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Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For	cale	endar year 2016 or tax year beginning	2/17 , 2016,	and ending 12	/3:	1 , 2016	
			NC		A	Employer identification num	mber
		VTIA SPOTLIGHT FOUNDATION, I OLDFIELD ROAD	NC.	;	В	81-2433400 Telephone number (see inst	tructions)
		TUR, GA 30030				(888) 695-159	96
					С	If exemption application is	pending, check here 🕨 🗌
G	Che	ck all that apply X Initial return Final return	Initial return of a forn Amended return	ner public charity	D	1 Foreign organizations, cher	ck here
<u></u>	Cho	Address change ck type of organization. X Section 501	Name change (c)(3) exempt private f	oundation		2 Foreign organizations meet here and attach computation	
		Section 4947(a)(1) nonexempt charitable to	rust Other taxable p	rivate foundation	Ε	If private foundation status under section 507(b)(1)(A)	
ı		.	ounting method X Counting method	ash Accrual	F	If the foundation is in a 60	
	► \$	5,700. (Part I,	column (d) must be or	cash basis)	<u> </u>	under section 507(b)(1)(B)	
Pa	<u>ırt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_		1 Contributions, gifts, grants, etc., received (attach schedule)	156,755.				
		2 Check ► if the foundation is not required to attach Sch B		•			
		3 Interest on savings and temporary cash investments					
		Dividends and interest from securities Gross rents					
		b Net rental income or (loss)				^	<i>x</i>
F	てと言う	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all				. ,	
\	<u> </u>	assets on line 6a 7 Capital gain net income (from Part IV, line 2)					4
į	Ĭ	8 Net short-term capital gain					
	Į	9 Income modifications 10 a Gross sales less					,
_	_	returns and allowances				r	,
		b Less Cost of goods sold				٠.	
		C Gross profit or (loss) (attach schedule).					
		11 Other income (attach schedule)					
		12 Total. Add lines 1 through 11	156,755.		0.	0.	
		13 Compensation of officers, directors, trustees, etc	39,100.				9,400.
		14 Other employee salaries and wages 15 Pension plans, employee benefits	6,000.				6,000.
		16a Legal fees (attach schedule) See St 1	30,330.	PEC	ه و محر	150	
	A D M	b Accounting fees (attach sch)			,== m= 0	10	
	N	C Other professional fees (attach sch)		33			
O P	S T	17 Interest .		MAR 2	U	1	
O P E R A T	R	18 Taxes (attach schedule)(see instrs) . 19 Depreciation (attach				<u> </u>	
Ť	Ť	schedule) and depletion .		L_OGD:	$\mathbb{E}_{\mathbb{N}}$, UT _	
Ņ	, -	20 Occupancy					
	E	21 Travel, conferences, and meetings 22 Printing and publications.	36.			<u> </u>	
N _D	χ̈́P	23 Other expenses (attach schedule)					
ෛ	E N	See Statement 2	63,089.				49,370.
=	S	24 Total operating and administrative expenses Add lines 13 through 23	138,555.	1			1
APR @ 3 2017	S	25 Contributions, gifts, grants paid Part XV	12,500.				64,770. 12,500.
		26 Total expenses and disbursements. Add lines 24 and 25	151,055.		0.	0.	77,270.
		27 Subtract line 26 from line 12:					
3		a Excess of revenue over expenses and disbursements .	5,700.				1
<u>.</u> 	i	b Net investment income (if negative, enter -0-) .	3,,,,,,		0.	 	
Ŕ		C Adjusted net income (if negative, enter -0-)				0.	



