### Form 990-PF

### **Return of Private Foundation**

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

2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

	alendar year 2018 or tax year beginning Ja	nuary 1	, 2018, and 6	enaing	December 31	, 20 18
Name	of foundation				A Employer identif	fication number
DEMENTIA SPOTLIGHT FOUNDATION, INC.  Number and street (or P O box number if mail is not delivered to street address)  Room/suite  E					81-2433400	
Numbe	er and street (or P O box number if mail is not delivered to	o street address)	Room	/suite	B Telephone numb	per (see instructions)
	OLDFIELD ROAD				888-695-15	96
City or	town, state or province, country, and ZIP or foreign posta	al code				
					C If exemption applic pending, check here	
	ATUR, GA 30030				-	
G Ch	eck all that apply Initial return	<del></del>	f a former public of	charity	D 1. Foreign organiza	ations, check here
	Final return	Amended retu			2. Foreign organiza 85% test, check	
	Address change	Name change		$\sim$		
		c)(3) exempt private fo		00	E If private foundation	n status was terminated
	Section 4947(a)(1) nonexempt charitable trust	Other taxable priv			1 '	o)(1)(A), check here .
	r market value of all assets at JAcco		sh Accrual		F If the foundation is	s in a 60-month termination
		ther (specify)			under section 507(t	o)(1)(B), check here .
		column (d) must be on cas	h basis )	<u> </u>	1.	1 (0.5)
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Neveriue and	(b) Net investmen	.   .	(c) Adjusted net	(d) Disbursements for charitable
	may not necessarily equal the amounts in	expenses per books	income	·	income	purposes
	column (a) (see instructions) )			+		(cash basis only)
1	Contributions, gifts grants, etc., received (attach schedule).	115,901.46				-
2	attach Sch B			-	·	<del>                                     </del>
3	Interest on savings and temporary cash investments.					-
4	Dividends and interest from securities					
5 a						
Revenue	Net gain or (loss) from sale of assets not on line 10 Gross sales/price for all					
Ke	assets on line 6a					
<b>8</b> 7	Capital gain net income (from Part IV, line 2) .					
8	Net short term capital gain					
10 a	Income modifications					
١.	and allowances					
5	Less Cost of goods sold					
11	Other income (attach schedule)					
12	Total. Add lines 1 through 14	115,901.46		<del>-</del>		-
13	Compensation of officers, directors, trustees, etc					
S 14	Other employee salaries and wages	31, 452.40	<del> </del>			31,452 40
	Pension plans, employee benefits		<del>-</del>			<del></del>
0 16 a	· -	2,025.00		1		2,025.00
ш						
⊆		493.60		1		493 60
Administrative Expens	Interest					
18 IS	Taxes (attach schedule) (see instructions)					
19	Depreciation (attach schedule) and depletion.	,				
E 20	Occupancy					
<b>∀</b> 21	Travel, conferences, and meetings	5,774.04				5,774 04
E 22	Printing and publications					
23	Other expenses (attach schedule)	69,047.73				96,047.73
Operating 22	Total operating and administrative expenses.					
er	Add lines 13 through 23	108,792.77				135,792.77
Ö 25	Contributions, gifts, grants paid	35,385.00				35,385.00
26	Total expenses and disbursements Add lines 24 and 25	144,177.77				171,177.77
27	Subtract line 26 from line 12		· · · <del></del>			
a	Excess of revenue over expenses and disbursements	-28,276.31				
l b	Net investment income (if negative, enter -0-)		-			
c	Adjusted net income (if negative, enter -0-).				<del>_</del>	

Part II		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year	
<u> </u>		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1 '	Cash - non-interest-bearing	2,656.32	44,630.00	44,630 00	
	2	Savings and temporary cash investments				
	` 3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
		Grants receivable				
		Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
		Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				
ţ		Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges				
A		Investments - U S and state government obligations (attach schedule),				
		Investments - corporate stock (attach schedule)		· · · · · · · · · · · · · · · · · · ·	<del></del>	
		Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings,				
		and equipment basis Less accumulated depreciation	,			
		(attach schedule)		······································		
		Investments - mortgage loans				
	14	Land, buildings, and				
		equipment basis Less accumulated depreciation (attach schedule)				
	15	(attach schedule) Other assets (describe			<del> </del>	
		Total assets (to be completed by all filers - see the				
ŀ		instructions Also, see page 1, item l)	2,656.32	44,630.00	44,630.00	
$\dashv$		Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·			
		Grants payable				
S		Deferred revenue				
Liabilities				70,000.00		
副		Loans from officers, directors, trustees, and other disqualified persons		,		
믿		Other liabilities (describe				
		Office habilities (describe >				
	23	Total liabilities (add lines 17 through 22)		70,000.00		
╛		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26, and lines 30 and 31.				
nces		Unrestricted	2,656.32	44,630.00		
aja		Temporarily restricted				
m		Permanently restricted				
<u>n</u>		Foundations that do not follow SFAS 117, check here				
띠		and complete lines 27 through 31.				
Net Assets or Fund Bala		Capital stock, trust principal, or current funds				
şţ		Paid-in or capital surplus, or land, bldg , and equipment fund				
SS		Retained earnings, accumulated income, endowment, or other funds				
۷		Total net assets or fund balances (see instructions)	2,656.32	44,630.00		
		Total liabilities and net assets/fund balances (see		· · · · · ·		
		instructions)	2,656.32	114,630.00		
Р		Analysis of Changes in Net Assets or Fund Bala	nces			
-		I net assets or fund balances at beginning of year - Part		ust agree with		
		of-year figure reported on prior year's return)			2,656 32	
	Ente	r amount from Part I, line 27a	· · · · · · · · · · · · · · · · · · ·	2	-28,276 31	
		er increases not included in line 2 (itemize) > Loans: \$70,			70,249.99	
		lines 1, 2, and 3			44,630.00	
		reases not included in line 2 (itemize) ▶		5		
		I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	44,630.00	
				_ :: · <del></del>	Form 990-PF (2018)	

