1	DOO
E	9911
Form	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A F	or the	2017 calendar year, or tax year beginning O	CT 1, 2017 and	ending S	EP 30, 2018	
В	Check if applicable	C Name of organization			D Employer identific	ation number
	Addre					
	Name				20-83	339010
	Initial	Number and street (or P 0 box if mail is not deli	ivered to street address)	Room/suite	E Telephone number	
	]Final return	940 MONTCLAIR ROAD			205-5	95-4555
	termin ated		ZIP or foreign postal code	<del></del>	G Gross receipts \$	25,861.
	]Amen	BIRMINGHAM, AL 35213			H(a) is this a group ref	urn
	]Applic	F Name and address of principal officer DOO'	G MCBEE	'h	for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		$\Omega$	H(b) Are all subordinates inc	luded? Yes No
<u> </u>	ax-ex	empt status X 501(c)(3) 501(c) ( )		or\527	If "No," attach a l	st (see instructions)
		e: ► N/A			H(c) Group exemption	
K	orm of		sociation Other	L Year	of formation: 2008 M	State of legal domicile AL
Pa	art I	Summary	\			
Activities & Governance	1	Briefly describe the organization's mission or most	significant activities TO P	ROVIDE	LOW-INCOME	HOUSING
erii	2	Check this box 🕨 🔙 if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net ass	sets
Š	3	Number of voting members of the governing body	(Part VI, line 1a)		3	6
প্	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	6
ies	1	Total number of individuals employed in calendar y	ear 2017 (Part V, line 2a)		5	0
Ĭ		Total number of volunteers (estimate if necessary)			6	0
Act		Total unrelated business revenue from Part VIII, co	• • •		7a	<u> </u>
—	b	Net unrelated business taxable income from Form	990-T, line 34	<del></del> ,	7b	0.
	ļ _		RECEIVED	ì ⊢	Prior Year	Current Year
Š,	8	Contributions and grants (Part VIII, line 1h)		.; ├─	18,409.	19,226.
3	9	Program service revenue (Part VIII, line 2g)	l 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		7,691.	6,622.
8A2୬୫୩୬e	10	Investment income (Part VIII, column (A), lines 3,8		ίt ⊢	0.	13.
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8d, Total revenue - add lines 8 through 11 (must equal	100, 100, and 110,		26,110.	25,861.
		Grants and similar amounts paid (Part IX, column (		1	0.	23,001.
MAR	1	Benefits paid to or for members (Part IX, column (A			0.	0.
	1	Salaries, other compensation, employee benefits (F			0.	0.
CANNED Expenses	1	Professional fundraising fees (Part IX, column (A), li	, , , , , , ,		0.	0.
Zē.	l	Total fundraising expenses (Part IX, column (D), line		0.		
<b>1</b> 0	Į.	Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		30,460.	32,259.
کر	ı	Total expenses Add lines 13-17 (must equal Part I)			30,460.	32,259.
	19	Revenue less expenses Subtract line 18 from line	12		-4,350.	-6,398.
Net Assets or Fund Balances				Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			326,649.	318,989.
뿛	21	Total liabilities (Part X, line 26)			415,029.	<u>413,767.</u>
		Net assets or fund balances Subtract line 21 from	line 20			<u>-94,778.</u>
_	ırt II	Signature Block				
	•	Ities of perjury, I declare that I have examined this return,				knowledge and belief. it is
<u>true,</u>	correc	t, and complete Declaration of preparer (other than office	r) is based on all information of wh	nch preparer	has any knowledge.	
		Signature of officer			l Date	
Sig					12-19-1	Q
Her	е	Type or print name and title		<del></del>	12 1917	<u></u>
		<del></del>	Dranger's grangings		ate Check	PTIN
Paid		Print/Type preparer's name	Preparer's signature  JIM PERRY, CPA	l	2/10/18 self-employed	<b>→</b>
	arer				Firm's EIN	63-0986156
	Only	Firm's name BROWDER & ASSOCIA		2.2	I IIII S LIN	02-0700130
J. J. L.	J.111 <b>3</b>	HOMEWOOD, AL 352		<b>- 4</b>	Phone no 205	5-803-2193
May	the I	RS discuss this return with the preparer shown abo			11 110110 110.22 0 3	X Yes No
<u>y</u>	- 11 O 11	LE ELECTION CONTRACTOR DICPART SHOWIT ADD	1000 511 00.101			