Par	3 11	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
<u> </u>	<u> </u>		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest	_		5,700.	5,700.
	2	,	ary cash investments			
	3	Accounts receivable	·			
	١.	Less allowance for o	doubtful accounts	•		
	4	Pledges receivable	,,			
	_ ا	Less. allowance for o	doubtful accounts			
	5	Grants receivable				
	6	disqualified persons (attac	ers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rece				
Š		Less: allowance for o				
A S E T	8	Inventories for sale of				
Ŧ	9	Prepaid expenses ar	· ·			
S	10:	a Investments – US obligations (attach se	and state government chedule)			
		b Investments — corporate s	stock (attach schedule)			
	(c Investments — corporate t	bonds (attach schedule)			
	11	Investments – land, equipment basis.	buildings, and			
		Less. accumulated deprect (attach schedule)	ation			
	12	Investments - morto	gage loans.			
	13	Investments - other	(attach schedule)			1
	14	Land, buildings, and	equipment: basis►		13.80 · 6.40 · 13	
		Less: accumulated deprect (attach schedule)	ation			
	15	Other assets (describ	pe ►)		· · · · · · · · · · · · · · · · · · ·	
	16	Total assets (to be of see the instructions	completed by all filers — Also, see page 1, item I).	0.	5,700.	5,700.
Ļ	17	Accounts payable an	d accrued expenses			
Å	18	Grants payable				
В	19	Deferred revenue				
Ļ	20		ors, trustees, & other disqualified persons			
T	21	Mortgages and other notes				
1	22	Other liabilities (desc	cribe)			
E S	23	Total liabilities (add	lines 17 through 22)	0.	0.	
		Foundations that fol and complete lines 2	low SFAS 117, check here 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			5,700.	
ΤŇ	25	Temporarily restricte			 .	
ΔD	26	Permanently restricted	1			
A B A L A		Foundations that do and complete lines 2	not follow SFAS 117, check here P			
EL	27	Capital stock, trust p	rıncıpal, or current funds			
\$ N	28	Paid-in or capital surplus,	or land, bldg, and equipment fund		· · · · · · · · · · · · · · · · · · ·	
O E	29	Retained earnings, accumu	lated income, endowment, or other funds			
ŔŜ	30	Total net assets or fo	und balances (see instructions)	0.	5,700.	
	31	(see instructions)	net assets/fund balances	0.	5,700.	
Par	Ш	Analysis of Chan	ges in Net Assets or Fund Balance	es		
1	Tota end-	I net assets or fund ba	alances at beginning of year — Part II, colu	mn (a), line 30 (must ag	ree with	0.
2		r amount from Part I,		•	2	5,700.
3		increases not included in lir		•	3	3,700.
4		lines 1, 2, and 3				5,700.
5	Decre	ases not included in line 2 (i	itemize).		5	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus line 5)	- Part II, column (b), li	ne 30. 6	5,700.

	SPOTLIGHT FOUNDATION,			31-2 4 33400	Page
(a) List and describ	Losses for Tax on Investmen be the kind(s) of property sold (e g , re	eal estate,	(b) How acquired P — Purchase	(c) Date acquired	(d) Date sold
·	chouse, or common stock, 200 shares	MLC Company)	D — Donation	(mo., day, yr)	(mo , day, yr)
1a N/A					
					
	(f) Depreciation allowed	(g) Cost or other ba	sis	(h) Gain or	(loss)
(e) Gross sales price	(or allowable)	plus expense of sa		(e) plus (f) m	
a					
b					
	 				
