Form **990** 

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

Department of the Treasury	Do not enter social security numl
Internal Revenue Service	Go to www.irs.gov/Form990 for

A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019  B Creek, and a state (or PO took masts not delivered to street address)  BULRINO HOME, INC.  Domptoursess as Number and street (or PO took masts not delivered to street address)  BULRINO HOME, INC.  Domptoursess as Number and street (or PO took masts not delivered to street address)  BULRINO HOME, INC.  Domptoursess as Number and street (or PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address)  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address.  BULRINO HOME, INC.  Downstate C PO took masts not delivered to street address.  Downstate C PO took masts not delivered to street address.  Downstate C PO took masts not delivered to street address.  Downstate C PO took masts not delivered to street address.  Downstate C PO took masts not delivered to street address.  Downstate C PO took masts not delivered to street address.  Downstate C PO took masts not delivered to street address.  Downst			of the Treasury enue Service							rmation	Open to Public Inspection
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SALERNO HOME, INC.   20-8339010   Doing Dusiness as   Doing Dusiness   Doing Dusiness   Doing Dusiness   Doing Dusiness   Doing Dusiness   E Telephone number   240 MONTCLAIR ROAD   A Northern Address   Doing Dusiness   Doin											cation number
Dong business as   Dong business as   20 - 8339010	_		[	DNO HOME TH	C C						
Number and street (or P 0 box in mail is not delivered to street address)   Room/Sulte   E Telephone number   20.5.595-4555	<u> </u>	□Name			<u>.                                    </u>					20.0	320010
Second Programs   Second Pro	늗	Initial		<del></del>	mail is not dali	vorad to etra	at address)	Poom/s	to E		
Same   City or town, state or province, country, and ZIP or foreign postal code   Same   Sa	늗	Final	1 0/10	•		vereu to stret	et address)	NUUIII/S	uite   E	•	
BIRMINGHAM, AL 35213   Hotel ste has a group return for subcordinates?   Ves   X No principle   No   No   No   No   No   No   No   N	L	termi	n.			ZID or force	n postal codo				
Name and address of principal officer DOUG MCBEE   No subordinates?   Ves   X   No   No   No   No   No   No   No		□Amer			-	zir or loreig	jii postai code		- <del>-</del> -		
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Website: N / A	$\overline{}$	Tax-ex			c) ( ) •		4947(a)(1	) or	— n	7	
Part   Summary   1 Brefly describe the organization's mission or most significant activities   TO PROVIDE LOW-INCOME HOUSING   1 Brefly describe the organization's mission or most significant activities   TO PROVIDE LOW-INCOME HOUSING   2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets   3 Number of voting members of the governing body (Part VI, line 1a)   3   4   6   6   6   6   7   6   7   7   7   7				22 50 1(5)(5)	-/	4 (11100111111	، رسیر اور اور اور اور اور اور اور اور اور او	, , <u>, , , , , , , , , , , , , , , , , </u>	$\neg \sim$	•	
Breffty describe the organization's mission or most significant activities			-	X Corporation Tru	ıst Ass	sociation	Other -	LY			
2 Check this box	_			<del></del>		<del></del>					
Total number of individuals employed in calendar year 2018 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  To University in the number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  Total nu		1	Briefly describ	e the organization's miss	sion or most	significant a	ctivities TO	PROVI	DE L	OW-INCOME	HOUSING
Total number of individuals employed in calendar year 2018 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  To University in the number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  Total nu	Š	ļ									
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Total number of individuals employed in calendar year 2018 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  To University in the number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  To Total number of volunteers (estimate if necessary)  Total nu	Š	3	Number of vot	ing members of the gove	erning body (	Part VI, line	1a)			3	
B Net unrelated business taxable income from Form 990-1, line 38   Total Current Year   Curren	<u>ي</u> ھ	4	Number of Ind	ependent voting member	rs of the gov	erning body	(Part VI, line 1b)	)		4	
B Net unrelated business taxable income from Form 990-1, line 38   Total Current Year   Curren	es	5	Total number	of individuals employed in	n calendar y	ear 2018 (Pa	art V, line 2a)			5	
B Net unrelated business taxable income from Form 990-1, line 38   Total Current Year   Curren	Ξį	6	Total number	of volunteers (estimate if	necessary)					6	
Section   Prior   Pr	Act	7 a	Total unrelated	d business revenue from	Part VIII, col	umn (C), lin	<b>常民ECEIVI</b>	=D	7	<del>- 1</del>	
Section   Sect		<u>b</u>	Net unrelated	business taxable income	from Form 9	990-T, line 3	8. (		<del>.   -  </del>		
12 Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,861. 25,082.  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0.  14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0.  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0.  16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.  17 Other expenses (Part IX, column (D), line 25) 0.  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 32,259. 37,010.  19 Revenue less expenses Subtract line 18 from line 12 32,259. 37,010.  19 Revenue less expenses Subtract line 18 from line 12 6. 318,989. 309,787.  20 Total assets (Part X, line 26) 8eginning of Current Year End of Year IX and Subtract line 21 from line 20 94,778. −106,706.  21 Total liabilities (Part X, line 26) 413,767. 416,493. −94,778. −106,706.  22 Net assets or fund balances Subtract line 21 from line 20 −94,778. −106,706.  23 Part II Signature Block  24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trus, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Part II Signature Block  26 Print's name BROWDER & ASSOCIATES, PC Firm's address ONE INDEPENDENCE PLAZA, SUITE 322 HOMEWOOD, AL 35209 Phone no 205-803-2193	o l	_				91	DEC 0.1.0	040	<del> </del>		
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19   Revenue less expenses Subtract line 18 from line 12   -6,398.	Š	i					), line 25)			32,259.	
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Sign Here  Print/Type preparer's name Preparer's signature JIM PERRY, CPA Preparer Use Only  Firm's address ONE INDEPENDENCE PLAZA, SUITE 322 HOMEWOOD, AL 35209  Pate  Date  Check PTIN  ## PTIN ## 12/13/19 ## ## 12/13/19 ## ## ## ## ## ## ## ## ## ## ## ## ##											/ knowledge and belief, it is
Sign Here  Type or profit name and title  Print/Type preparer's name  Preparer's signature  JIM PERRY, CPA  JIM PERRY, CPA  Firm's name  BROWDER & ASSOCIATES, PC  Use Only  Firm's address  ONE INDEPENDENCE PLAZA, SUITE 322  HOMEWOOD, AL 35209  Phone no 205-803-2193	trus,	007700	and complete.	Declaration of preparer (oth	er than officer	) io based on	all information of	which prep	arer has		
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Type or ptw/it name and title  Print/Type preparer's name  Preparer's signature  JIM PERRY, CPA  JIM PERRY, CPA  Preparer  Firm's name  BROWDER & ASSOCIATES, PC  Firm's address  ONE INDEPENDENCE PLAZA, SUITE 322  HOMEWOOD, AL 35209  Phone no 205-803-2193			Dature	R. R.						Daic	
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Paid  JIM PERRY, CPA  JIM PERRY, CPA  12/13/19 sett-employed P00597110  Preparer  Use Only  Firm's address  ONE INDEPENDENCE PLAZA, SUITE 322  HOMEWOOD, AL 35209  Phone no 205-803-2193			<del>                                     </del>			Droparas's s	anature -		Date	Check	] PTIN
Preparer Use Only Firm's name BROWDER & ASSOCIATES, PC Firm's address ONE INDEPENDENCE PLAZA, SUITE 322 HOMEWOOD, AL 35209 Phone no 205-803-2193	د: ۵۵								- 1	- L	<b></b>
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HOMEWOOD, AL 35209 Phone no 205-803-2193								322	<del></del>	THIII S EIN	02 0300130
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	May	the II	RS discuss this				tructions)	<del></del>		11 110110 110 20 0	