Porm	n 990 (2017) SALERNO ort III Statement of Program Se	NICE ACCOMPLI	shments		20-833	9010 Page 2
r-a	Check if Schedule O contains a re					[]
1	Briefly describe the organization's mission		iny sine in this Fart in	<u></u>		
					·	
					<del></del>	
2	Did the organization undertake any sign prior Form 990 or 990-EZ?	iticant program serv	ices during the year which v	were not listed	on the	Yes X No
	If "Yes," describe these new services or	Schedule O				Tes Zilvo
3	Did the organization cease conducting,		changes in how it conducts.	any program s	services?	Yes X No
	If "Yes," describe these changes on Sch	-	·			_
4	Describe the organization's program ser	vice accomplishmer	nts for each of its three large	est program se	rvices, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organiza		report the amount of grant	s and allocation	ns to others, the total e	expenses, and
	revenue, if any, for each program service					05.061
4a		29,621. in	cluding grants of \$	011 OF	_ ) (Revenue \$	25,861.)
	TO PROVIDE LOW-INCOM ACT, AS AMENDED AND			811 OF	THE NATIONA	T HOOSING
	ACT, AS AMENDED AND	REGULATED	פו מטטי	-		
		<del></del>		<del>-</del>		
					<del></del>	
				<del></del>	<del></del>	
		<del></del>		<del></del>		
4b	(Code) (Expenses \$	in	cluding grants of \$		) (Revenue \$	)
		<del></del>				
					<del>-</del>	
				<u> </u>		
	·					
		<del></del>				
			<del></del>	<del></del>	<del></del>	
	1				\ /=	
4c	(Code ) (Expenses \$	(n)	cluding grants of \$			/
			<del>-</del>			
					<del></del>	
					<del></del>	
			_ <del>_</del>	<u> </u>		
		<del></del>			<del></del>	
					<del></del>	
	Other program convect (Describe to Sch	nedulo (C.)				<del></del>
4d	Other program services (Describe in Sch (Expenses \$		١	(Revenue \$		)
4e	Total program service expenses	including grants of \$ 29.	621.	(1.000) The 3		
. <del></del>	Total program sortion expenses			<del></del>		Form <b>990</b> (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<del>  **</del>
9	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		<del></del>	- 1
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		$\mathbf{x}_{}$
-		<del>  0</del> -		Α.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١ ـ		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	ĺ	
_	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	İ		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	'	1	١
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		ļ	ļ
	as applicable	1		ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	'	}	)
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_X_	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>X</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	·		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ľ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		<b></b>	<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<del>                                     </del>	<u> </u>
′		17		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''_	_	
8		40		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	1 AX

complete Schedule G, Part III

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	l		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K If "No", go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30_		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
32	Schedule N, Part II	32		Χ_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	]		
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990 (	2017)

	990 (2017) SALERNO HOME, INC. 20-8339	<u>010</u>	P	age 5				
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
	•		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1					
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	]					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were.not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).		-					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		_X_				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_						
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		-					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_	ļ	ļ <u>.</u>				
. f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_	-					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	-					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		-				
_	sponsoring organization have excess business holdings at any time during the year?	8_						
9	Sponsoring organizations maintaining donor advised funds.		<del></del> -					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_				
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_	-					
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12							
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			1				
11	Section 501(c)(12) organizations. Enter							
11 a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
D	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	-				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note. See the instructions for additional information the organization must report on Schedule O		_					
b	Enter the amount of reserves the organization is required to maintain by the states in which the			}				
-	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

732005 11-28-17

Form 990 (2017) SALERNO HOME, INC. 20-8339010 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
			. ,			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 5										
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?				2	<u> </u>	<u>X</u>				
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X				
6	Did the organization have members or stockholders?				6	!	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point	one or				ĺ				
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or		l						
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	ne following	J <sup>.</sup>	, ,						
а	The governing body?				8a	_X	L				
b	Each committee with authority to act on behalf of the governing body?				8b	_X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				ĺ				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	e Code )								
						Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	ıflıcts?		12b		L				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," d	escribe				l				
	ın Schedule O how this was done				12c		Ĺ				
13	Did the organization have a written whistleblower policy?				13		X				
14	Did the organization have a written document retention and destruction policy?				14		X				
15	Did the process for determining compensation of the following persons include a review and approva	l by ıı	ndepende	nt							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				١.						
а	The organization's CEO, Executive Director, or top management official				15a		X				
b	Other officers or key employees of the organization				15b		X_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	with a		_	_	,				
	taxable entity during the year?				16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its į	participati	on							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nzatio	n's		_						
	exempt status with respect to such arrangements?				16b		Щ.				
Sec	ion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	tion 501(c	)(3)s only) :	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	iflict o	of interest	policy, and	l fınan	cıal					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's book	oks a	nd record	s <b>▶</b>							
	JBSC MENTAL HEALTH AUTHORITY - 205-595-4555	4 6				_					
	940 MONTCLAIR ROAD, SUITE 200, BIRMINGHAM, AL 352	<u>13</u>				-					
732008	11-28-17				Form	990	(2017)				