	 				
Commission and the commission about		the foundation on 10/21:	200		
	wing gain in column (h) and owned b	(k) Excess of col (i)		(1) Gains (Col. ain minus col (k), b	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		an -0-) or Losses (fi	
b					
<u> </u>					
d					
<u>e</u>					
2 Capital gain net income or (n		enter in Part I, line 7	. _	1	
, -		er -0- in Part I, line 7	2		
3 Net short-term capital gain of	r (loss) as defined in sections 1222(5)	and (6)	ļ		
	ne 8, column (c) (see instructions) If	(loss), enter -0-	.		
in Part I, line 8	0.11. 4040(.)	<u> </u>	3	<u> </u>	
	er Section 4940(e) for Reduce				
For optional use by domestic private	foundations subject to the section 4940(a) tax on het investment ind	ome)	N/A	
f section 4940(d)(2) applies, leave	this part blank				
				П.,	Π.,
	ection 4942 tax on the distributable ar		ase period?	Yes	∐No
	ualify under section 4940(e). Do not co				
	n each column for each year, see the ins	structions before making any	entries.		<u> </u>
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col. (b) divided	ratio by col (c))
2015					
2014					
2013					
2012					
2011					
			_ _		
2 Total of line 1, column (d).	•		2		
3 Average distribution ratio for number of years the foundate	the 5-year base period — divide the tion has been in existence if less than	otal on line 2 by 5, or by t 5 years .	he 3		
4 Enter the net value of nonch	arıtable-use assets for 2016 from Part	X, line 5	4		
5 Multiply line 4 by line 3	••		5	<u></u>	
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b) .		. 6		
7 Add lines 5 and 6 .			7		
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greater the Part VI instructions	han line 7, check the box in Part VI, line	1b, and complete that part i	using a 1% tax r	ate. See the	
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10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		x
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	Х	
Ł	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation .	8 b	Х	
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions) N/A			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV	7	X	
	with the state law remain in the governing instrument?	6		X

For	n 990-PF (2016) DEMENTIA SPOTLIGHT FOUNDATION, INC. 81-243 rt VII-A Statements Regarding Activities (continued)	3400		Page
			Yes	No
•••	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	X	X
	Website address	_13	1_^	1
14	The books are in care of ► WHITNEY OELTMANN Telephone no. ► (88	8) 69	5-15	96_
15	Located at ► 1180 OLDFIELD ROAD DECATUR GA ZIP + 4 ► 30030 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	<u>N</u> 7	-	
13	and enter the amount of tax-exempt interest received or accrued during the year		A 7	N/I
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			<u> </u>
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1	During the year did the foundation (either directly or indirectly)		¥ ;	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	lo		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes XIN			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	-		
		lo		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X N	lo ,		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes	0		
	If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	11	,	X
	Organizations relying on a current notice regarding disaster assistance check here		-	
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			
i	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes XN	0		
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20			
l	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer 'No' and attach statement — see instructions).	21	N	/A
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	io		

b If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

3 b N/A 4 a X 4 b

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Form 990-PF (2016) DEMENTIA SPOTLIGHT	f FOUNDATION, I	NC.	81-243	33400 Page 6
Part VIIIB Statements Regarding Activit	ies for Which Form	4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incu	r any amount to			
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	∐ Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra		4955), or to carry		No
(3) Provide a grant to an individual for travel,		•	Yes X	No
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc., organi s)	zation described	Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes X	No No
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in (see instructions)?			ptions	5b N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ ∐	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No
If 'Yes,' attach the statement required by Reg				
6 a Did the foundation, during the year, receive at on a personal benefit contract?				No Gb V
b Did the foundation, during the year, pay prem If 'Yes' to 6b. file Form 8870	iums, airectly or indirec	uy, on a personal bene	int CONTRACT?	6 b X
	dation a norty to a grab	ibited tay chelter transa	action? Yes X	No.
7 a At any time during the tax year, was the found				No Zh
b If 'Yes,' did the foundation receive any proceed				I/A 7b
Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Pald E	.mpioyees,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	tructions).	
	(b) Title, and average	(c) Compensation	(d) Contributions to	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
LINDA DEMARLO	BOARD MEMBER	0.	0.	0.
_1752 LOGANS KNOLL ATLANTA, GA 30329	3.00			
WHITNEY OELTMANN	CFO/BOARDMEM	0.	0.	0.
1180 OLDFIELD ROAD DECATUR, GA 30030	10.00			
ROBIN ANDREWS	PRESIDENT/BO	39,100.	0.	0.
723 SOUTH CANDLER STREET DECATUR, GA 30030	40.00	37,200.	.	
DECRIOR, GA 30030				
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter 'NONE	:
	(b) Title, and average		(d)Contributions to	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
		· — · · · · · · · · · · · · · · · · · ·		
			 	