	990 (2018) SALERNO HOME, INC.	<u> 20-8339010</u>	) Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission NONE		
2	Did the organization undertake any significant program services during the year which were not listed on the		es X No
	prior Form 990 or 990·EZ?  If "Yes," describe these new services on Schedule O	Y (	es LAJ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es X No
3	If "Yes," describe these changes on Schedule O	110	es LAJNO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expens	293
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	_	
	revenue, if any, for each program service reported	,	o,
4a	(Code) (Expenses \$34 , 422 • including grants of \$) (Revenue	ue \$ 25	,082.)
	TO PROVIDE LOW-INCOME HOUSING UNDER SECTION 811 OF THE I		
	ACT, AS AMENDED AND REGULATED BY HUD.		
	<del></del>		<del></del>
4b	(Code) (Expenses \$	ue \$	)
		<del></del>	
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		<del></del>	
4c	(Code) (Expenses \$	ue \$	)
			<del> </del>
		<del></del>	
	Other was a server of Percentage (Percentage Of)		
40	Other program services (Describe in Schedule O)	١	
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 34,422.		
<del>+e</del> _	Total program service expenses 34,422.	Form	990 (2018)
		1 01111	

20-8339010

Form 990 (2018) SALERNO HOME,
Part IV Checklist of Required Schedules

			res	<u> </u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	_1_	<u> </u>	<del> </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ļ	}	
	public office? If "Yes," complete Schedule C, Part I	3_	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	_4_		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7		X
0	Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	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		$\mathbf{x}_{\perp}$
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ı
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15	$\dashv$	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	}	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17_		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	ĺ	X
no-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	$\dashv$	
!1	democtic government on Part IX column (A) line 12 if "Vos " complete Schedule I. Parts I and II	24		x

		0-8339	<u>010</u>	P	age 4
Ра	rt IV Checklist of Required Schedules (continued)			1	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ſ		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	l	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cui	rrent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23		X
24 a	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				1
	Schedule K If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Ì	24b	_	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat	ase			
	any tax-exempt bonds?	{	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	ļ	24d		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	j			
	Schedule L, Part I	1	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ľ			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Ye	es. "			
	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	ļ			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	er			
	of any of these persons? If "Yes," complete Schedule L, Part III	.	27		х
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)	İ			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa	r	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an				
Ŭ	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	Ī	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	n [			
	contributions? If "Yes," complete Schedule M	}	30	l	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I	ĺ	31	·	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
_	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ſ			
	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	d [			
	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 en	Г			
-	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 organ				
	If "Yes," complete Schedule R, Part V, line 2		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ſ	_		
-	Note. All Form 990 filers are required to complete Schedule O		38	x	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	<u>-</u> -			
	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	0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0	Ì		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamir	ng	ľ	ľ	

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Form **990** (2018)

(gambling) winnings to prize winners?