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUG MCBEE	0.00									1
PRESIDENT								0.	0.	0.
(2) CYNTHIA SCOTT	0.00				1					
VICE PRESIDENT								0.	0.	0
(3) GINGER BARBEE	0.00									
TREASURER					ļ				0.	0
(4) RAACHELLE CATHER	0.00									
BOARD MEMBER					<u> </u>			0.	0.	0 .
(5) BOB SIMS	0.00									
BOARD MEMBER							_	0.	0.	
(6) BECKY GREENWAY	0.00				Г					· <del>-</del>
BOARD MEMBER		L_				l		0.	0.	0
					<u> </u>					
		_		_						<del>-</del>
		L								
			ļ .							<u> </u>
		_								
,										
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rai	rt VII   Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>vees</u>			ghe	st C						
	(A)	(B)	1		) Pos	C) Itior	,		(D)	(E)		_	(F)	
	<ul> <li>Name and title</li> </ul>	Average hours per		not c	heck	more	than		Reportable	Reportable				
		week		k, unle icer ar					compensation from	compensation from related	1	ar	nount other	
		(list any	į						the	organizations		com	pensa	
		hours for	Individual trustee or director			ļ	E E		organization	(W-2/1099-MIS			rom th	
		related	stee o	Institutional trustee	ŀ		Highest compensated employee		(W-2/1099-MISC)			org	janızat	tion
		organizations	al ting	<u>a</u>		loyee	E CO					an	d relat	ted
		below line)	N A	1 H	Officer	Key employee	plest	Former	'			org	anızatı	ions
		<u> </u>	1	1	<b>!</b>	l	:							
		<del> </del>		├		_	<u> </u>			<u></u>				
		<del></del>												
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*****				<del> </del>			—							
		<del></del>												
16	Sub-total	.l	<u> </u>	J		L	I		0.		0.			0.
	Total from continuation sheets to Part VI	I Section A							0.	<del></del>	Ö.			0.
	Total (add lines 1b and 1c)	ii, Section A							0.		Ö.			0.
_ <u>_u</u>	Total number of individuals (including but n	ot limited to th	ose	liste	d al	nove	 e) wh	o re	<del></del>	000 of reportable				
_	compensation from the organization		.000		. u	,,,	., ····			, soo on openius.				0
	The state of the s												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v er	npio	vee.	or h	highest compensated ei	mplovee on				
-	line 1a? If "Yes," complete Schedule J for s			-,	,		,		<b>3</b>	,		3	_	X
4	For any individual listed on line 1a, is the su		le co	amo	ensa	ation	and	l oth	ner compensation from	the organization				
	and related organizations greater than \$150									Ū		4		X
5	Did any person listed on line 1a receive or a									dual for services				
_	rendered to the organization? If "Yes," com											5_		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs th	hat received more than	\$100,000 of comp	oens	ation 1	irom	
	the organization Report compensation for	the calendar y	ear	endi	ng v	vith -	or w	thin	the organization's tax	/ear				
	(A)							Ì	(B)			(0	C)	
	Name and business	address	N	<u>INC</u>	<u> </u>			_	Description of s	ervices		ompe	nsatio	ın
										ĺ				
								$\bot$						
								_						
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					_			-			<u>-</u>			
								-						
	<del></del>	and the state of t				AI-		<u> </u>	Abana adam da da da da da da da da da da da da da	aug ther				
2	Total number of independent contractors (i		ot III	mite	10	tho:	_	ted	above) who received m	iore trian				
	\$100,000 of compensation from the organic	Zauon 🚩				١.	,							

732008 11-28-17

<b></b>		<u>Check if</u> Schedule O con	tains a respons	e or note to any line	e in this Part VIII			
	•		.ao <sub>.</sub> g.voopog		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
E a		Membership dues	1b			ĺ		
اڠ ئ		Fundraising events	1c					
if the		Related organizations	1d					
S,E		Government grants (contribut	<del> </del>	19,226.		}		
ÜŚ	f	All -th						
her	·	similar amounts not included abo						
ΞÖ	a	Noncash contributions included in lines						,
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	- π- π Ψ		19,226.			
				Business Code				
<b>.</b>	2 a	APARTMENT RENTS	3	531110	6,622.	6,622.		
Š	b			332220	0,0220	0,022,0	·	<del> </del>
Ser	c							
E Š	d			1				
Program Service Revenue	<u>.</u> م			<del></del>			·	<del></del>
Pro	f	All other program service reve	enue			-		<u> </u>
	a	Total. Add lines 2a-2f			6,622.			
$\neg$	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		•	13.	13.		
	4	Income from investment of ta	x-exempt bond	proceeds >				
1	5	Royalties	-	_ ▶				
		-	(ı) Real	(ii) Personal			<del></del>	<u> </u>
	6 a	Gross rents						,
	b	Less rental expenses						
	С	Rental income or (loss)			_			
	d	Net rental income or (loss)		<b>•</b>			<b>-</b>	
}	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)				_		
ĺ	d	Net gain or (loss)		<b>•</b>				
e l	8 a	Gross income from fundraisin	g events (not					
밀		including \$	of					
ě		contributions reported on line	1c) See					
Other Reven		Part IV, line 18		a				,
ŧ	b	Less direct expenses		b				
	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ad	ctivities See					
1		Part IV, line 19		a				
ĺ	b	Less direct expenses		b				
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns		·			i .
1		and allowances		a				
	b	Less cost of goods sold		b		-	-	-
-	С	Net income or (loss) from sale	s of inventory					<del>                                     </del>
Ļ		Miscellaneous Revenu		Business Code		-		}
	11 a			<u> </u>			<del></del>	
	b							
- 1	C	· ·		<b> </b>	<del> </del>			<del></del>
	d	All other revenue						
		Total. Add lines 11a-11d		₹	25 061	6 62E	0.	
	12	Total revenue See instructions.			25,861.	6,635.		0.