	1			
Total number of other employees paid over \$50,000	l	L		0
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form 990-PF (2016) DEMENTIA SPOTLIGHT FOUNDATION, INC. 81-243	
Part:VIII翰 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
1010	
Total number of others receiving over \$50,000 for professional services ▶	0
Part IX-AT Summary of Direct Charitable Activities	
set the foundation's four largest direct charitable activities during the tay year. Include relevant statistical information such as the number of	
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CARING CONVERSATIONS - SEE STATEMENT	
	18,900.
2 JUDICIAL PROJECT - SEE STATEMENT	
	39,629.
3 SHARED SYNDICATE - PRODUCTION OF A MOVIE DEALING WITH DEMENTIA CALLED	
"WHERE DID YOU GO".	
	6,559.
4 UAD - DEFINING DEMENTIA FRIENDLY - SEE STATEMENT	
	12,182.
Part IX:B: Summary of Program-Related Investments (see instructions)	1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	`
N/A	
2	
	1
All other program-related investments. See instructions	<u> </u>
3	
	1
	1
Total. Add lines 1 through 3.	0.

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Form 990-PF (2016)

Form 990-l	PF (2016)	DEMENTIA	SPOTLIGHT	FOUNDATION,	INC.		81-2433400	
Part X	Minim	um Investme	ent Return (A	II domestic four	ndations must	t complete this part.	Foreign foundat	lions.

Page 8

see instructions.)	- oreigit touri	iualions,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities.	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	l i	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 4.3579	9 % 6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op and certain foreign organizations check here ► X and do not complete this part		lations
1 Minimum investment return from Part X, line 6 N/A	1	
2 a Tax on investment income for 2016 from Part VI, line 5		
b Income tax for 2016. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	77,270.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	77,270.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	77,270.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	foundation	···
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Part XIII Undistributed Income (see Instr	ructions)	N/A		
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI, line 7				
 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only 				
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2016:				
a From 2011				-
b From 2012				
c From 2013	1			
d From 2014		}		
e From 2015	}			
		İ		
f Total of lines 3a through e				· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2016 from Part XII, line 4 ► \$				
a Applied to 2015, but not more than line 2a	ļ			
 Applied to undistributed income of prior years (Election required — see instructions) 				
 Treated as distributions out of corpus (Election required — see instructions) 				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the	ļ — — — . — . — . — . — . — . —			
same amount must be shown in column (a).)				
6 - 1 11 1				•
6 Enter the net total of each column as indicated below:		,		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	<u></u>			
b Prior years' undistributed income Subtract line 4b from line 2b				-
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions				
e Undistributed income for 2015 Subtract line 4a from				-
line 2a. Taxable amount — see instructions		ļ	 	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9.				
a Excess from 2012				
b Excess from 2013	1			
c Excess from 2014	1			}
d Excess from 2015	1			
e Excess from 2016.	1			
C ENCOSS HOLL EVIO.	<u></u>	L		<u> </u>

Form 990-PF (2016) DEMENTIA SPOTLIGH			1 1 1 A	81-2433400) Page 10
Parit MV Private Operating Foundat 1 a If the foundation has received a ruling or dete	rmination letter that i				2/17/16
is effective for 2016, enter the date of the b Check box to indicate whether the foundat	ū	rating foundation d	lescribed in section	X 4942(j)(3) or	2/17/16 4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	amig loandation o	Prior 3 years	[] 13 12()/(6) 61	
income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
each year listed	0.				0.
b 85% of line 2a					0.
c Qualifying distributions from Part XII, line 4 for each year listed	77,270.	· · · · · · · · · · · · · · · · · · ·			77,270.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 	77,270.				77,270.
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter.	5 500				
(1) Value of all assets	5,700.				5,700.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	4,700.				4,700.
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter		-			
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					· · · · · · · · · · · · · · · · · · ·
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the			foundation had	\$5,000 or more	in
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have LINDA DEMARLO	contributed more that	an 2% of the total cohan \$5,000). (See	ontributions received section 507(d)(2))	by the foundation bef	ore the
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the s foundation has a 10	stock of a corporation % or greater inter	on (or an equally large est	portion of the owner	ship of
2 Information Regarding Contribution, Grant, G Check here ► X if the foundation only ma requests for funds If the foundation makes gri complete items 2a, b, c, and d	kes contributions to p fts, grants, etc (see	preselected charitable instructions) to indiv	viduals or organization	ns under other condition	
a The name, address, and telephone number or	e-mail address of th	e person to whom a	pplications should be	addressed	
b The form in which applications should be s	submitted and inform	mation and materia	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charita	ible fields, kinds of i	nstitutions, or other	factors