	1990 (2618) SALERNO HOME, INC. 20-83.	<u> </u>	<u> </u>	age :
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		,	Yes	No.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	<u> </u>	.  <b>-</b>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_	<del> </del>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- <del>-</del>		\- <del></del>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	<u> </u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b	ļ	<del> </del>
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Ì	ľ	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
þ	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)		.	<u> </u> -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<del>                                      </del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_ <u>5b</u>	<del>  .        </del>	X
	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		ł	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<del> </del>	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ĺ		
	were not tax deductible?	6b	ļ	-
7	Organizations that may receive deductible contributions under section 170(c).	_		- <u></u> -
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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		<del> </del>
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e		}
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? <u>  7h</u>	<del>                                     </del>	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> —</u> -
_	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del>	-
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del>	<del>                                     </del>
_b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	
10	Section 501(c)(7) organizations. Enter			
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	-		
_ b		$\dashv$	ļ	
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			}
U	amounts due or received from them)			
122	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	-	-
a	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	$\neg$		
14a	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O

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.

<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Sec	tion A. Governing Body and Management		1	T
4.	Enter the number of voting members of the governing body at the end of the tax year	Γ	Yes	No
ıa	, , , , , , , , , , , , , , , , , , , ,	ł		'
	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.	ĺ		(
_		ļ		1 1
b		ł		l i
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		<del> </del>	
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or	-		<u> </u>
, ,	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		_x_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,	
а	The governing body?	8a	X	,
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	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 Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			الــــا
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 arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	s only)	avaıla	.ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JBSC MENTAL HEALTH AUTHORITY - 205-595-4555			
	940 MONTCLAIR ROAD, SUITE 200, BIRMINGHAM, AL 35213		000	0040
	2.00.04.00	Form	99U (	2018)

## 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.

Y Cheek this boy if neither the experience are any related experience compensated any guirrent officer director or trustee

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

Check this box if neither the organization in (A)	(B)	Jiga	111120		C)	ıpeı	isal	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			ıs bot	h an	compensation	compensation	amount of
	week (list any hours for	<del></del>	$\overline{}$					from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	шег	(W-2/1099-MISC)		organization and related organizations
(1) DOUG MCBEE	0.00	Ĕ	≝	5	<u> </u>	= 5	요			<u> </u>
PRESIDENT	0.00	ł						0.	0.	0.
(2) CYNTHIA SCOTT	0.00									
VICE PRESIDENT								0.	0.	0.
(3) GINGER BARBEE	0.00									
TREASURER						<u> </u>		0.	0.	<u> </u>
(4) RAACHELLE CATHER	0.00	ł						0		0
BOARD MEMBER	0.00	<u> </u>	-	_	-	-	_	0.	0.	0.
(5) BOB SIMS	0.00							0.	0.	0.
BOARD MEMBER (6) BECKY GREENWAY	0.00	-	_			-	-			
BOARD MEMBER	0.00							0.	0.	0.
BOIND MBMBAR			_							
	-									
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Form 990 (2018)

	(A)	(B)	Dioy	ccs		<u>a</u> C)	gric	<u> </u>	(D)	(E)	$\neg \vdash$		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable		Fs	tımat	ed
	vanie and the	hours per					than is bot		compensation	compensation			nount	-
		week					or/trus		from	from related			other	
		(list any	ector						the	organizations		com	pens	ation
		hours for	흉	ا بو			age Eg		organization	(W-2/1099-MISC	)	fr	om th	ne .
		related	ustee	truste		يو	Suadi		(W-2/1099-MISC)			•	anıza	
		organizations below	ualtr	lenor		ploye	t com	_		J.	1		d rela	
		line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former		1		orga	ınızat	10115
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1b	Sub-total	<b>▶</b> 0.								).			<u>0.</u>	
c	Total from continuation sheets to Part VI	I, Section A					ļ	<b>&gt;</b>	0.		).			0.
<u>d</u>	Total (add lines 1b and 1c)					_		<u> </u>	0.		).			0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable				_
	compensation from the organization												<del></del>	0
_											_		Yes	No
3	Did the organization list any former officer,		stee	, ke	y en	nplo	yee,	or h	nighest compensated ei	nployee on	}			
	line 1a? If "Yes," complete Schedule J for si									N	F	3		X
4	For any individual listed on line 1a, is the su	•		•					· ·	rne organization	[-	-		<b>.</b>
_	and related organizations greater than \$150			-						dual for somuces	$\vdash$	4		X
5	Did any person listed on line 1a receive or a					-		siale	ed organization or indivi	dual for services	-	5	-	x
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	biete Scriedule	9 0 10	JI SU	icii j	<u>Jers</u>	1011		<del></del>	<del></del>		3		
1	Complete this table for your five highest coi	mnanestad ind	lane	nde	nt c	ontr	ecto	re th	nat received more than	\$100,000 of compe	nest	on fi		
•	the organization Report compensation for t	•	•								Hout		0.,,	
	(A)	ino calondar y	20		:9_::			1	(B)			(C	 1	
	Name and business	address	NC	NE	:			1	Description of s	ervices	Cor		, satio	n
-								1						
				*******										
								_						
										1				
								4						
	<del></del>	<del></del>						丄						
2	Total number of independent contractors (in		ot lin	nited	to '	_		ted	above) who received m	ore than				l.
	\$100,000 of compensation from the organiz	ation -									<del>-</del>		100 /	2010
												ەrm ك	, JU ()	2018)