Pa 	(a) List and des	s and Losses for Tax on Inv scribe the kind(s) of property sold (for rick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a	NONE					
b	)					
<u>c</u>	<u>;                                    </u>			<u> </u>		
d	<u> </u>					
<u>e</u>				ļ		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
a	<u> </u>					
<u>b</u>		<u> </u>				
<u>C</u>						
<u>d</u>	* 1			-	<del></del>	
<u>е</u>	· · · · · · · · · · · · · · · · · · ·	howing gain in column (h) and owned	d by the foundation on 12/31/69			
	Complete only for assets si				Gains (Col (h) ga (k), but not less th	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	001	Losses (from col	
—— а			<u> </u>			
<u>a</u> b						
<u>~</u>				<u> </u>		
d						·
e						
2	Capital gain net income	or (not capital loce) 1 T	gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	ain or (loss) as defined in sections	•			···-
	· · · · ·		structions If (loss), enter -0- in			
	<u>-</u>			3		
Pa			educed Tax on Net Investment I	ncome		
f "Y	es," the foundation doesn	n't qualify under section 4940(e)	· · · · · · · · · · · · · · · · · · ·			Yes X No
1		nount in each column for each ye	ear, see the instructions before maki	ing any en T		
Cal	(a)  Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2017		<u> </u>			
	2016			-		
	2015		1			
	2014					
	2014					
	2013			2		
2	2013  Total of line 1, column (o		do the total on line 2 by 5.0, or by	2		
2 3	2013  Total of line 1, column (of Average distribution ratio	o for the 5-year base period - divid	de the total on line 2 by 5 0, or by			
	2013  Total of line 1, column (of Average distribution ratio	o for the 5-year base period - divid		2 3		
	Total of line 1, column (of Average distribution ration the number of years the	o for the 5-year base period - divid foundation has been in existence	de the total on line 2 by 5 0, or by	3		
3	Total of line 1, column (of Average distribution ration the number of years the Lenter the net value of notice that the net value of	o for the 5-year base period - divide foundation has been in existence oncharitable-use assets for 2018	de the total on line 2 by 5 0, or by of less than 5 years	3 4		
3	Total of line 1, column (of Average distribution rations the number of years the Enter the net value of not Multiply line 4 by line 3.	o for the 5-year base period - divide foundation has been in existence oncharitable-use assets for 2018	de the total on line 2 by 5 0, or by a if less than 5 years	3 4 5		
3 4 5	Total of line 1, column (of Average distribution ration the number of years the Enter the net value of not Multiply line 4 by line 3.  Enter 1% of net investment	o for the 5-year base period - divide foundation has been in existence on charitable-use assets for 2018	de the total on line 2 by 5 0, or by a if less than 5 years	3 4 5 6		

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.00
•	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0 00
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.00
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	_		
6	Credits/Payments			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
đ	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		_	
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	-		0.00
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11  t VII-A Statements Regarding Activities			
			Vaa	N -
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X
	participate or intervene in any political campaign?	'a		
D		1b		х
	instructions for the definition			
	published or distributed by the foundation in connection with the activities	!		
С	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ 0.00 (2) On foundation managers ► \$ 0.00			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$0.00			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a_		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6_	X	
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_	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	Georgia and Florida			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ا ۔ ا		v
	(or designate) of each state as required by General Instruction G2 If "No," attach explanation	8b		x
	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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			ZX
	complete Part XIV	9		- 47
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			U.
	names and addresses	10		Х

Pai	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	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		x
12 <sup>-</sup>	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	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address www.dementiaspotlightfoundation.org		·	
14	The books are in care of ▶ Whitney DeMarlo Oeltmann Telephone no ▶ 888-695-15	96		
• •	Located at ▶ 1180 Oldfield Road, Decatur, GA ZIP+4 ▶ 30030			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			П
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		<u> </u>	
	the foreign country			
Par	rt 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.	T	Yes	No
1a	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		ļ	
	the benefit or use of a disqualified person)?			
	(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 )		-	İ
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		<u> </u>	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	l		
	were not corrected before the first day of the tax year beginning in 2018?	1c		Х
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))		·, •	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and		'	
	6e, Part XIII) for tax year(s) beginning before 2018?		;	
	If "Yes," list the years			
b	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 )	2b		х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		:	1
b	of If "Yes," did it have excess business holdings in 2018 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			1
	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 2018 )	3b		Х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	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 2018?	4b	<u> </u>	Х