Sect	ion 501(c)(3) and 501(c)(1) organizations must com	plete all columns. All ot	hor organizations must co	omplete column (A)	
	Check if Schedule O contains a respon			T (0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				,
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22			·	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			į	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· ·	···
5	Compensation of current officers, directors,				
	trustees, and key employees	<del> </del>		4	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		-,	<del></del> -	
8	Pension plan accruals and contributions (include		,		
	section 401(k) and 403(b) employer contributions)  Other employee benefits				· <del></del>
9 10	Payroll taxes				
11	Fees for services (non-employees)	·			<u> </u>
''a	Management	2,421.	1,708.	713.	
b	Legal	2, 1211	1,,000	7 1 3 1	
c	Accounting	1,925.		1,925.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			<del>_</del> ,.	
f	Investment management fees		-		
g	Other (If line 11g amount exceeds 10% of line 25,	<del>-</del>		-	
_	column (A) amount, list line 11g expenses on Sch O )				
12	Advertising and promotion				
13	Office expenses	752.	752.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				
20	Interest	<del></del>			
21	Payments to affiliates	0 607	0 607		·
22	Depreciation, depletion, and amortization	9,607.			
23	Insurance	1,514.	1,514.		
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				2
a		9,563.	9,563.		
b	OPERATING & MAINTENANCE	6,477.			
c					
ď					
е	All other expenses				
<u>25</u>	Total functional expenses Add lines 1 through 24e	32,259.	29,621.	2,638.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		L		5 000 (22.47)

Part X | Balance Sh

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year	_	<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,110.	1	1,441.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		_3	·
	4	Accounts receivable, net		4	29.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		_ 6	
Assets	7	Notes and loans receivable, net		7	
V	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 389,614.			
	b	Less accumulated depreciation 10b 98,473.	300,748.	10c	291,141.
	11	Investments - publicly traded securities		_11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		_13_	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	24,791.	15	26,378.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	326,649.	_16	318,989.
	17	Accounts payable and accrued expenses	20,992.	17	19,691.
	18	Grants payable		18	
	19	Deferred revenue	<u></u>	19	
	20	Tax-exempt bond liabilities		_20_	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	<u>-</u>	_21_	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L	202 400	22	202 400
_	23	Secured mortgages and notes payable to unrelated third parties	393,400.	23	393,400.
	24	Unsecured notes and loans payable to unrelated third parties	<del></del>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	(27		676
		Schedule D	637. 415,029.	25	413,767.
	26	Total liabilities. Add lines 17 through 25	415,025.	26	413,767.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			į
Ses	07	complete lines 27 through 29, and lines 33 and 34.	-88,380.	07	-94,778.
<u>la</u>	27	Unrestricted net assets		27	<u>- 34,110.</u>
Ba	28	Temporarily restricted net assets	<del></del>	_ <u>28</u> 	
בַּק	29	Permanently restricted net assets			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	`		,
S	20	and complete lines 30 through 34.	'	30	
se	30	Capital stock or trust principal, or current funds		31	
ţ	31	Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds		32	
Ne	32	Total net assets or fund balances	-88,380.	33	-94,778.
	34	Total liabilities and net assets/fund balances	326,649.	34	318,989.
	<u> </u>	Total liabilities and not assets/fully balances			Form <b>990</b> (2017)

Form	1990 (2017) SALERNO HOME, INC.	20-	8339010	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_	•		2	- 0	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			61.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>59.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>98.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- 8	3,3	<u>80.</u>
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		4,7	<u>78.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Γ	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		.		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			[
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			~
	consolidated basis, or both		•		. '
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			:-
	review, or compilation of its financial statements and selection of an independent accountant?		2c	•	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	it		لـــا
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired auc	lit		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number SALERNO HOME, INC. 20-8339010 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (v) Amount of monetary (ii) EIN (i) Name of supported (III) Type of organization (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

(Form 990 or 990 EZ) 2017 SALERNO HOME, INC. 20-8339010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	, lails to qualify under the tests	s listed below, piec	ise complete rait	··· /			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	}		1		,	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			/ /	]		]
	ızatıon's benefit and either paid to		ł	/ \		/	
	or expended on its behalf		<del></del> -	/			
3	The value of services or facilities			<i>Y</i>	}		
	furnished by a governmental unit to					<b>/</b>	
	the organization without charge						
4	Total. Add lines 1 through 3		<u> </u>				
5	The portion of total contributions			'			
	by each person (other than a						1
	governmental unit or publicly				/		
	supported organization) included	, ,			/		ļ
	on line 1 that exceeds 2% of the				/	}	1
	amount shown on line 11,				/		
	column (f)			1	/		
	Public support. Subtract line 5 from line 4			1	/		
Sec	ction B. Total Support	, -		1	/		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	/ <b>(d)</b> 2016	(e) 2017	(f) Total
7	Amounts from line 4			\			
8	Gross income from interest,			l \	,		
	dividends, payments received on			\			,
	securities loans, rents, royalties,			i . i			
	and income from similar sources			1			
9	Net income from unrelated business			\ '			
	activities, whether or not the		•				
	business is regularly carried on	<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
10	Other income Do not include gain				<u> </u>		
	or loss from the sale of capital			j	Ŋ		]
	assets (Explain in Part VI)						ļ <del> </del>
	<b>Total support.</b> Add lines 7 through 10			L	<u> </u>	ļ , <u>.</u>	L
	Gross receipts from related activities,	•	•		\	12	<del></del>
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ax year`as a sectio	n 501(c)(3)	. —
0 -	organization, check this box and stor	here	roomtoor	· · · · · · · · · · · · · · · · · · ·			
	ction C. Computation of Publ						
	Public support percentage for 2017 (I		· /	column (f))	`,	14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the c		,		14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		- ,		نىما سىدارى	<b>`</b>	▶∟_
b	33 1/3% support test - 2016. If the c				line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	•			40.40 45	No. of the second second	▶∟
17a	10% -facts-and-circumstances tes		· ·				
	and if the organization meets the "fac		,			π vi now the orga	nization
	meets the "facts-and-circumstances"	_				49	▶∟_
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						▝
18	Private foundation. If the organization	in did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2017
			į				