832008 12-31-18

			Check if Schedule O con	tains a response	or note to any lir	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts ots	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	}	b	Membership dues	1b					
Å, G		С	Fundraising events	1c					
ᆵ	ĺ	d	Related organizations	1d					
ξĒ		е	Government grants (contribut	tions) 1e			1		
ž S		f	All other contributions, gifts, gran	nts, and					
章			similar amounts not included abo	ve 1f	18,402.			•	
달	]	g	Noncash contributions included in lines	s 1a-1f \$					1
<u> ಕೆ ಬ</u>		h	Total. Add lines 1a-1f	·		18,402.			
1					Business Code			<del></del>	
ဗ	2	а	APARTMENT RENTS	5	531110	6,667.	6,667.	_ <del>-</del>	
اه ≩:		b		<del></del>					
S na		С				<u> </u>			
ran ev		d							
Program Service Revenue		е							
<u>~</u>		f	All other program service reve	enue	L				
		g	Total. Add lines 2a-2f			6,667.			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		<b>&gt;</b>	13.	13.		<u> </u>
	4		Income from investment of ta	x-exempt bond	oroceeds >				
	5		Royalties					**	<b>-</b>
				(i) Real	(II) Personal				
	6	а	Gross rents	<u></u>	ļ				
		b	Less rental expenses		ļ	, -		`	'
		С	Rental income or (loss)	L	L				
			Net rental income or (loss)				_ <del></del>		
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	<b></b>	<del> </del>				. '
		b	Less cost or other basis						
			and sales expenses	-					
			Gain or (loss)	L					
ļ			Net gain or (loss)	- avanta (- at	<u> </u>				
ne l	8	а	Gross income from fundraisin including \$	of	}				1
Other Reven			contributions reported on line	<del></del> _	ľ				ļ
8			Part IV, line 18	a a	}				}
Ę.		h	Less direct expenses	b					
ō			Net income or (loss) from fund	_			ľ		<del></del>
-	9		Gross income from gaming ac	_					1
	_	_	Part IV, line 19	а	1		'		i
		b	Less direct expenses	b			_ [	_	
- 1			Net income or (loss) from gam		<b>•</b>				
			Gross sales of inventory, less						
			and allowances	а	L		1	-	Ī
		b	Less cost of goods sold	b					, 
		c	Net income or (loss) from sale	s of inventory					
ľ			Miscellaneous Revenu		Business Code				
Ì	11	а							
		b							
-		С							
l		ď	All other revenue						
		е	Total. Add lines 11a-11d		<b>&gt;</b>				
- 1	12		Total revenue See instructions		▶ [	25,082.	6,680.	0.	0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(C)	<u></u>
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		<del>-</del>		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ĺ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			<del> </del>	
9	Other employee benefits				<u> </u>
10	Payroll taxes				ļ
11	Fees for services (non-employees)	4		510	
а	Management	1,597.	884.	713.	<u> </u>
b	Legal			1 055	
С	Accounting	1,875.		1,875.	<del> </del>
d	Lobbying			<del></del>	
е	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				<u> </u>
g,	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	<del> </del>			
12	Advertising and promotion	671	671.		<del> </del>
13	Office expenses	671.			
14	Information technology			<del> </del>	
15	Royalties			<del> </del>	<del></del>
16	Occupancy				
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings				<del> </del>
19	Interest	<del></del>			<del>-</del>
20 21	Payments to affiliates	<del></del>			<del></del>
22	Depreciation, depletion, and amortization	9,609.	9,609.		
23	Insurance	1,414.	1,414.		
24	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			!	
а	amount, list line 24e expenses on Schedule 0.)  OPERATING & MAINTENANCE	13,601.	13,601.		
a b	UTILITIES UTILITIES	8,243.	8,243.		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	37,010.	34,422.	2,588.	<u> </u>
26	Joint costs Complete this line only if the organization			ĺ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u>, , , , , , , , , , , , , , , , , , , </u>		

Part )	<u> </u>	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X		т т	
					(A) Beginning of year		(B) End of year
•	1	Cash - non-interest-bearing			1,441.	1_	1,146
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net				3	
4	4	Accounts receivable, net			29.	4	170
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compensations	ated er	nployees Complete			
1		Part II of Schedule L				5	
ε	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			<del></del>
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
7	7	Notes and loans receivable, net	-			7	<del></del>
ί   ε	8	Inventories for sale or use		Γ		8	
9	9	Prepaid expenses and deferred charges		9	<del></del>		
10	0a	Land, buildings, and equipment cost or other			<u> </u>	Π	
İ		basis Complete Part VI of Schedule D	10a	389,614.		_	
	b	Less accumulated depreciation	10b	108,082.	291,141.	10c	281,532
11	1	Investments - publicly traded securities				11	
12	2	Investments other securities See Part IV, line 1	1			12	
13	3	Investments - program-related See Part IV, line	11			13	
14	4	Intangible assets	· ·		14		
15	5	Other assets See Part IV, line 11		26,378.	15	26,939	
16	6	Total assets. Add lines 1 through 15 (must equi	318,989.	16	309,787		
17	7	Accounts payable and accrued expenses		19,691.	17	22,590	
18	В	Grants payable		18			
19	9	Deferred revenue			19		
20	0	Tax-exempt bond liabilities			20		
21	1	Escrow or custodial account liability Complete I	art IV	of Schedule D		21	
22	2	Loans and other payables to current and former	office	s, directors, trustees,			
		key employees, highest compensated employee	s, and	disqualified persons			
22		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ited th	rd parties	393,400.	23	393,400
24	4	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	5	Other liabilities (including federal income tax, pa	yables	to related third		}	
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
		Schedule D			676.	25	<u>503</u>
26	6	Total liabilities. Add lines 17 through 25			413,767.	26	416,493
		Organizations that follow SFAS 117 (ASC 958	), chec	k here 🕨 🗶 and			
3		complete lines 27 through 29, and lines 33 an	d 34.	<u>_</u>		<u></u>  .	
27	7	Unrestricted net assets		_	-94,778.	27	-106,706
28	В	Temporarily restricted net assets		<u>_</u>		28	
29	9	Permanently restricted net assets				29	<u> </u>
5		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
;		and complete lines 30 through 34.		]_			
30	0	Capital stock or trust principal, or current funds				30	
31	1	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		31	
27 28 29 30 31 31	2	Retained earnings, endowment, accumulated in	come,	or other funds		32	
33	3	Total net assets or fund balances				33	<u>-106,706</u>
34	1	Total liabilities and net assets/fund balances			318,989.	34	<u>309,787</u>