L (il	t VII-B Statements Regarding Activities	for Which Form	4/20 May Be Red	uirea (continuea)			
5a	During the year, did the foundation pay or incur any am	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
•	directly or indirectly, any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described i	n <u> </u>	}		
	section 4945(d)(4)(A)? See instructions			. Yes X N	lo		
	(5) Provide for any purpose other than religious, c					!	
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X N	lo		
b	If any answer is "Yes" to 5a(1)-(5), did any of the				in		
	Regulations section 53 4945 or in a current notice regal			•	. 5b		
	Organizations relying on a current notice regarding disa	ster assistance, check	here		•		-
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax			
	because it maintained expenditure responsibility for the	grant?		. Yes N	lo		
	If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiun	ns			
	on a personal benefit contract?			. Yes X N	lo		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	nct?	. 6b		х
	If "Yes" to 6b, file Form 8870						
7 a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	. Yes X N	io		
b	If "Yes," did the foundation receive any proceeds or ha	ve any net income attr	butable to the transacti	on?	. 7b		
8	Is the foundation subject to the section 4960 tax on pa	• '					
	remuneration or excess parachute payment(s) during the			. Yes X N			
Par	t VIII Information About Officers, Directors	rs, Trustees, Fot	indation Managers	s, nigniy Paid Em	ipioyees,		
1	List all officers, directors, trustees, and foundat		their compensation (c) Compensation	. See instructions.	1		
		(b) Title, and average		I (a) Contributions to	I		·nt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens		
Whit:	(a) Name and address mey DeMarlo Oeltmann	hours per week	(If not paid,	employee benefit plans	h other all		
1180	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030	hours per week devoted to position Pres/CEO 10.0	(If not paid,	employee benefit plans	other all	owance	
1180 Line	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo	hours per week devoted to position Pres/CEO 10.0 Chair/VP	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0 . 0 0	other all	owance	0 00
1180 Lino 1752	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owance	es
1180 Line 1752 A. Ke	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.00	other all	owance	0 00
1180 Linc 1752 A. Ke	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0 . 0 0	other all	owance	0 00
1180 Linc 1752 A. Ke	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.00	other all	owance	0 00
1180 Linc 1752 A. Ke 3290 Atlar	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0	(If not paid, enter -0-)  0.00  0.00	employee benefit plans and deferred compensation  0.00  0.00	other all	lowance	0 00 0 00 0 00
1180 Line 1752 A. Ke 3290 Atlan	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0	(If not paid, enter -0-)  0.00  0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	other all	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit	tions). If n	one,	0 00 0 00 0 00 enter
1180 Line 1752 A. Ke 3290 Atlan	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 3290 Atlar 2	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 eta, GA 30327  Compensation of five highest-paid employees "NONE."	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos	0.00 0.00 0.00	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred	tions). If n	one,	0 00 0 00 0 00 enter
1180 Lind 1752 A. Ke 33290 Atlar (a)	ney DeMarlo Oeltmann Oldfield Road, Decatur, GA 30030 da DeMarlo Logans Knoll, Atlanta, GA 30329 el Long, III Northside Pkwy, Ste 925 ata, GA 30327  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position Pres/CEO 10.0 Chair/VP 3.0 Secretary 5.0  (other than thos  (b) Title, and average hours per week devoted to position	(If not paid, enter -0-)  0.00  0.00  0.00  ce included on line (c) Compensation	e 1 - see instruct  (d) Contributions to employee benefit plans and deferred compensation	tions). If no	one,	0 00 0 00 enter

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	
	•
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	F
organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 2018 ALZHEIMBERS MUSIC FEST - SEE STATEMENT ATTACHED	
	18,779.79
2 TEEPA SNOW/POSITIVE APPROACH TO CARE - SEE STATEMENT ATTACHED	-
	7,737.44
3 SEMINARS/FOCUS GROUPS - SEE STATEMENT ATTACHED	
	600.00
4 ROBERT BOWLES/LIVING BEYOND DEMENTIA - SEE STATEMENT ATTACHED	
	8,982.99
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	0 00
2	
	0 00
All other program-related investments. See instructions	
3 NONE	
	0.00
	0 00
Total. Add lines 1 through 3	

;

