td=""><td>Description</td><td>1e or 11f. See Form 990, Pa</td><td>(b) Book value</td></li<>	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (a) I (2) (a) I (3) (4) (5) (6) (7) (8) (9) vart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (a) [(2) (a) [(3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) (a) Description of liability	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [1 (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [1 (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) (1) (2) (3) (4) (5)	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (a) I (2) (a) I (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (5) (6)	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (a) I (1) (a) I (2) (a) I (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	1e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (a) I (1) (a) I (2) (a) I (4) (b) must equal Form 990, Part X, col. (B) line (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	2escription	1e or 11f. See Form 990, Pa	(b) Book value

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 ALZHEIMER'S SAN DIEGO			47-	5534541 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,837,082.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-9,179.		
b	Donated services and use of facilities		5,387.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		193,881.		
е	Add lines 2a through 2d			2e	190,089.
3	Subtract line 2e from line 1			3	2,646,993.
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	8,703.		
с	Add lines 4a and 4b			4c	8,703.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,655,696.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,369,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	5,387.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d	193,881.		
е	Add lines 2a through 2d			2e	199,268.
3	Subtract line 2e from line 1			3	2,170,345.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,170,345.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT WAS ESTABLISHED TO PROVIDE SUPPORT FOR THE

PROGRAMS AND ACTIVITIES OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX

POSITIONS. THE ORGANIZATION RECOGNIZED ACCRUED INTEREST AND PENALTIES

ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF

ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE

ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019 AND 2018

AND, THEREFORE, NO AMOUNTS HAVE BEEN ACCRUED.

832054 10-29-18

Schedule D (Form 990) 2018	ALZHEIMER'S SAN DIEGO	
Part XIII Supplemental Inf	ormation (continued)	

Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PECIAL EVENT EXPENSE NETTED WITH RELATED REVENUE	
ART XI, LINE 4B - OTHER ADJUSTMENTS:	
HANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	8,703
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE NETTED WITH RELATED REVENUE	193,881
	Schedule D (Form 990) 20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	, or if the	2018					
Development of the Terrory	C	rganization entered more than \$15 Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				ion.		Inspection
Name of the organization		ER'S SAN DIEGO					Employer ide	ntification number 541
		Complete if the organization answe	red "Y	'es" o	n Form 990, Part IV,	line 1	17. Form 990-E2	I filers are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	oution	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-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 ALZHEIMER'S SAN DIEGO

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 F7 lines 1 and 6b List events with gross receipts greater than \$5,000

		of fundraising event contributions and g	ross income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WALK4ALZ	RIDES 4 ALZ	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue					, ,	
Revenue	1	Gross receipts	564,284.	179,872.	202,731.	946,887.
	2	Less: Contributions	564,284.	179,872.	67,136.	811,292.
	3	Gross income (line 1 minus line 2)			135,595.	135,595.
	4	Cash prizes	6,009.	3,683.		9,692.
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	21,188.	6,925.		28,113.
ect E)	7	Food and beverages			56,143.	56,143.
ā	-					
	8	Entertainment		2,806.	26,133.	99,933.
	9	Other direct expenses				193,881.
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				-58,286
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
_	1	Gross revenue				
ses	2	Cash prizes				
xpen						
íi l	3	Noncash prizes				
Direct E	3 4	Noncash prizes Rent/facility costs				
Direct Expenses						
Direct E	4 5	Rent/facility costs	└── Yes% └── No	└── Yes% └── No	└── Yes% └── No	
Direct E	4 5	Rent/facility costs Other direct expenses Volunteer labor	└── Yes% └── No		□ No	
Direct E	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	□ No ►	
Direct	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	No No	□ No ►	
9	4 5 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	□ No ►	
9 a	4 5 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	h 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these	No No states?	□ No ►	Yes No
9 a	4 5 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these	No No states?	□ No ►	Yes No
9 a b	4 5 7 8 Is t If "	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these	No states?	No	
9 9 b	4 5 7 8 Is t If "	Rent/facility costs	h 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these	No states? erminated during the tax	No	
9 9 0a	4 5 7 8 Is t If "	Rent/facility costs	h 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these	No states? erminated during the tax	No	