orn	1 990 (2018) SALERNO HOME, INC.	20-833	9010	Pag	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>82.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 10.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 28.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-94	. 7	<u>78.</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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>-106</u>	,7	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				⁄es	No_
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			ĺ	}
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	1 1	}	1
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		ĺ	J
	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,	1. 1	- }	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O	-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audıt		1	
	Act and OMB Circular A·133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (	2018)

#### SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SALERNO HOME, INC. 20-8339010 Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 II, 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 (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (III) Type of organization in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

	art II Support Schedule for			Sections 170	1/b)/1\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20-833	9010 Page/2
	(Complete only if you checke						
	fails to qualify under the test:				or railed to quality	under Part III II tille	gorganization
Se	ction A Public Support	Jisted Below, piet	asc complete r art	···· /		<del></del>	
	endar year (or fiscal year beginning in)	(2) 2014	(h) 2015	(=) 2016	(4) 2017	(2) 2019	/D Tabal
	Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
•	membership fees received (Do not						1
	include any "unusual grants ")	1					ı
2	Tax revenues levied for the organ-	<del></del>		<del></del>	<del> </del>	<del>                                     </del>	
	ization's benefit and either paid to	}		}			ı
	or expended on its behalf						
2	The value of services or facilities				+ <del>/</del>		
3	furnished by a governmental unit to						
	the organization without charge	ĺ	1				
4	Total. Add lines 1 through 3		<del></del>				
5	The portion of total contributions						
J	by each person (other than a		Į				
	governmental unit or publicly			/	1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			/			
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<u></u>					
8	Gross income from interest,						
	dividends, payments received on		<b>X</b>		ļ	]	
	securities loans, rents, royalties,						
	and income from similar sources				ļ		
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on		<u> </u>	<b>\</b>	ļ <u>-</u>	ļ	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
	Total support. Add lines 7 through 10		•	<u> </u>	<u> </u>	<del> </del>	
	Gross receipts from related activities,	/				12	<del></del>
13	First five years. If the Form 990 is for	, -	s tirst, secona, thir	a, tourtn, or tiπtn t	ax year as a sectio	on 501(c)(3)	<b>►</b> □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				
	Public support percentage for 2018 (I			column (fi)		14	
	Public support percentage from 2017			(7)	1	15	%
	33 1/3% support test - 2018. If the c			n line 13, and line	14 is 33 1/3% or i	<del></del>	
	stop here. The organization qualifies					,	· <b>•</b>
b	33 1/3% support test 2017. If the c				d line 15 is 33 133%	6 or more, check th	is box
_	and stop here. The organization qual				/		▶□
17a	10% -facts-and-cjrcumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes					17a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organizatio						, <b>&gt;</b>
						edule A (Form 990	
	/					•	