Pa	τX	Minimum Investment Return (All domestic foundations must complete this part. Fore 'see instructions')	ıgn fo	undations,
1		market value of assets not used (or held for use) directly in carrying out charitable, etc., losses		
9		rage monthly fair market value of securities	1a	0.00
b		rage of monthly cash balances	1b	0.00
c		market value of all other assets (see instructions).	1c	0.00
d		If (add lines 1a, b, and c)	1d	
e		uction claimed for blockage or other factors reported on lines 1a and		
Ū		attach detailed explanation)		
2		uisition indebtedness applicable to line 1 assets	2	0 00
3		tract line 2 from line 1d	3	
4	Casi	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
7		uctions)	4	
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	<del></del>
6		mum investment return. Enter 5% of line 5	6	
		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		
r a	LAI	and certain foreign organizations, check here ▶ and do not complete this part )	luatior	is /
1	Mini	mum investment return from Part X, line 6	1	
2 a	Tax	on investment income for 2018 from Part VI, line 5 2a	1	
b	Inco	me tax for 2018 (This does not include the tax from Part VI) 2b 0.00		
С		lines 2a and 2b	2c	
3		ributable amount before adjustments Subtract line 2c from line 1	3	
4		overies of amounts treated as qualifying distributions	4	0.00
5		lines 3 and 4	5	
6	Ded	uction from distributable amount (see instructions)	6	0.00
7	Dist	ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		(,
		<u>1 </u>	7	
Pai		Qualifying Distributions (see instructions)		
1	Amo	ounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Ехре	enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	171,177 77
b	Prog	gram-related investments - total from Part IX-B	1b	
2	Amo	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses	2	0.00
3	Amo	unts set aside for specific charitable projects that satisfy the		
а		ability test (prior IRS approval required)	3a	0.00
b		h distribution test (attach the required schedule)	3b	0.00
4		ifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	171,177.77
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		r 1% of Part I, line 27b See instructions	5	0.00
6		isted qualifying distributions. Subtract line 5 from line 4		171,177.77
	•	e: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		ng whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2018)