732022 10-08-17

# Schedule A (Form 990 or 990 EZ) 2017 SALERNO HOME, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sect	ion A. Public Support	now, please comp	lete Part II )	<del></del>	·		<del></del>
	far year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	<u>(u) 20.0</u>	(0) 201	(0) 2010	(4) 2 0 10	(6) 201,	(1) Fotos
	nembership fees received (Do not						
	nclude any "unusual grants ")	23,326.	23,328.	23,236.	26,100.	25,848.	121,838.
r f	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in injury activity that is related to the organization's tax-exempt purpose						
3 (	Gross receipts from activities that						
-	re not an unrelated trade or bus- ness under section 513						
12	ax revenues levied for the organ- cation's benefit and either paid to or expended on its behalf						
f	he value of services or facilities urnished by a governmental unit to ne organization without charge						
6 T	otal. Add lines 1 through 5	23,326.	23,328.	23,236.	26,100.	25,848.	121,838.
	mounts included on lines 1, 2, and received from disqualified persons						0.
fr e	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
c A	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6)		1				121,838.
	ar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	mounts from line 6	23,326.	23,328.	23,236.	26,100.	25,848.	121,838.
d	iross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources	2.	2.	2.	10.	13.	29.
(1	nrelated business taxable income ess section 511 taxes) from businesses						
	equired after June 30, 1975	2.	2.	2.	10.	13.	29.
11 N a v	dd lines 10a and 10b let income from unrelated business ctivities not included in line 10b, thether or not the business is egularly carried on	2.	2.		10.	13.	29.
0	other income Do not include gain r loss from the sale of capital ssets (Explain in Part VI)						
13 T	otal support. (Add lines 9, 10c, 11, and 12)	23,328.	23,330.	23,238.	26,110.	25,861.	<u>121,867.</u>
14 F	irst five years. If the Form 990 is for t	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	501(c)(3) organiz	ation,
	heck this box and stop here						<u></u>
<u>Sect</u>	ion C. Computation of Public	Support Per	centage		<del></del>		
	ublic support percentage for 2017 (lir			olumn (f))	_	15	99.98 %
	ublic support percentage from 2016					16	99.98_ %
	ion D. Computation of Inves			10	<del></del>		00 **
	nvestment income percentage for 201	•		e 13, column (f))	<b>├</b>	17	.02 %
	extract income percentage from 20			- line 11 and line		1/20/ and line 1	.02 %
n	<b>3 1/3% support tests - 2017.</b> If the coorse than 33 1/3%, check this box and	d stop here. The	organization qualif	ies as a publicly si	upported organizat	ion	<b>▶</b> [X]
	3 1/3% support tests - 2016. If the c						and _ r
	ne 18 is not more than 33 1/3%, chec						▶;;;
<u> 20 P</u>	rivate foundation. If the organization	i did not check a b	ox on line 14, 19a	, or 19b, check thi	s box and see inst	ructions	

#### Part IV | Supporting Organizations

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

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

	Yes	No
1	,	
2	1	- 1
За		
3b	-	-
3c	-	
4a	-	-
4b		
		<b></b>
4c		ı
5a	-	# · ·
5b		·
<u>5c</u>		
6		
7	•	-
. 8		
_9a	 	
9b		
9c		_
- 10a	- •	
10b	·	

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

Schedule A (Form 990 or 990-EZ) 2017

7

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2017

Part VI See instructions

8 Breakdown of line 7
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2018. Add lines 3j

Schedule A	(Form 990 or 990-EZ) :	2017 SALERNO	HOME,	INC.		20-8339010_Page 8
Part VI	Supplemental In Part IV, Section A, In line 1, Part IV, Section	<b>nformation.</b> Provides 1, 2, 3b, 3c, 4b, 4c, n D, lines 2 and 3, Pa	e the explar , 5a, 6, 9a, 9 t IV, Section	nations required 9b, 9c, 11a, 11b n E, lines 1c, 2a	I by Part II, line 10, Part II, line o, and 11c, Part IV, Section B , 2b, 3a, and 3b, Part V, line 1 so complete this part for any	lines 1 and 2, Part IV, Section C, , Part V, Section B, line 1e, Part V,
	(See instructions)	and 8, and Part V, Se	Ction E, line	s 2, 5, and 6 Ai	So complete this part for any	additional information
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732028 10-06-17