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

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

	qualify under the tests listed b	elow, please comp	lete Part II)	<del></del>			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						_ ,,
	membership fees received (Do not						
	include any "unusual grants ")	23,328.	23,236.	26,100.	25,848.	25,069.	123,581.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	23,328.	23,236.	26,100.	25,848.	25,069.	123,581.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons		,				0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						123,581.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2014 23, 328.	(b) 2015 23, 236.	(c) 2016 26, 100.	(d) 2017 25,848.	(e) 2018 25,069.	(f) Total 123,581.
Cale 9							
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	23,328.	23,236.	10.	25,848.	25,069.	40.
Gale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	23,328.	23,236.	26,100.	25,848.	25,069.	123,581.
Gale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	23,328.	23,236.	10.	25,848.	25,069. 13.	40.
Gale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	23,328.	23,236.	10.	13.	25,069. 13.	40.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	23,328.	23,236.	10. 26,110.	25,848. 13. 13.	25,069. 13. 13.	40. 40.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	23,328.	23,236.	10. 26,110.	25,848. 13. 13.	25,069. 13. 13.	40. 40.
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	23,328.  2.  2.  23,330. the organization's	23, 236.  2.  2.  23, 238.  first, second, third	10. 26,110.	25,848. 13. 13.	25,069. 13. 13.	40. 40.
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	23,328.  2.  2.  23,330. the organization's	23, 236.  2.  2.  23, 238.  first, second, third	10. 26,110.	25,848. 13. 13.	25,069. 13. 13.	40. 40.
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here.	23,328.  2.  2.  23,330. the organization's	23, 236.  2.  2.  23, 238.  first, second, third  centage	26,100.  10.  26,110. , fourth, or fifth tax	25,848.  13.  25,861.  year as a section	25,069. 13. 13.	40. 40.
Cale 9 10a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public	23,328.  2.  23,330. the organization's c Support Perne 8, column (f), di	23, 236.  2.  23, 238.  first, second, third  centage  vided by line 13, co	26,100.  10.  26,110. , fourth, or fifth tax	25,848.  13.  25,861.  year as a section	25,069. 13. 13. 25,082. 501(c)(3) organiz	123,581. 40. 40. 123,621. ation,
Cale 9 10a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage from 2017	23,328.  2.  23,330. the organization's c Support Per ne 8, column (f), di Schedule A, Part I	23, 236.  2.  2.  2.  first, second, third  centage  vided by line 13, co	26,100.  10.  26,110. , fourth, or fifth tax	25,848.  13.  25,861.  year as a section	25,069. 13. 13. 25,082. 501(c)(3) organiz	123,581. 40. 40. 123,621. ation, ▶□ 99.97 %
Cale 9 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Stion C. Computation of Public Public support percentage from 2017 Stion D. Computation of Inves	23,328.  2.  23,330. the organization's c Support Per ne 8, column (f), di Schedule A, Part I	23, 236.  2.  2.  23, 238.  first, second, third  centage  vided by line 13, co	26,100.  10.  26,110. , fourth, or fifth tax	25,848.  13.  25,861.  25,861.  Expear as a section	25,069. 13. 13. 25,082. 501(c)(3) organiz	123,581.  40.  40.  123,621.  ation,  99.97 % 99.98 %
Cale 9 10a b c c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Extion C. Computation of Public support percentage for 2018 (li Public support percentage from 2017 extion D. Computation of Investinest income percentage for 20	23,328.  2.  2.  23,330. the organization's  c Support Per ne 8, column (f), di Schedule A, Part (in the come of the column in t	23, 236.  2.  2.  23, 238.  first, second, third  centage vided by line 13, coll, line 15 Percentage n (f), divided by line	26,100.  10.  26,110. , fourth, or fifth tax	25,848.  13.  25,861.  x year as a section	25,069. 13. 13. 25,082. 501(c)(3) organiz	123,581. 40. 40. 123,621. ation, ▶□ 99.97 %
Cale 9 10a 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Extion C. Computation of Public Public support percentage for 2018 (In Public support percentage from 2017 extion D. Computation of Investment income percentage from 2018 (Investment income percentage from 2018)	23,330.  2.  23,330. the organization's  c Support Per ne 8, column (f), di Schedule A, Part I stment Income 18 (line 10c, column 17 Schedule A, F	23, 236.  2.  2.  23, 238.  first, second, third  centage vided by line 13, coll, line 15 e Percentage n (f), divided by line Part III, line 17	26,100.  10.  26,110.  , fourth, or fifth taxolumn (f))	25,848.  13.  25,861.  x year as a section	25,069. 13. 13. 25,082. 501(c)(3) organiz	123,581.  40.  40.  123,621.  ation,  99.97 % 99.98 %  .03 % .02 %
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Cale 9 10a b c c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Public support percentage for 2018 (In Public support percentage from 2017) Etion D. Computation of Investment income percentage from 2018  Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018  1 Nestment income percentage from 2018	23,328.  2.  2.  2.  2.  2.  2.  the organization's  c Support Per ne 8, column (f), di Schedule A, Part II stment Income 18 (line 10c, column 2017 Schedule A, F organization did no organization did no organization did no	23, 236.  2.  2.  2.  2.  2.  first, second, third  centage  vided by line 13, co  II, line 15  Percentage  n (f), divided by line  Part III, line 17  of check the box or  organization qualified  of check a box on I	26,100.  10.  10.  26,110. , fourth, or fifth tax polumn (f))  e 13, column (f))  in line 14, and line es as a publicly su line 14 or line 19a,	25,848.  13.  13.  25,861.  Eyear as a section as a section and line 16 is more than 33 apported organization and line 16 is more than 33 apported organization.	25,069.  13.  13.  25,082.  501(c)(3) organiz  15 16  17 18 3 1/3%, and line 1 ion e than 33 1/3%, a	123,581.  40.  40.  123,621.  ation,  99.97 % 99.98 %  .03 % .02 %  7 is not

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
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10b 1990 or 990	D-FZ)	2018

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832025 10-11-18

Income tax imposed in prior year	5			
Distributable Amount. Subtract line 5 from line 4, unless subject to	ł	ţ	Ì	
emergency temporary reduction (see instructions)	6			
Check here if the current year is the organization's first as a non-function	onally integra	ated Type III supporting	ig organization (see	
instructions)				_
		Sched	dule A (Form 990 or 990-EZ) 20	18