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Purpose of grant or contribution **Amount** status of recipient Name and address (home or business) or substantial contributor a Paid during the year PC DEMENTIA ACTION ALLIANCE GRANT FUNDING -12,500. DEMENTIA ACTION 2342 OAK STREET FALLS CHURCH VA 22046 ALLIANCE'S CARING CONVERSATION BETA INITIATIVE TO BRING TOGETHER INDIVIDUALS FROM THE COMMUNITY LIVING WITH DEMENTIA TO FACILITATE A "LIFE BEYOND DIAGNOSIS" PUBLIC CONVERSATION. 3 a Total 12,500. b Approved for future payment

Total

3 b

nter gross an	nounts unless otherwise indicated.	Unrelate	d business income	Excluded by	section 512, 513, or 514	(e)
. 5		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Program	service revenue	ļi		code		
a N/A						
b		<u> </u>				
c		 				
d						
e		<u> </u>				
f						
-	d contracts from government agencies					
2 Members	ship dues and assessments					
3 Interest on	savings and temporary cash investments					
4 Dividend	s and interest from securities					
5 Net renta	al income or (loss) from real estate	12 , 42 , 19	man the same		ىنى . » » ،	Nove 中华, 北京中海京
a Debt-fina	anced property					
b Not debt	-financed property					
	income or (loss) from personal property					
	vestment income					
	ss) from sales of assets other than inventory	 				
,	me or (loss) from special events.					
	ofit or (loss) from sales of inventory	J				
						
11 Other rev	venue	× 24	· · · · · · · · · · · · · · · · · · ·	, .	-1	the months of the
a		 		L		
b		<u> </u>				
	_ 					
d						
d e						
d e		tone the		,		
e Subtotal		town ish of		<i>z</i>	13	0.
d e Subtotal	Add columns (b), (d), and (e)			7	13	0.
d e 2 Subtotal 3 Total. A	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculati	ons)	ishment of Exempt			0.
d e 2 Subtotal 3 Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	ons)		t Purpos	es	0.
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
d e 2 Subtotal 3 Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A See workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A ee workshee art XVI-B ine No. Ex	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A ee workshee art XVI-B ine No. Ex	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A ee workshee art XVI-B ine No. Ex	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A ee workshee art XVI-B ine No. Ex	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A ee workshee art XVI-B ine No. Ex	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A ee workshee art XVI-B ine No. Ex	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A see workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A See workshee Part XVI-B Line No. Exact	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
d e Subtotal 13 Total. A See workshee Part XVI-B Line No. Exact	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	
Subtotal Subtotal Total. A See workshee Part XVI-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculate Relationship of Activities to the	ons)		t Purpos	es	

Form 990-PF (2016) DEMENTIA SPOTLIGHT FOUNDATION, INC. 81-2433400 Part:XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describe relating a Transfer (1) Cas (2) Other tr. (1) Sale (2) Puro (3) Ren (4) Reir (5) Loar (6) Perf c Sharing d If the arthe good	ed in section 501(c to political organizers from the reporting the erassets ansactions: es of assets to a nechases of assets from the facilities, equipments arranged in sortion of facilities, equipments are to any of the solution of the s	of the Code (ozations? Ing foundation to oncharitable exerom a noncharitable uipment, or othe gements ees or membersh ment, mailing list eabove is 'Yes,' services given by	able exempt organization	ganizations) or in section in section of: loyees ule. Column (b) should oundation received less the section of the section of the section received less the section in section in section received less the section received less the section received less the section in section received less than the section received less the section received less than th	always show the fair nan fair market value ii	7
(a) Line no.	(b) Amount involved		of noncharitable exempt organization		transfers, transactions, and	
N/A		(5)		, , , , , , , , , , , , , , , , , , ,	,	
		 				