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 20-8339010 SALERNO HOME INC

organization answered "Yes" on Form 990, Pan IV, line 6  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization form all donors and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7  Purpose(9) or conservation Easements held by the organization on aswered "Yes" on Form 990, Part IV, line 7  Purpose(9) or conservation fault for public use (e.g., recreation or education)  Protection of natural habitat  Preservation of and for public use (e.g., recreation or education)  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year  Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation have a written pelicly regarding the pendic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred	Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
Total number at end of year   Aggregate value of contributions to (during year)   Aggregate value of contributions to (during year)   Aggregate value of grants from (during year)   Aggregate value of grants from (during year)   Aggregate value at end of year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or a year   Aggregate value of or year   Aggregate value of or a year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of or year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value of year   Aggregate value value   Aggregate val				·
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Dot the organization informal idinorous and donor advisors in writing that the assets held in donor advisor during the sequence of the organization informal idinorous values (e.g. incorporation) informal idinorous value			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informs and are all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informs and the organization and the process of the organization and the organization for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the organization and average funds are apply.    Part II   Conservation Easements held by the organization held a qualified conservation of a non-third into a seament and for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of a natural habitat   Preservation of a conservation easement in the asset   Preservation of a conservation easement in the last tay of the tax year   Itel at the End of the Tax Year   a Total number of conservation easements or a confider historic structure included in (a)   Authority of conservation easement in the last   Authority of conservation easements or a confider historic structure included in (a)   Authority of conservation easement   Authority of conservation easements   Aut	1	Total number at end of year		
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets helid in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or muting that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importance to the company of the purpose of the property of the pr	2	Aggregate value of contributions to (during year)		
5 Of the organization informal idionors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control?  6 Dut the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentation grantees the property of the pr	3	Aggregate value of grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year		
6 Dot the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?    Part III   Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7   Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of pen space     Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   Held at the End of the Tax Year     a Total number of conservation easements   2a   2a   2a   2a   2a   2a   2a   2	5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
to charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?    Part		are the organization's property, subject to the organization's	exclusive legal control?	Yes No
Impermissible private benefit?   Part II   Conservation Easements. Complete if the organization answered "Ves" on Form 990, Part IV, kine 7  1   Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of Jan 1975   Preservation of part IV, kine 7  2   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   All 1975   Reference of the International Conservation easements   2a   Reference of Conservation easements   2b   2c   Reference of Conservation easements   2b   2c   2c   2d   2d   2d   2d   2d   2d	6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
Part II Conservation Easements. Complete if the organization answered "Ves" on Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  □ Preservation of a flar for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Protection of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements in conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ■ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ■ Number of states where property subject to conservation easement is located ■ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ■ Note of the presess incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ■ 1 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 1 Yes on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to the organization is revenue statement and balance sheet works of art, historical tre		for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  Protection of natural habitat  Preservation of open space  2 Complete lines 2a through 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located ▶  Sees the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  S  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(i)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization statements that describes the organization ascounting for conservation easements.  Organization sMaintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part XI, In the text of the footnote to staff and included in Form 990, Part XIII, the text of the footnote to staff and included in Form 990, Part XIII, line 1  In Part SIII (Asse		<del></del>		
Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Proservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation, inspection, handling of violations, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No Sees each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the fortion to to the organization resorts in financial statemen	Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pai	t IV, line 7
Preservation of natural habitat	1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ \$  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Does seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(i)  Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  Complete if the organization answered "Yes" on Form 990, Part IV, line 8  1ai if the organization is Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization elected, as permitted under SFAS 116 (ASC 958), no to report in its revenue statement and balance sheet works of art, historical treasures, or other simil		Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
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If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  Revenue included in Form 990, Part VIII, line 1  Assets included in Form 990, Part X  Assets included in Form 990, Part X  Assets included in Form 990, Part X	rai		•	er ommar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part X  b Assets included in Form 990, Part X  S		<del></del>		at and balance cheet works of art
the text of the footnote to its financial statements that describes these items  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part X  b Assets included in Form 990, Part X	ıa	- ,	•	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X				e or public service, provide, in Fait Alli,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X	h			ad halance sheet works of art, historical
relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X	D			
(ii) Assets included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X			ducation, or research in furtherance of public	s service, provide the following amounts
(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X  \$		_		<b>&gt;</b> \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X				\$
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  \$			acures or other similar assets for financial a	an provide
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X  \$	2			uni, provido
b Assets included in Form 990, Part X	_	·	10 (ACC 300) rotating to these items	<b>▶</b> \$
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		HOME, INC		orical Tr	occurso or (	Othor			3901		age <b>2</b>
3	Using the organization's acquisition, accession	on, and other recor	ds, check	any of the	following that ar	e a sigr	lificant use	of its	collection	ı item:	S
	(check all that apply)										
а	Public exhibition	•			hange programs	;					
b	Scholarly research	•	e [ (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	in how th	ey further t	he organization's	s exemp	t purpose i	ın Pari	XIII		
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or other s	ımılar a:	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "Ye:	s" on Fo	orm 990, Pa	art IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21									
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for c	contribution	s or other assets	s not in	cluded	_	,	_	,
	on Form 990, Part X?							<u> </u>	Yes	L_	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing ta	able							
	·								Amount	i	
С	Beginning balance						1c				
d	Additions during the year						1d		_		
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or co	ustodial account	liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided on Par	t XIII					]
Pai											
		(a) Current year		or year	(c) Two years ba	$\neg \neg$	Three years	back	(e) Four	vears	back
1a	Beginning of year balance	1-2									
b	Contributions										
c	Net investment earnings, gains, and losses	····						-			
4	Grants or scholarships										
•	Other expenditures for facilities				<u> </u>			-			
е	·		/								
	and programs		-		<del></del>			-			
τ -	Administrative expenses		-		<del>-</del>			-			
g	End of year balance				<u> </u>						—
2	Provide the estimated percentage of the curre	ent year end baland		j, column (a	a)) held as						
	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the posses	ssion of the organiz	ation that	t are held a	nd administered	for the	organizatio	'n	г	—	
	by .									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(II)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requ	ired on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment <u>f</u> u	unds							
Pa	t Ⅵ  ʃ Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	"Yes" on Form 99	0, Part IV,	, line 11a S	See Form 990, Pa	art X, lin	e 10				
	Description of property	(a) Cost or o	other			( <b>c)</b> Accı	umulated		(d) Book	< value	3
		basis (invest	ment)	basis	(other)	depre	ciation	$\perp$			
1a	Land	5,	320.						!	5,3	20.
b	Buildings	384,				9	8,473			5,82	
	Leasehold improvements			_							
	Equipment		_					1			
	Other			_			-				
	. Add lines 1a through 1e (Column (d) must eq	ual Form 990 Part	X colum	n (B), line 1	10c)			$\top$	291	1,1	$\frac{1}{41}$
vial		,- <u>,,</u> art	, 0010111				Sch	edule	D (Form		