Schedule A (Form 990 or 990-EZ) 2018

B Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Information. Pr lines 1, 2, 3b, 3c, 4b stion D, lines 2 and 3 6, and 8, and Part V	ovide the explanations of 4c, 5a, 6, 9a, 9b, 9c, Part IV, Section E, lines 2, 5,	required by Part II, line 1 11a, 11b, and 11c, Part I es 1c, 2a, 2b, 3a, and 3b, and 6 Also complete this	0, Part II, line 17a or 17b V, Section B, lines 1 and Part V, line 1, Part V, Sec	7-8339010 Page; ; Part III, line 12, 2, Part IV, Section C, ction B, line 1e, Part V, iformation
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832028 10-11-1	8				Schedule A (F	orm 990 or 990-EZ) 20

#### 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

SALERNO HOME

Employer identification number 20-8339010

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
L	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	l only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historical	lly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	1. 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
_	<b>\$</b>		(0)()
8	Does each conservation easement reported on line 2(d) above	/e satisfy the requirements of section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the o	rganization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
T al	Complete if the organization answered "Yes" on Form		Cililla Addeto.
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
ıa	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		r public service, provide, irr are xiii,
<b>h</b>	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	addition, or resourer in turnioralities of public of	or vice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	
~	the following amounts required to be reported under SFAS 1		,
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

		HOME, INC								Page 2
Pa	rt III Organizations Maintaining C	collections of A	Art, His	torical Tr	reasures, or C	Other	Simila	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following that are	e a sign	ificant u	ise of its	collection	items
	(check all that apply)									
а	Public exhibition		a 🖳	Loan or exc	hange programs					
b	Scholarly research		e L	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co			•	-	•		se in Par	t XIII	
5	During the year, did the organization solicit o					ımılar as	sets	_	_	
_	to be sold to raise funds rather than to be ma								Yes	<u> </u>
Par	t IV Escrow and Custodial Arran		lete if the	e organizatio	on answered "Yes	s" on Fo	rm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par				<del></del>					
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other assets	s not inc	luded	_	٦	
	on Form 990, Part X?							L_	. JYes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table				<del></del> ,		
							<del>                                     </del>	-	Amount	
	Beginning balance						1c			
	Additions during the year						1 <u>d</u>	<del></del> .	<del></del>	
	Distributions during the year						1e			
f	Ending balance	000 D- + V I -	- 04			1 - 1 - 1 - 1	1f		T.,	
	Did the organization include an amount on Fo	•				•	•	<u> </u>	」 Yes	⊢_ No
Par	t V Endowment Funds. Complete if									
	E T LINGS TO THE LINES OF THE L	(a) Current year		rior year	(c) Two years ba		Three ve	are hack	(a) Four v	ears back
10	Beginning of year balance	(a) Current year	(0),	Tior year	1 1c) Two years ba	ick (ta)	THICE Y	ai S Dack	(E) TOULY	cars back
1a h	Contributions		<del>                                     </del>	<del></del>	<del>                                     </del>					
D	Net investment earnings, gains, and losses		<del> </del>			+				
4	Grants or scholarships		<del> </del>		<del> </del>	<del>-  </del>				
u _	Other expenditures for facilities		<del>  ~ -</del>		<del> </del>		<del></del>			<del></del>
·	and programs		1		<b>)</b>					
f	Administrative expenses	<del></del>	<del>  -</del>							
g g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balan	ce (line 1	a. column (a	a)) held as					
	Board designated or quasi-endowment	<b>,</b>	%	<b>3</b> , (-	.,,					
	Permanent endowment	%								
	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organia	zation tha	at are held a	nd administered	for the	organiza	ation		
	by									es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
þ.	If "Yes" on line 3a(ii), are the related organization	tions listed as requ	ired on S	chedule R?					3b	
4_	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipm								-	
	Complete if the organization answered	d "Yes" on Form 99	0, Part I	/, line 11a S	See Form 990, Pa	ırt X, line	<u> 10</u>	<del></del>		
	Description of property	(a) Cost or		, , <i>,</i>	,	c) Accu		<b>d</b>	(d) Book	value
		basis (invest		basis	(other)	depre	ciation			
1a	Land		320.							<u>,320.</u>
þ	Buildings	384,	294.	<u> </u>		10	8,08	12.	<u>276</u>	<u>,212.</u>
C	Leasehold improvements									
d	Equipment		_							
	Other									
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Pan	t X, colur	nn (B), line 1	'0c) .				<u> 281</u>	<u>,532.</u>