1. Distributable amount for 2018 from Part XI, Inter 7	Pa	rt'XIII Undistributed Income (see instr	ructions)			
1. Distributable amount for 2018 from Part XI, line?			(a)	(b)	(c)	(d)/
Inne 7	<b>†</b> ·	Distributable amount for 2018 from Part XI.				
2 Undestbelet recome, if any, as of the end of 2019 a Enter amount for 2017 only. b Total for pror years 20, 20		· · · · · · · · · · · · · · · · · · ·				
a Enter amount for 2017 only, b Total for prey pera 7 0 _ 20 _ 20 _ 3  Becess distributions carryover, if any, to 2018 a From 2013	2					/
b Total for prior years 20						
3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e From 2017 d Total of lines 3a through e From 2017 d Applied to 2017, but not more than line 2a Applied to 2017, but not more than line 2a Applied to 2018 d distributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) c Excess distributions carryover spipled to 2018 amount must be shown in column (a)  E Renanning amount distributed out of corpus. E Excess distributions carryover spipled to 2018 amount must be shown in column (a)  For progress a undistributed income amount must be shown in column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 bring yeas' undistributed income be subtract line 4b from line 2b. Ernier the amount of pror years' undistributed income for which a notice of deficiency has been issued or on which the section 4942(a) tax has been previously assessed  Undistributed income for 2017 Subtract line d Subtract line 6c from line 6b Taxible amount - see instructions  Undistributed income for 2017 Subtract line instructions  Undistributed income for 2018 Subtract line d Subtract line 6c from line 6b Taxible amount - see instructions  Undistributed income for 2018 Subtract line instructions  Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)  Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)  Excess from 2015  Excess from 2015  Excess from 2016  Excess from 2016  Excess from 2016  Excess from 2016				_		/
a From 2013 b From 2014 c From 2016 d From 2016 d From 2016 e From 2017 f Total of lines 3a through e  C Qualifying distributions for 2018 from Part XII. line 4 ▶ \$ 171,177,77 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions).  C Treaded as distributions out of corpus (Election required - see instructions).  A Applied to 2018 distributibution with the same amount must be shown in column (a).  B Excess distributions carryover applied to 2018 (if an amount appears in column (a), the same amount must be shown in column (a).  E There the net total of each column as indicated below:  C Corpus Add lines 3f, 4c, and 4e Subtract line 6  D Prior years' undistributed income for which a notice of disticency has been issued, or on which the section 4942(a) tax has been previously assessed  Undistributed income for 2017 Subtract line 4a from line 6b Trasable amount - see instructions.  Undistributed income for 2018 Subtract line 4a from line 2 Th amount must be distributed in 2019.  Undistributed income for 2018 Subtract line 4a from line 2 Th amount must be distributed in 2019.  A mounts treated as distributions out of corpus to satisfy requirements imposed by section 1700(h)(17) or 4942(a)(3) (Election may be required - see instructions).  Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions),  Excess distributions carryover from 2019.  Subtract lines 7 and 8 from line 6  Excess from 2016.  A Respect from 2016.  Excess from 2016.					/	
b From 2015 c From 2015 d From 2016 e From 2017 1 Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, Inte 4 \ \mathbb{E} \ \mathbb{S} \ \mathbb{IT31,377,77} \ \mathbb{A} Applied to 2017, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2018 distributable amount e Remaining amount distributed out of corpus of frain amount appears in column (d), the same amount must be shown in column (d) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b, the first of the section 4942(a) tak has been previously assessed Subtract line 6b from line 2b. Taxable amount - see instructions I Undistributed mome for 2017 Subtract line 5 levin see instructions I Undistributed mome for 2017 Subtract line 4d from line 1 This amount must be distributed income for 2018 Subtract line 6b from line 1 This amount must be distributed income for 2018 Subtract line 4d from line 1 This amount must be distributed income for 2018 Subtract line 5 lines from line 1 This amount must be distributed income for 2018 Subtract line 5 lines from line 1 This amount must be distribution income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 A mounts treated as distributions out of corpus to satisfy requirements imposed by section 1700(1)(176 or 4942(g)(15 (Election may be required see instructions)  B Excess distributions carryover from 2013 not applied on line 5 or line? Gee instructions)  9 Excess from 2015 Excess from 2015 Excess from 2016		i				
© From 2015 d From 2016 e From 2017 1 Total of lines 3a through e 4 Cualifying distributions for 2018 from Part XII, line 4 ► \$ 171,177.77 3 Applied to 2017, but not more than line 2a 4 Applied to undistributed income of prior years (Election required - see instructions).  C Treated as distributions out of corpus (Election required - see instructions).  4 Applied to 2018 distributional out of corpus (Election required - see instructions).  5 Excess distributions carryover applied to 2018 minutes amount must be shown in column (a))  6 Enter the net total of each column as indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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.  Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed income for years's undistributed mome for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed mome for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed mome for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(11)F or 4942(p)(15) (Election may be required - see instructions).  9 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).  9 Excess distributions carryover 10 2019.  Subtract line 7 and 8 from line 6a.  0 Analysis of line 9 Excess from 2015.  Excess from 2016.						
d From 2016     From 2017     Total of lines 3a through e     4. Qualifying distributions for 2018 from Part XII, line 4						
e From 2017  f Total of Innes 3a through e  Cualifying distributions for 2018 from Part XII, Inne 4 ▶ \$ 171, 177, 77  a Applied to 2017, but not more than line 2a.  b Applied to 2017, but not more than line 2a.  b Applied to undistributed income of prior years (Election required - see instructions).  d Applied to 2018 distributable amount.  e Remaining amount distributed out of corpus.  5 Excess distributions carryover applied to 2018 ((fir an amount appears in column (d), the same amount must be shown in column (a).  6 Enter the net total of each column as indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5  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 instructions.  d Subtract line 6c from line 6b Taxable amount - see instructions.  Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed more for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed more for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed more for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed more for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(11)f or 4942(9)(15) (Election may be required see instructions).  8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).  9 Excess from 2015 .  2 Excess from 2015 .  Excess from 2015 .  Excess from 2017 .  Excess from 2017 .						
f Total of lines 3a through e						
4. Qualifying distributions for 2018 from Part XII, Inne 4 ▶ \$ 171,177.77  a Applied to 2017, but not more than line 2a					<del>  / / </del>	
In e 4  \$ 1.71, 1.777  a Applied to 2017, but not more than line 2a. b Applied to undistributed income of prior years (Election required - see instructions).  c Treated as distributions out of corpus (Election required - see instructions).  d Applied to 2018 distributible amount. e Remaining amount distributed out of corpus. 5 Excess distributions carryover applied to 2018 (if an amount appears in column (d)). 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 494(a) tax has been previously assessed .  d Subtract line 6c from line 6b Taxable amount - see instructions. c Undistributed income for 2017 Subtract line 4a from line 2 Taxable amount - see instructions .  d Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(a)(3) (Election may be required - see instructions).  8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).  9 Excess distributions carryover from 2013 subtract lines 7 and 8 from line 6a.  O Analysis of line 9 a Excess from 2015 . c Excess from 2016 . d Excess from 2017 .		-			<del></del>	
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(Election required - see instructions)  c Treated as distributions out of corpus (Election required - see instructions)  d Applied to 2018 distributable amount  E Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (iff an amount appears in column (d) the same amount must be shown in column (a)  6 Enter the net total of each column as indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5  b Prior years' undistributed income Subtract line 4 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 6 from line 6b Taxable amount - see instructions  e Undistributed income for 2017 Subtract lines 4d and from line 2a Taxable amount - see instructions  f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distribution out of corpus to satisfy requirements imposed by section 170(b(1)(f) or 942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a  O Analysis of line 9 a Excess from 2015  Excess from 2015  Excess from 2015  Excess from 2015  Excess from 2017	а	Applied to 2017, but not more than line 2a			/	_
c Treated as distributions out of corpus (Election required - see instructions)  d Applied to 2018 distributable amount.  e Remaining amount distributed out of corpus.  5 Excess distributions carryover applied to 2018 (if an amount appears in column (d), the same amount must be shown in column (a)) .  6 Enter the net total of each column as indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5  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 .  4 Subtract line 6 from line 6 b Taxable amount - see instructions .  e Undistributed income for 2017 Subtract line amount in each similar to the section of the section of the section for section in the section of the secti	þ			/		
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e Remaining amount distributed out of corpus.  Excess distributions carryover applied to 2018 (if an amount appears in column (a), the same amount must be shown in column (a).  Enter the net total of each column as indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 2018 Subtract lines 4a from line 2a Taxable amount see instructions.  f Undistributed income for 2018 Subtract lines 4d and for firm line 12 This amount must be distributed in 2019.  Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(i)(F) or 4942(g)(3) (Election may be required -see instructions).  Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).  Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a.  Analysis of line 9  a Excess from 2015  c Excess from 2016  d Excess from 2016  d Excess from 2016			····	/		
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indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b,				/		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b,	6	Enter the net total of each column as				
b Pror years' undistributed income Subtract line 4b from line 2b		indicated below:				
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 2017 Subtract line 4a from line 2a Taxable amount - see instructions  f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019  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 2013 not applied on line 5 or line 7 (see instructions).  9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a  0 Analysis of line 9  a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		/		
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	b	Prior years' undistributed income Subtract				
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed						
been issued, or on which the section 4942(a) tax has been previously assessed	С	Enter the amount of prior years' undistributed		/		
tax has been previously assessed				/		
amount - see instructions			/			
amount - see instructions	d	Subtract line 6c from line 6b Taxable	/			
4a from line 2a Taxable amount - see instructions						
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019	е		/			
4d and 5 from line 1 This amount must be distributed in 2019						
4d and 5 from line 1 This amount must be distributed in 2019		Hadistohuted income for 2018. Subtract lines				
distributed in 2019	T		1			
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)						
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	7					
170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	•	· ·	- 1			
required - see instructions)		• • • • • • • • • • • • • • • • • • • •	1			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)			/			
applied on line 5 or line 7 (see instructions)	8	· '			, ,	
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	•	•	1			
Subtract lines 7 and 8 from line 6a	9	ĺ	j			
a Excess from 2014 b Excess from 2016 d Excess from 2017	•	·	1			
a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	10	· · · · · · · · · · · · · · · · · · ·				,
b Excess from 2015 c Excess from 2016 d Excess from 2017		· I	1			
c Excess from 2016 d Excess from 2017			1			
d Excess from 2017						
		Excess from 2018	ı			