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			<del></del>
(3) Other			
(A)			
(B)	<del>.</del>	<del></del>	<del> </del>
(C)			*****
(D)			
(E)	<del></del>		
(F)	<del></del>		
(G)	<del></del>		
(H)	<del></del>		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related.			
	- F 000 D-+ IV I	11 - C Form 000 Dark V I 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation Cost of	r end-of-vear market value
	(b) book value	(b) Mothed of Validation Cost of	r cha ch your market value
(1)		<del>-  </del>	<del></del>
(2)		<del></del>	<del></del>
(3)		<del></del>	
(5)		<del> </del>	
(6)		,	
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)	<del></del>		· · · · · · · · · · · · · · · · · · ·
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )			<del></del>
Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, III	ne 11d See Form 990, Part X, line 15	
	escription		(b) Book value
(1) TENANT DEPOSITS			676.
(2) ESCROW DEPOSITS			2,604.
(3) REPLACEMENT RESERVE			22,978.
(4) MISC OTHER ASSET			120.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<u>▶ 26,378.</u>
Part X Other Liabilities.			•
Complete if the organization answered "Yes" of	n Form 990, Part IV, III		ne 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) TENANT DEPOSITS		676.	
(3)			
(4)			
(5)			
(7)		· <del>-</del> · -	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line		676.	·
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote	e to the organization's financial stateme	ents that reports the

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organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	e per Audited Financial Stat	ements With Rever		39010 Page 4
	-		ide per Neturn.	
	ered "Yes" on Form 990, Part IV, line	124		25 061
1 Total revenue, gains, and other support p			1 1	25,861.
2 Amounts included on line 1 but not on Fo a Net unrealized gains (losses) on investme		2a	-,	
<ul><li>a Net unrealized gains (losses) on investme</li><li>b Donated services and use of facilities</li></ul>	ints	2b	<del></del>	
D		2c 2c	<del></del>	
d Other (Describe in Part XIII)		2d	<del></del>	
e Add lines 2a through 2d		<u>zu</u>	2e	0.
3 Subtract line 2e from line 1			3	25,861.
4 Amounts included on Form 990, Part VIII,	line 12 but not on line 1			23,001.
a Investment expenses not included on For		4a		
b Other (Describe in Part XIII )	555, 1 41. 111, 1116 7 5	4b		
c Add lines 4a and 4b			4c	0.
5 Total revenue Add lines 3 and 4c. (This n	oust equal Form 990 Part I line 12)		5	25,861.
Part XII Reconciliation of Expense		tements With Expe		2370011
<del></del>	ered "Yes" on Form 990, Part IV, line		•	
Total expenses and losses per audited fir			1	32,259.
2 Amounts included on line 1 but not on Fo				<u> </u>
a Donated services and use of facilities	655,	2a		
b Prior year adjustments		2b		
c Other losses		2c		
d Other (Describe in Part XIII )		2d		
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	32,259.
4 Amounts included on Form 990, Part IX, I	ine 25, but not on line 1			
a Investment expenses not included on For		4a		
b Other (Describe in Part XIII )	• ,	4b		
c Add lines 4a and 4b		<del></del>	4c	0.
5 Total expenses Add lines 3 and 4c. (This	must equal Form 990, Part I, line 18	)	5	32,259.
Part XIII Supplemental Information				
Provide the descriptions required for Part II, line	es 3, 5, and 9, Part III, lines 1a and 4	Part IV, lines 1b and 2b,	Part V, line 4, Part X, li	ne 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b A				
		·		
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732054 10-09-17			Schedule	D (Form 990) 2017

### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization SALERNO HOME, INC.	Employer identification number 20-8339010
FORM 990, PART VI, SECTION B, LINE 11B:	
THE GOVERNING BODY REVIEWS THE TAX RETURN PRIOR TO ITS FI	LING.
FORM 990, PART VI, SECTION C, LINE 19:	
BY PUBLIC REQUEST	
	<del></del>
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

INC.