Schedule D (Form 990) 2018

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) TENANT DEPOSITS

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

(b) Book value

503.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2018

Schedule D (Form 990) 2018 SALERNO		·		<u> 39010 Page 4</u>
Part XI Reconciliation of Revenue per			ue per Return.	
Complete if the organization answered		12a		05 000
1 Total revenue, gains, and other support per au			1	25,082.
2 Amounts included on line 1 but not on Form 99	30, Part VIII, line 12	1 - 1		
a Net unrealized gains (losses) on investments		2a	<del></del>	
<ul><li>b Donated services and use of facilities</li><li>c Recoveries of prior year grants</li></ul>		2b   2c	<del></del> -	
d Other (Describe in Part XIII )		2d	<del></del>	
e Add lines 2a through 2d		<u> </u>	2e	0.
3 Subtract line 2e from line 1			3	25,082.
4 Amounts included on Form 990, Part VIII, line 1	2. but not on line 1		-	
a Investment expenses not included on Form 99	·	4a		
b Other (Describe in Part XIII )		4b		
c Add lines 4a and 4b			4c	0.
5 Total revenue Add lines 3 and 4c. (This must e	qual Form 990, Part I, line 12)		5	25,082.
Part XII Reconciliation of Expenses pe	er Audited Financial Sta	tements With Expe	nses per Return.	
Complete if the organization answered "	Yes" on Form 990, Part IV, line	12a		
1 Total expenses and losses per audited financia	l statements		1	37,010.
2 Amounts included on line 1 but not on Form 99	0, Part IX, line 25	1 1		
a Donated services and use of facilities		2a		
<b>b</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	37,010.
4 Amounts included on Form 990, Part IX, line 25		1 1	1 1	
a Investment expenses not included on Form 990	0, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)		4b		•
c Add lines 4a and 4b	.=		4c	37 010
5 Total expenses Add lines 3 and 4c. (This must Part XIII Supplemental Information.	equal Form 990, Part I, line 18	<u> </u>	5	37,010.
Provide the descriptions required for Part II, lines 3, 5	and O. Dark III. lines to and 4	Dort IV Junes 1h and 2h	Dort V. Ivan 4. Dort V. Iv	no O. Dord VI
lines 2d and 4b, and Part XII, lines 2d and 4b. Also co			ran v, iiile 4, ran A, ii	ie z, Fart Ai,
intes 2d and 4b, and 1 art An, intes 2d and 4b Also Co	omplete this part to provide any	additional information		
	·-·			
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832054 10-29-18			Schedule	D (Form 990) 2018

#### **SCHEDULE 0**

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

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FORM	99	ο,	PART	VI,	SECTION	В,	LINE	11B:							
THE	GOV	ERI	NING	BODY	REVIEWS	тн	E TAX	RETURN	PRIOR	TO	ITS	FII	LING.		
FORM	1 99	<u>,</u>	PART	VI,	SECTION	C,	LINE	19:							
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

■ Attach to Form 990.

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

2018

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled Employer identification number 20-8339010 Š × × × entity? Direct controlling Yes entity 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 Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) Total income Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) ਉ Legal domicile (state or 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) foreign country) Primary activity Primary activity LOW INCOME HOUSING OW INCOME HOUSING OW INCOME HOUSING OW INCOME HOUSING For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC SALERNO HOME Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity GREENWOOD HOMES - 58-1992657 CRESTLINE HOMES - 63-0955727 DEVILLE PLACE - 63-0879399 -63-0877111BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 Name of the organization 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD VERA HOUSE

20-8339010

SALERNO HOME, INC.

Schedule R (Form 990)

/ TITO ON THE	• > 111				0106660-07	27	
Part II Continuation of Identification of Related Tax-Exempt Organizations	Exempt Organizations						•
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	, , (12(b)(13) 311ed ation?
				501(c)(3))		Yes	N <sub>o</sub>
CARSON PLACE - 31-1648231							
940 MONTCLAIR ROAD	,						
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)				×
HORIZON HOMES - 63-0810660							
940 MONTCLAIR ROAD				-			
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)				×
HEAL	PROVIDES MENTAL HEALTH				<u> </u>		
940 MONTCLAIR ROAD	SERVICES TO JEFFERSON		GOVERNMENT				
BIRMINGHAM, AL 35213			ENTITY				×
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Schedule R (Form 990) 2018 SALERNO HOME, INC.

[Part III] Identification 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

General or Percentage managing ownership 3 Code V-UBI General of Prangula managing of Schedule Print (Form 1065) Yes No Disproportionate Yes No aflocations? Ξ Share of end-of-year assets **6** Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
Direct controlling entity (c)
Legal
domicite
(state or
foreign Primary activity 9 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

(c) (d) (e) (f) (g) (h)	Legal domicile Direct (state or foreign									
(e)	Type of entity (C corp, S corp, or trust)						i			
(p)	Direct controlling entity									
	Legal domicile (state or foreign	country)			·[					
(q)	Primary activity									
(a) (b)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2018

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Yes

INC SALERNO HOME Schedule R (Form 990) 2018 Part V · Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

를 ٥ <del>1</del>9 ę 4 4 19 두 두 유 4 15 <u>9</u> ÷ ¥ Ŧ ¥ = Ξ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 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? 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule j Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) o Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) f Dividends from related organization(s)

×

×

×

× ×

×

(a) (b) (c) (d)	(q)	(၁)	(p)
Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amount involved
(1) JBS MENTAL HEALTH AUTHORITY	ď	0	0.ACTUAL AMOUNT PAID
(3)			
(4)			
(5)			
(6)			
832163 10-02-18	29		Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 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.

l av	ı	ı	1	1	1	1	1	, ,
(h) (i) (j) (k)  Dispropor- Dispr								
y Perc								
(j) keneral c nanagin partner?								
31 K-1 5)							<u>-</u>	
(i) e V-UE t in bo edule n 106.								
Cod moun of Sch (Fari								
(h) spropor- tionate scattons?								
C B CS C	<u> </u>	<u> </u>				<u> </u>	<u> </u>	
(g) Share of end-of-year assets								
(f) Share of total income								
Are all partners sec 501(c)(3) orgs?								
e partr			-					
Predominant income particular (related, unrelated, sections 512-514)								
sign e								
(c) Legal domicile (state or foreign country)								
(b) Primary activity	1							
(b) nary ad						i		
Prin								Ì
		1					<del>                                     </del>	<del></del>
a EIN								
(a) Name, address, and EIN of entity								
(a) address, a of entity								
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Schedule R (Form 990) 2018

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