-	1 990-PF (2018)					Page 10
Pa	rt XIV Private Op	erating Foundations	s (see instructions ar	nd Part VII-A, question	on 9)	
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	_	
	foundation, and the rulin	g is effective for 2018, e	nter the date of the ruling .		<u> </u>	
b	Check box to indicate v	whether the foundation	is a private operating f	oundation described in	section xXX 4942	(j)(3) or 4942(j)(5)
2 a-	Enter the lesser of the ad-	Tax year		Prior 3 years	<u> </u>	(e) Total
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(0)
	I or the minimum investment return from Part X for each	1				1
	year listed	<b>X</b> 0.00	0.00	0.00		
b	85% of line 2a	\				<u> </u>
С	Qualifying distributions from Part				l	
	XII, line 4 for each year listed .	144,177.77	147,396.62	77,270 00		368,844.39
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c	144,177.77	147,396.62	77,270.00		368,844.39
3	Complete 3a b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
-	(1) Value of all assets	44,630.00	2,656.32	5,700.00		52,986.32
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)	44,630.00	2,656.03	4,700.00		51,986.03
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on secunties					
	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)					
	port from an exempt organization					
	(4) Gross investment income.					
Pa	rt XV Supplemei	ntary Information (	Complete this part	only if the founda	tion had \$5,000	or more in assets a
		uring the year - see				
	Information Regardin					
а	List any managers of					
	before the close of any	tax year (but only if the	ney have contributed m	iore than \$5,000) (Se	ee section 507(d)(2)	)
	DA DEMARLO					
b	List any managers of					lly large portion of the
	ownership of a partner	ship or other entity) o	f which the foundation	has a 10% or greater	interest	
		•				
			•			
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ xx if t	he foundation only	makes contributions	to preselected charr	table organizations	and does not accep
				nts, etc , to individual	ls or organizations (	under other conditions
	complete items 2a, b,					
а	The name, address, a	nd telephone number	or email address of th	e person to whom app	lications should be ac	Idressed
b	The form in which app	lications should be sul	bmitted and informatio	n and materials they	should include	
С	Any submission deadli	nes				
d	Any restrictions or li	mitations on awards	, such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or othe

JSA 8E1490 1 000

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Dui Recipient	If recipient is an individual	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	or substantial contributor	recipient		<del>-</del>
LAONA M KITCHEN FOUNDATION		NP	RESPITE CARE	20,000.00
125 CHURCH STREET		147	RESULTE CARE	20,000.00
MARIETTA, GA 30060				
HAVE A GOOD LIFE		NC	EDUCATIONAL	1,500 00
3522 ASHFORD DUNWOODY ROAD #900			TRAINING	1,000 00
ATLANTA, GA 30319			IMATRING	
ALLANIA, GA 30313				
WD INTERNATIONAL		NC	EDUCATIONAL	1,500.00
575 ROCK SPRINGS PL NE			TRAINING	_,
ATLANTA, GA 30306				
GEORGIA INSTITUTE ON AGING		NP	EDUCATIONAL	4,500.00
1440 DUTCH VALLEY PL NE #120			TRAINING	.,
ATLANTA, GA 30324				
SOUTHERN GERONTOLOGY SOCIETY			SUPPORT PROJECTS	835.00
PO BOX 160			& INITIATIVES	
TAYLORSVILLE, NC 28681			RE AGING/DEMENTIA	
INIDOROVIBLE, NO 20001			RE AGING/ DEMENTIA	
EDEN ALTERNATIVE		NP	SUPPORT INITIATIVES	4,250 00
PO BOX 18369			FOR BETTER CARE	
ROCHESTER, NY 14618			FOR ELDERLY	
FRIENDS OF DISABLED ADULTS & CHIL		NP	PROVIDING MEDICAL	2,000.00
4900 Lewis Rd, Stn Mtn Ga 30083			EQUIPMENT	
SMALLER GRANTS & CONTRIBUTIONS		NC	Educational	800 00
		İ	Training	
Total	<u> </u>	<del></del>	▶ 3a	35,385.00
<b>b</b> Approved for future payment				0.00
N/A				0.00
		]		
		i	11	