SALERNO HOME,

Name, address, and EIN (if applicable) of disregarded entity

2017 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-8339010 Direct controlling entity End-of-year assets <u>e</u> , Total income ਉ Part I 'Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity

Part II · Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

יי טישמיייבמנוטוט טעיוויוץ וווס ומא לכמי							
(a)	(q)	(0)	(p)	(e)	<b>(</b>	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(	(b)(13) ed
of related organization		foreign country)	section '	status (if section	entity	entity?	~
				501(c)(3))		Yes	No
VERA HOUSE - 63-0877111							
940 MONTCLAIR ROAD		,					
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)				×
DEVILLE PLACE - 63-0879399							
940 MONTCLAIR ROAD		_					
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)				×
CRESTLINE HOMES - 63-0955727							
940 MONTCLAIR ROAD							
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)				×
GREENWOOD HOMES - 58-1992657							
940 MONTCLAIR ROAD							
BIRMINGHAM, AL. 35213	LOW INCOME HOUSING		501(c)(3)	7			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 990.				Schedule R (Form 990) 2017	(Form 990)	2017

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SALERNO HOME, INC.

20-8339010

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

						Ī	
(a)	(q)	(၁)	(p)	(e)	(J)	(g)	ءَ ا
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	5
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Izat	1
CARSON PLACE - 31-1648231				***************************************		Yes	1
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)			×	
HORIZON HOMES - 63-0810660							1
940 MONTCLAIR ROAD							
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)			×	
JBS MENTAL HEALTH AUTHORITY - 63-0592183	PROVIDES MENTAL HEALTH		,				ĺ
BIRMINGHAM AL 35213	BLOUNT AND ST CLAIR		SOVERNMENT. ENTITY			<b>×</b>	
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Schedule R (Form 990) 2017 SALERNO HOME, INC.

Part III dentification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(K)	General or Percentage managing ownership partner?			
	Gene man; Part		 	
8	Back Box 665			
(F)	Disproportionate allocations?  Yes No			
(6)	Share of end of year assets		,	
(4)	S,			
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)		,	
(p)	Direct controlling entity			
(2)	Legal domicile (state or foreign country)	·		·
(q)	Primary activity			
(a)	Name, address, and EIN of related organization			

part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

	1		۔ ا	l		J		J		J		J	
	Θ	512(b)(13) controlled	Yes				 				 		
		 %	χ Yes		 								
	(F)	Percentage ownership											
		Share of end-of-year	assets										
		Š.											
	(e)	Type of entity (C corp, S corp,	or trust)										
	(Þ)	Direct controlling entity					!						
	(၁)	Legal domicile (state or	country)										 
איים נמץ אכמו	(q)	Primary activity							,	3			
organizations treated as a corporation of treat during the tan year	(a)	Name, address, and EIN of related organization											مو

Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II-IV?	•
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)	/			1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d ×
e Loans or loan guarantees by related organization(s)				1e X
6 Duidands from related arrange transfer				<u> </u>
				1
g Sale of assets to related organization(s)				Y Y
h Purchase of assets from related organization(s)				th X
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1, X
k Lease of facilities, equipment, or other assets from related organization(s)				* 
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
o Sharing of paid employees with related organization(s)				10 X
<ul> <li>Beimbursement paid to related organization(s) for expenses</li> </ul>				
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	nis line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1) JBS MENTAL HEALTH AUTHORITY	ď	0	0.ACTUAL AMOUNT PAID	
(2)				
(3)				
(4)				
(5)				
(9)				
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Schedule R (Form 990) 2017 SALERNO HOME, INC.

Part VI. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	66									-
(a)	(a)	(c)	(b)	(a)			<b>E</b>	(i)	9	( <del>X</del>
Name, address, and EIN of entity	Primary activity	(state or foreign	redominant income partic (related, unrelated, 501) excluded from tax under 09	501(c)(3) total		_ <u>F</u>	tionate allocations?	usproper COOC V-UBI General or Percentage formation and amount in box 20 managing ownership of Schedule K-1 pariner?	General	or Percentage
		country)	sections 512-514) Yes	Yes No Income		assets	Yes No	(Form 1065)	Yes No	0
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Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	SALERNO HO	<u> </u>	INC.		<u> 20-8339010</u>	Page 5
Part VII	(Form 990) 2017 Supplemental Info	rmation.					
<u> </u>	Provide additional inform	ation for responses to	o ouestio	ns on Schadula B. 9	See instructions		
	T TOVIDE ADDITIONAL INTOTAL	ation for responses to	<u>y questio</u>	on Schedule it s	See mandenons		
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