						
					· · · · · · · · · · · · · · · · · · ·	
	 					
describe b If 'Yes,'	ed in section 501(c complete the follo	c) of the Code (on wing schedule	d with, or related to, one or more ther than section 501(c)(3)) o	r in section 527?		Yes X No
) Name of organization	аиоп	(b) Type of organizat	1011	(c) Description of re	auonsnip
<u>N/A</u>			 			
			 			
						
			 			 _
Linder	nenallus Manerus I de	clare that I hamman	uped this return including seconds and	n schedules and statements an	d to the hest of my based - 4	and helief it is true
Sign Here	J & C	LL L	than taxpayer) is based on all informations of the state	17 CFO/BOAR		May the IRS discuss this return with the preparer shown below (see ipstructions)?
Signa	ature of officer or trustee		Date	Title		X Yes No
	Print/Type preparer's	name	Preparer signature	Date	Check	PTIN
Paid	Herbert A.	Petty, II			self-employed	P01045290
Preparer	Firm's name	H A Petty	PC		Firm's EIN ► 58-2	213217
Use Only	Firm's address		et Drive NE			
	<u> </u>		GA 30345-1947		Phone no 404-	-929-9022
BAA						Form 990-PF (2016)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2016

Employer identification number

DEMENTIA SPOTLIGHT FOUNDATION	, INC.	81-2433400
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
1 01111 330 11		
	4947(a)(1) nonexempt charitable trust treated as a priva	ate 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) orga	nization can check boxes for both the General Rule and a S	pecial Rule See instructions
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor Complete	, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or or's total contributions
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi), t	l (c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1 Complete Parts I and II	6a, or 16b, and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	rom any one contributor, erary, or educational
during the year, contributions exclusively for \$1,000 If this box is checked, enter here the charitable, etc., purpose Don't complete an	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution e total contributions that were received during the year for a y of the parts unless the General Rule applies to this organible, etc., contributions totaling \$5,000 or more during the year	ons totaled more than In <i>exclusively</i> religious, Ization becayse
Caution. An organization that isn't covered by to 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it doesn't meet the	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990, or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 990	ule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, D-PF).

Name of org DEMENT	anization TIA SPOTLIGHT FOUNDATION, INC.	' *	133400
	Contributors (see instructions) Use duplicate copies of Part I if additional space	*	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA DEMARLO	\$ 100,587.	Person X Payroll Noncash
	ATLANTA, GA 30329	Y100/387.	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PHYLLIS DUBROW TRUSTEE 60 EAST 42ND STREET, STE 4600 NEW YORK, NY 10165	\$50,000.	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
RAA	TEFA07031 08/09/16	Schedule B (Form 99	0. 990-F7, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page

1 of

1 of Part I

Page

1 to

of Part II

1

Employer identification number

Name of organization

DEMENTIA SPOTLIGHT FOUNDATION, INC.

81-2433400

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
	N/A		
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		; ; ; ;	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
; -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
BAA		\$	7