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			<del></del>
	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income
	service revenue				<del></del>	(See instructions)
a NON						
				-		
					·	
				-		•
` <u> </u>						
f				<del> </del>		·· <del>-</del> ·
_	and contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities al income or (loss) from real estate					
	-financed property					
	debt-financed property					
	Il income or (loss) from personal property					
	vestment income					
	loss) from sales of assets other than inventory					
	me or (loss) from special events · · ·					
	rofit or (loss) from sales of inventory					
	venue a					
				_		
d						
e						
	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e).				13	
	neet in line 13 instructions to verify calcu					
Part XVI-	Relationship of Activities	s to the A	ccomplishment of Ex	tempt Fur	poses	
Line No.	Explain below how each activity accomplishment of the foundation					
		me exemp				
	N/A					
				. =	<del></del>	
			<del></del>			
	<u> </u>					
		<del> </del>				<del></del>
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					-	· <del></del>
		_			-	<del></del>
				·		
			_			

## Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

· or	sec ganız	e organization direct tion 501(c) (other cations?	than section	501(c)(3)	organizations)	or in sect	ion 527, re				Yes	No
		ers from the reportin										
		sh										<u> </u>
		er assets		• • • • • • •		• • • • • •				1a(2)		X
		ransactions										
		es of assets to a no										X
(2) Purchases of assets from a noncharitable exempt organization								1b(2)		Х		
(3) Rental of facilities, equipment, or other assets								1b(3)		Х		
(4	(4) Reimbursement arrangements								1b(4)		х	
(5	) Loa	ins or loan guarantee	s	<i></i> .						1b(5)		Х
(6	) Per	formance of service	s or membersh	hip or fundrai	sing solicitations					1b(6)		х
		of facilities, equipm		-	-							х
	_	answer to any of th	_		· · · · · ·	-					fair m	arket
		of the goods, other										
		n any transaction or										
(a) Line		(b) Amount involved			empt organization	· 1	scription of transf					
ONE		•		· · ·				-	-			<del></del>
		<del> </del>										
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						-						
	+											
	+					<del></del>	<del></del>		· · · · · ·			
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	-											
	-											
									<u> </u>			
		foundation directly of						_		$\neg$		7
		ed in section 501(c)	-	ction 501(c)(3	3)) or in section	15277				Y €	es 🔀	) No
b if		" complete the follow							<del></del>			
		(a) Name of organization	1	(b) 1	Type of organization		(c) Description of relationship					
NONE												
<del></del>	41- 1		45 1 5				- <del> </del>		Company to a second		aliat :	
j		penalties of penury, I decla and complete Declaration of						o the best o	i my knowieag	e and b	ellet, it	is true
Sign	N 18	11.7 200		- 2111	12010				May the IRS	discuss	this	return
Here									•	parer_s		
.016	Sign	ature of officer of trustee	`	Date	•	Title			See instructions	s X	Yes	No
Paid		Print/Type preparer's nar	me	Preparer's	signature		Date	Che	ck lif F	MIT		
		A. KEL LONG, III		Cv/0)	Jun		2/11/1	<b>9</b> self-	-employed			
repa			KEL LONG, II		· // -		. ,	Firm's EIN	▶ 58-2	18091	3	
Jse O	nly	Firm's address > 329	00 NORTHSIDE	PKWY NW, SU	)ITE 925							
		ATI	LANTA, GA 30	327				Phone no		238		
									For	m <b>990</b>	-PF	(2018)

### 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number

DEMENTIA SPOTLIGHT FOUNDATION, INC. 81-2433400 Organization type (check one) Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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)

Name of organization
DEMENTIA SPOTLIGHT FOUNDATION, INC.

Employer identification number 81-2433400

Part I	Contributors	(see instructions)	Use duplicate	copies of Parl	t I if additional	space is needed
--------	--------------	--------------------	---------------	----------------	-------------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA DEMARLO  1752 LOGANS KNOLL  ATLANTA, GA 30329	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		   \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

DEMENTIA SPOTLIGHT FOUNDATION, INC.