Sch	edule G (Form 990 or 990-EZ) 2018 ALZHEIMER'S SAN DIEGO 4	<u>7-553</u>	<u>454</u> 1	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_	
	to administer charitable gaming?	L	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a	a	%
	An outside facility		5	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	t		
	of gaming revenue retained by the third party \blacktriangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		162	
U	organization's own exempt activities during the tax year > \$	ne		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III.	lines 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		
83208	33 10-03-18 Schedule G (Form 990) or 990	-EZ) 2018
1 / (47 130 310575 00118.000 2018.05030 ALCHEIMER'S SAN DIEGO		001	18 01

2018.05030 ALZHEIMER'S SAN DIEGO

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	Schedu	le G (Form 990 or 990-E
832084 04-01-18		
6140130 310575 00118.000	48 2018.05030 ALZHEIMER'S SAN DIEGO	00118_01

SCHEDULE (Form 990)	1	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of th Internal Revenue		Comp	_	Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the	organization ALZHEIMER	'S SAN DI	EGO					Employer identification number $47-5534541$
Part I (General Information on Grants a	and Assistance						
criteria	he organization maintain records used to award the grants or assi	stance?						
-	be in Part IV the organization's pro-						(
	Grants and Other Assistance to					anization answered "	res" on Form 990, Par	t IV, line 21, for any
	ecipient that received more than me and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DISCOVERY	JRNHAM PREBYS MEDICAL INSTITUTE - 10901 N. NES ROAD - LA JOLLA, CA							
92037		51-0197108	501(C)(3)	60,000.	Ο.			RESEARCH GRANT
2 Enter t	otal number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table	I	L	I	1.
	otal number of other organization			<u></u>				
LHA For P	aperwork Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2018)

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

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

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

SCHEDULE O

(Form 990 or 990-EZ)

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



47-5534541

ALZHEIMER'S SAN DIEGO

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

IN ADDITION TO OFFERING SUPPORTIVE PROGRAMS, ALZHEIMER'S SAN DIEGO ALSO

ADVOCATES FOR IMPROVED TREATMENTS AND QUALITY CARE. ALZHEIMER'S SAN

DIEGO PLAYS A LEADERSHIP ROLE IN THE SAN DIEGO COMMUNITY, WITH KEY

COLLABORATIONS AND PARTNERSHIPS, INCLUDING A LEADERSHIP ROLE IN THE

COUNTY ALZHEIMER'S PROJECT, ADDRESSING THE IMPACT OF ALZHEIMER'S,

IMPROVED CARE, CURE AND SUPPORT, AS WELL AS THE DEVELOPMENT OF

COLLABORATION4CURE, AN UNPRECEDENTED LOCAL INITIATIVE BRINGING TOGETHER

RESEARCH INSTITUTES TO ADVANCE LOCAL ALZHEIMER'S DRUG DISCOVERY.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS WERE AMENDED AS OF JUNE 2019

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

FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND THEN IS

DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN WITH THE IRS.

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

EACH YEAR THE BOARD AND STAFF MEMBERS REVIEW AND SIGN THE CONFLICT OF

INTEREST POLICY.

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

THE COMPENSATION COMMITTEE DETERMINES COMPENSATION FOR THE PRESIDENT.

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

THIS INFORMATION IS AVAILABLE UPON REQUEST FROM THE ORGANIZATION.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

16140130 310575 00118.000

51 2018.05030 ALZHEIMER'S SAN DIEGO

lame of the organization ALZHEIMER'S SAN DIEGO	Employer identification num 47-5534541
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	S:
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	s – 8,70
32212 10-10-18 52	Schedule O (Form 990 or 990-EZ) (2

(Rev. January 2019)

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

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

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

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or 47-5534541						
print	ALZHEIMER'S SAN DIEGO							
File by the due date for filing your	6632 CONVOY COURT	Social se	curity numbe	er (SSN)				
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92111								
Enter th	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01		
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above) SUZETTE FRENCH	06	Form 8870			12		
Telep If the If this box 1 Ir th 2 If [the tax year entered in line 1 is for less than 12 months, c	s in the Ur Group Exe and atta MA ` anization's , an check reas	Fax No.	If this is fo f all memb e the exen	r the whole g pers the exter npt organizati	nsion is for.		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	Ja	Ψ	0.		
	stimated tax payments made. Include any prior year over		-	Зb	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa							
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.		
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879	9-EO for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2019)		

823841 12-19-18

OMB No. 1545-1709

Enter filer's identifying number