BAA

Page	
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1 to

of Part III

Employer identification number

DEMENTIA SPOTLIGHT FOUNDATION, INC 81-2433400 Partilla Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (a) No. from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2016	Fe	ederal Stater	nents		Page 1
	DEMENTIA	SPOTLIGHT FOL	JNDATION, INC.		81-243340
Statement 1 Form 990-PF, Part I, Li Legal Fees	ne 16a				
		(a) Expenses <u>Per Books</u>	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ATTORNEY - KELL I	LONG - NONPROFIT Total	\$ 30,330.	\$ 0.	\$ 0.	\$ 0.
Statement 2 Form 990-PF, Part I, Li Other Expenses	ne 23				
		(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
CONTINUING EDUCATI MARKETING / PR PHONE EXPENSES		Expenses per Books \$ 906. 6,946. 4,473.	Investment	Adjusted	Charitable
CONTINUING EDUCATI	DE-ESCALATE THE	Expenses per Books \$ 906. 6,946. 4,473. CRISIS 1,380. 14. CONVER	Investment	Adjusted	Charitable Purposes
CONTINUING EDUCATI MARKETING / PR PHONE EXPENSES PROJECT EXPENSE - TRANSPORTATION	DE-ESCALATE THE EVENTS - CARING	Expenses per Books \$ 906. 6,946. 4,473. CRISIS 1,380. 14. CONVER 5,390. AL PROJ	Investment	Adjusted	Charitable Purposes \$ 5,390.
CONTINUING EDUCATION TRAVEL, MEETINGS,	DE-ESCALATE THE EVENTS - CARING EVENTS - JUDICIA	Expenses per Books \$ 906. 6,946. 4,473. CRISIS 1,380. 14. CONVER 5,390. AL PROJ 35,629.	Investment	Adjusted	Charitable Purposes

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Federal Supplemental Information

Page 1

DEMENTIA SPOTLIGHT FOUNDATION, INC.

81-2433400

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OUR MISSION:

DEMENTIA SPOTLIGHT FOUNDATION IS COMMITTED TO PEOPLE LEARNING THE WHOLE TRUTH ABOUT EXPERIENCES OF DEMENTIA AND TO INCREASE LIFE ENHANCING SUPPORTS AND STANDARDS OF CARE.

ORGANIZATION'S TOP THREE PROGRAM SERVICE ACCOMPLISHMENTS

JUDICAL PROJECT:

"DEMENTIA AND THE COURTROOM" WAS A DEVELOPED DEMENTIA EDUCATIONAL TRAINING CONTENT FOR JUDICIAL OFFICIALS INCLUDING JUDGES, ATTORNEYS, GUARDIANS, AND COURTROOM EVALUATORS. DSF FACILITATED A LIVE WORKSHOP EVENT AND FILMED THE TRAINING EVENT FOR NATIONWIDE DISTRIBUTION. THE DEVELOPED PROGRAM WILL BE OFFERED TO THE STATE OF GEORGIA THROUGH THE DEPARTMENT OF AGING SERVICES IN 2017.

CARING CONVERSATIONS:

A COMMUNITY EVENT BRINGING TOGETHER INDIVUALS LIVING WITH DEMENTIA, FAMILY MEMBERS AND OTHER CARE PARTNERS, LONG-TERM SERVICE AND SUPPORT PROVIDERS, COMMUNITY AGING LEADERS, AND HEALTHCARE PRACTITIONERS IN ORDER TO FACILITATE A STIGMA-REDUCING "LIFE BEYOND DIAGNOSIS" PUBLIC CONVERSATION ABOUT THE ABILITY TO LIVE FULLY WITH THE LONG-TERM CONDITION OF DEMENTIA.

DEFINING DEMENTIA FRIENDLY:

A SERIES OF FOCUS GROUP INTERVIEWS ASKING PEOPLE MOST AFFECTED BY DEMENTIA HOW A COMMUNITY CAN BEST IMPROVE THEIR LIVES WITHOUT DRUGS OR LEGISLATION. THE GOAL BEING TO IDENTIFY OPPORTINITIES FOR INNOVATION, SUPPORT, AND CHANGE WHERE THERE MAY BE CURRENT BARRIERS OR CHALLENGES FOR LIVING WITH THE CONDITION OF DEMENTIA.

2016	Federal Supporting Detail		Page 1
	DEMENTIA SPOTLIGHT FOUNDATION, INC.		81-2433400
Contributions, Gifts, and Gran Other contributions, gifts, grant Project Donors Check Donors Mobile Cause Donors Reimbursements.	DEMENTIA SPOTLIGHT FOUNDATION, INC.	Total	\$