Employer identification number

81-2433400

22311.	- GIGILIONI LOGABRITOR, IRC.	01-245540	· · · · · · · · · · · · · · · · · · ·
Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given ,	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<del></del>			
		\$	

Name of or	ganization	<del></del>		Employer identific	cation number			
	SPOTLIGHT FOUNDATION, INC.		<del> </del>	81-2433400				
Part lil	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the second	the year from any o ons completing Part e year (Enter this int	one contributor. Only enter the total of formation once Se	omplete columns (a of <i>exclusively</i> religiou	) through (e) and is, charitable, etc.			
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of	how gift is held			
		(e) Transfe	er of guitt					
	Transferee's name, address, an		ionship of transferor to transferee					
(a) No.	(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, an	10 ZIP + 4	Relation	ship of transferor to trai	nsteree			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of	how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to trai	nsferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	-							
	(e) Transfer of gift							
	Transferee's name, address, an	Relationship of transferor to transferee						
			· · ·		_			
				<del>-</del>				
				<u> </u>				

# 2018 FORM 990-PF DEMENTIA SPOTLIGHT FOUNDATION, INC. EIN 81-2433400

### **SCHEDULES**

### PART I (Page 1)

Contributions, Gifts, Grants, etc. Received Line 1				
Donor: Linda DeMarlo	\$ 79,000.00			
Donations through Madlife Group, LLC	\$ 8,875.00			
Donations through Network for Good	\$ 7,035.41			
Donations through Mobile Cause, Inc	\$ 3,676.84			
Miscellaneous Donations	\$ 15,849.50			
Website Donations	\$ 1,464.71			
TOTAL REVENUE	\$115,901.46			
Operating Expenses:  Line 16(a) - Legal Fees: Law Offices of Charlena Thorpe Line 16(c) – Other Prof. Expenses: Liability Insurance	\$ 2,025.00 \$ 493.60			
Other Expenses: Line 23:				
Advertising/Website	\$ 9,412.09			
Bank Fees	\$ 105.31			
Office/General Administrative Expenses	\$20,401.83			
Marketing/PR	\$ 3,028.10			
Direct Charitable Activities:				
2018 Alzheimer's Music Fest	\$18,779.97			
Seminars	\$ 600.00			
Robert Bowles	\$ 8,982.99			
Teepa Snow/PAC	<u>\$ 7,737.44</u>			
	\$ 36,100.40			
LINE 23 TOTAL:	\$ 69,047.73			

# 2018 FORM 990-PF DEMENTIA SPOTLIGHT FOUNDATION, INC. EIN 81-2433400

#### SUPPLEMENTAL INFORMATION

### PART IX-A - SUMMARY OF DIRECT CHARITABLE ACTIVITIES (Page 7)

### ROBERT BOWLES/LIVING BEYOND DEMENTIA:

SPEAKER SEMINARS WHERE INDIVIDUALS LIVING WITH DEMENTIA, FAMILY MEMBERS AND OTHERS CAN LEARN THE DIFFERENCE BETWEEN BEING A "CAREGIVER" AND A "CARE PARTNER." GAIN A BETTER UNDERSTANDING ABOUT THE DIFFERENCE BETWEEN DEMENTIA AND ALZHEIMER'S DISEASE. LEARN PRACTICAL TOOLS AND APPROACHES FOR IMPROVING QUALITY OF LIFE AND WELL-BEING FOR ALL, INCLUDING INDIVIDUALS WHO ARE LIVING WITH DEMENTIA. EXPLORE IDEAS, RESOURCES AND INFORMATION TO HELP NAVIGATE THEIR JOURNEY TO LIVING BEYOND DEMENTIA.

### TEEPA SNOW/POSITIVE APPROACH TO CARE ("PAC"):

PAC SPEAKERS, TRAINED AND MENTORED BY TEEPA SNOW, SHARE AWARENESS AND KNOWLEDGE OF THE POSITIVE APPROACH® PHILOSOPHY AND CARE PARTNERING METHODS. THEY OFFER PAC SPEAKING CONTENT ACROSS A WIDE VARIETY OF DEMENTIA CARE TOPICS TO OFFER AN EVENT THAT WILL ENLIGHTEN AND EDUCATE.

#### **SEMINARS AND FOCUS GROUPS:**

COMMUNITY EVENTS BRINGING TOGETHER INDIVIDUALS LIVING WITH DEMENTIA, FAMILY MEMBERS AND OTHER CARE PARTNERS, LONG-TERM SERVICE AND SUPPORT 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.

### 2018 ALZHEIMER'S MUSIC FEST WITH VINCE ZANGARO:

INSPIRED BY FAMILIES WHO PROVIDE CARE FOR A LOVED ONE LIVING WITH ALZHEIMER'S AND/OR OTHER DEMENTIA RELATED DISEASES, THE ALZHEIMER'S MUSIC FEST PRODUCES AND PRESENTS A FESTIVAL OF MUSICIANS FROM THE GEORGIA MUSIC COMMUNITY WHO COME TOGETHER AND CELEBRATE THE FAMILY CAREGIVER. FUNDS RAISED ARE AWARDED TO ORGANIZATIONS WHO SUPPORT FAMILIES WITH LIMITED FINANCIAL RESOURCES WHO CARE FOR THEIR LOVED ONE LIVING WITH DEMENTIA AT HOME.