# **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 Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning 1/1/2017 and ending 12/31/2017 C Name of organization Check if applicable S.A.V.E D FOUNDATION INC D Employer Identification number Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 27-4214931 Name change **CENERVIEW DRIVE** 103 E Telephone number Initial return City or town State ZIP code (336) 617-3152 GREENSBORO NC 27407 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 260,231 F Name and address of principal officer Application pending Yes X No H(a) is this a group return for subordinates? LATOYA U ROBINSON 4475 RAMSEUER DRIVE , WINSTON -SALE H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status 501(c) ( ) < (insert no ) 4947(a)(1) or Website: ► WWW.SAVEDFOUND.ORG H(c) Group exemption number ▶ X Corporation Trust K Form of organization Association Other > L Year of formation. M State of legal domicile 2010 NC Part I Briefly describe the organization's mission or most significant activities: TO REDUCE THE EFFECT OF ABUSE AND NEGA Experses ANNED Revenue 2 402 ctivities & Governance BEHAVIORAL PATTERNS. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). RECEIVED Number of independent voting members of the governing body (Part V 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 7 Total number of volunteers (estimate if necessary) . . . . . . 4 Total unrelated business revenue from Part VIII, column (C), line 12. 0 Net unrelated business taxable income from Form 990-T, line 34. 55.029 **Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . . . . . . . Program service revenue (Part VIII, line 2g) . . . . . . . . . . . 0 260.231 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). . . . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 0 260.231 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 204,202 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 39,068 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 243,270 19 Revenue less expenses. Subtract line 18 from line 12. 16,961 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 0 21 Total liabilities (Part X, line 26) . . . . . . . . 0 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that Wave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete eclaration of other than officer) is based on all information of which preparer has any knowledge. 3/15/2019 Sign Here LATOYA U ROBINSON CEO/PRESIDENT Type or print name and title Print/Type preparer's nam aid reparer se Only ay the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

0

4e

Total program service expenses

# Part IV . Checklist of Required Schedules

		•		Yes	No
1					
•			1		<u> X</u>
			2		X
3				1	.,
_	<ol> <li>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.</li> <li>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</li> <li>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.</li> <li>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.</li> <li>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.</li> <li>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.</li> <li>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.</li> <li>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.</li> <li>Did the organization report an amount in Part X, line 21, tor escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments—oth</li></ol>		3		X
4			4		Х
5					
		Part III	5		Χ
6	;	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
			6		Х
7	'	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
			7		Χ
8					
	-	complete Schedule D, Part III	8		Χ
9					
			1		
			9		Х
10					
			10		Х
11				- 1	
				-  -	
			11a		Х
			445	-	v
			11b		X
		of its total assets reported in Part X. line 162 If "Yes." complete Schedule D. Part VIII	11c		Х
			116		
			11d		х
		·	11e	_	X
			· · •		
			11f		
12					
		· · · · · · · · · · · · · · · · · · ·	12a		Х
	b \	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
		and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13		Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
		Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
		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			
4 =		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	45		v
16		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
. •		assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17		Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10	-+	
••		on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		х
18		Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		-+	
-		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19		Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		If "Yes," complete Schedule G, Part III	19		Х

Checklist of Required Schedules (continued)

Form **990** (2017)

### Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . . . Х 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . . 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . . . . . . . . . . . . . . . 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . . . . . . . . . . . . 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV . . . . . . . . . Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Х 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Take the number reported in Box 3 of Form 1986. Enter -0- if not applicable.  1a Enter the number reported in Box 3 of Form 1986. Enter -0- if not applicable.  1b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable.  1c Did the organization comply with backing witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize without some of Form W-3. Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return.  2a Ty  5 If at least one is reported on line 2a, did the organization file and prolyment tax returns?  3a Did the organization charge vented the sines gross shores of \$1.000 or more during the year?  3b If at least one is reported on line 2a, did the organization file at required federal employment tax returns?  3b Did the organization have unreleated business pross shores of \$1.000 or more during the year?  3c X X Statements, filed for the calendar year ending with or within the year covered by this return.  2a D X X Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3b Did the organization lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3c Did the organization from 190-Tri for this year? If *Nor* to line 3b, prowde an explanation in Schedule O.  3d At any time during the calendar year, did the organization file of the 3b, prowde an explanation in Schedule O.  3d At any time during the calendar year, did the organization file of the see a bank account, or other financial Accounts (FPAR).  5d EAR)  5d A Tyres, the organization aparty to a prohibited tax shelter transection at any time during the tax year?  5d A X X If Yes's line organization aparty to a prohibited tax shelter transection at any time during the tax year?  5d A X Y If Yes's line organization aparty to a prohibited tax shelter transection and the organization flow the organization flow organization shelt and prohibiti	Form 9	990 (2017) S.A.V.E.D FOUNDATION INC 27-42	14931	F	age 5
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  be Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable  column 15 of	-Pa				
tall Enter the number reported in Box 3 of Form 1006. Enter -0- if not applicable.    be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.    c Did the organization comply with beckup withholding rules for reportable payments to vendors and reportable gaming (agambling) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tex.    Statements, filed for the calendary year ending with or within the year covered by this return.    2		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable. □ 1  □ 0  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable □ 2  □ Did the organization state of the calendar year ending with or within the year covered by this return □ 2  □ 7  □  □  □  □  □  □  □  □  □  □  □	•			Yes	No
c Did the organization comply with backup withholding fulse for reportable payments to vendors and reportable gaming gambing giampling beings to prize winners?  2 Eleter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  5 I at least one is reported on line 2a, did the organization file all required faderial employment (ax returns?).  5 I off the grant statements, filed for the calendar year ending with or within the year over the file of the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions).  5 If "Yes," has if filed a Form 990-Tr for this year? If "Wor' to fine 3b, provide an explanation in Schedule 0.  5 If "Yes," a sail filed a Form 990-Tr for this year? If "Wor' to fine 3b, provide an explanation in Schedule 0.  5 If "Yes," enter the name of the foreign country.  5 If "Yes," enter the name of the foreign country.  5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," enter the name of the foreign country.  5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR).  6 Uses the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR).  6 Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that the organization file Form 8889-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization receive and the organization file form 889-T?  7 Organizations shick at may receive deductible contributions under section 170(c).  8 If "Yes," did the organiz		· · · · · · · · · · · · · · · · · · ·	<u>)</u>		
gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filled for the calendar year ending with or within the year covered by this return.  2a 7  Statements, filled for the calendar year ending with or within the year covered by this return.  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  3a X  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3b X  4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial (FBAR).  5i If "Yes," enter the name of the foreign country.  5i If "Yes," enter the name of the foreign country.  5i If "Yes," enter the name of the foreign country.  5i If "Yes," this state organization have a prohibited tax sheller transaction?  5i If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5i If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5i If "Yes," did the organization should any contributions that were not tax deductible as charitable contributions?  5i If "Yes," did the organization include with every solicitation and a express statement that such contributions or gifts were not tax deductible?  7i Organizations that may receive deductible contributions under section 170(c).  a Did the organization state the payor?  5i If "Yes," did the organization notify the donor of the value of the goods or services provided?  5i If Yes, "Indicate the number of Forms 8282 filed during the year.		· · · · · · · · · · · · · · · · · · ·	긔 .		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed of the calendar year ending with or within the year covered by this return.  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines is and 2a is greater than 250, you may be required to e-file. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If "Yes." has it filed a Form 990-T for his year? If "No" to line 3b, provide an explanation in Schedule O.  3b A All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5c If "Yes." enter the name of the foreign country.  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c X  6c Does the organization a party to a prohibited tax shelter transaction at any time during the tax year?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariatie contributions?  6c A X  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of the were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Did the organization received a contribution of carbonization and party or which it was required to file Form #252?  8 Did the organiz	С	· · · · · · · · · · · · · · · · · · ·		مصصد	
Statements, filled for the calendar year ending with or within the year covered by this return.    2a   7	22	i i	1C		<u> </u>
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it lifed a Form 990-T for this year? If "Not" to line 3b, provide an explanation in Schedule 0  3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securilies account, or other financial accountry."  5e instructions for filing requirements for EinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  55 X  56 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  56 If Yes' to line 5a or 55, did the organization file Form 8886-17?  57 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solical any contributions that were not tax deductible as charitable contributions?  56 If Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  81 Did the organization selection of the value of the goods or services provided?  82 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?  83 If Yes, did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  75 Did the organization received a contribution of qualified intellectual property, did the organization file or any services provided?  84 Did the sponancial on select excha	La	· · · · · · · · · · · · · · · · · · ·	,	į	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3 Did the organization have unrelated business gross incorner of \$1,000 or more during the year?  3 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3 A 1 any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  3 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 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).  5 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).  5 If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If "Yes," did the organization file form 8886-T?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible.  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If "Yes," indicate the number of Forms 8828 filed during the year.  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8829?  1 If "Yes," indicate the number of Forms 8282 filed during the year.  1 Did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract?  2 Did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract?  3 If the organization received a contribution of cars, boats, sirplanes, or other ve	b		2b	×	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  bif "Yes," has it filed a Form 990-T for this year? If "No" to lime 3b, provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry.  bif "Yes," enter the name of the foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  cos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a If "Yes," indicate the number of Forms 8282 filed during the year.  1d If "Yes," indicate the number of Forms 8282 filed during the year.  1d If the organization receive any funds, directly or indirectly, to pay premiums on a personal be					
b if "Yes," has it fied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  A I any time during the calendary pear, did the organization have an interest in, or a signature or other subnitive over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.  5a X  b) did ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c if "Yes" cill line 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c X  Does the organization have annual gross receible that are normally greater than \$100,000, and did the organization solicit any contributions that were nor tax deductible as charitable contributions?  6a X  7 Organizations start may receive deductible contributions under section 170(c).  b) If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b) If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 To Yes," did the organization notify the donor of the value of the goods or services provided?  7 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file?  7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  10	3a		3a	X	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Note. Seponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Bection 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990. Part VIII, line 12.  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  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 in more than one state?  Enter the amount of reserves on hand.  Center the amount of reserves on hand.  Did the organization receive any	d				
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  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.  c Enter the amount of reserves on hand.  13b  c Enter the amount of reserves on hand.  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  X	а		9a		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  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.  C Enter the amount of reserves on hand.  Did the organization receive any payments for indoor tanning services during the tax year?  14a	10				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	<u> </u>	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  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	b		`		
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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	а		13a		
the organization is licensed to issue qualified health plans	_				. [
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	_		- I		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b X			140		<del>  </del>
	_		<del></del>		
		population in contration in contration in contration in		990 r	

-Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u>.                                    </u>	
Sect	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 2/		121 1
b 2	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	2	, ' . , '	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		
7a b	one or more members of the governing body?	7a		
8	stockholders, or persons other than the governing body?	7b	ę	-
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ode.)		
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	Yes	No
11a b		10b 11a		
12a b c	· · · · · · · · · · · · · · · · · · ·	12a 12b 12c		
13 14 15	Did the organization have a written whistleblower policy?	13		
a b	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a 15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	 16a		, 
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure	, 55	l	
17 18	List the states with which a copy of this Form 990 is required to be filed ► NC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c available for public inspection. Indicate how you made these available. Check all that apply.	)(3)s (	only)	
19 20	X Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:	-	, and	l
	SAVED FOUNDATION INC  1 CENTERVIEW DRIVE STE# 103, GREENSBORO, NC 27407  (336) 617-3152			

			_									
Form 990 (2017)	S.A.V E.D FOUNDATION INC									27-42149	931	Page 7
-Part-VII-	Compensation of Officers, Dire		es, k	Key	En	npl	oyee	s,	Highest Comp	ensated		
,	Employees, and Independent C							_				
`	Check if Schedule O contains a r									· · · · · ·	• •	<u> </u>
Section A.	Officers, Directors, Trustees, Key	<del> </del>					_			<del></del>		
	this table for all persons required to be	e listed. Report	comp	ens	satio	on fo	or the	ca	endar year endi	ng with or withir	n the	
organization's	-											
List all     of compensate	of the organization's <b>current</b> officers, iion. Enter -0- in columns (D), (E), and	directors, truste	es (w	vhet	her	ind	ividua	als o	or organizations)	, regardless of	amount	
	of the organization's <b>current</b> key emp							fini	tion of "key empl	lovee "		
	organization's five current highest co										mployee)	
who received	reportable compensation (Box 5 of Fo											
=	and any related organizations.											
	of the organization's <b>former</b> officers, l								d employees wh	o received mor	e than	
	eportable compensation from the orga		-		_				···	:	6 41	
	of the organization's <b>former directors</b> more than \$10,000 of reportable com										e of the	
List persons i	n the following order: individual trusted employees; and former such persons	es or directors; i										
	is box if neither the organization nor a		izətic	an c	omi	nen-	hates	an	v current officer	director, or true	rtoo	
	a sex il florido allo eligarinación flor a		I	J11 C		C)		un	y carrent onicer,	director, or true	ice.	
					-	o, sition						
	(A) Name and Title	(B) Average					e than		(D) Reportable	(E) Reportable	(F) Estima	
	Name and Title	hours per					or/trust	ee)	compensation	compensation	amour	nt of
		week (list any hours for	o la	Inst	Officer	Ę.	를 를	Former	from the	from related organizations	othe compens	
		related organizations	Individual to	T T	હ	E S	Highest ∝ employee	룍	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from to	
		below dotted	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(17 2 1000 111100)		and rel	ated
		line)	stee	l ste		ñ	ens				organiza	ations
				16		l	ated					
(1) LATOY	A U ROBINSON	40.00		$\vdash$	<u> </u>		t —					
CEO		40.00				L.			11,350			
(2)												

(A) Name and Title	(B) Average hours per	box,	unles	s pe	rson Irect	e than on the street of the st	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LATOYA U ROBINSON	40.00 40.00							44.050		
(2)					<u> </u>			11,350		
(3)										<u> </u>
(4)										
(5)										
(6)										
(8)										i
(9)										
(10)										
(11)		•								
(12)										
(13)					,					
(14)										

27-4214931

P	Section A. Officers, Directors, II	rustees, Key E	mplo	yee	<u>s, a</u>	ınd	High	est	Compensated	Employees (c	ontini	ıed)	
	(A) Name and trile	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	rson	e than on the state of the stat	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	•	(F) Estimate amount other empensa	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Der	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC	o	from the rganizate and relate ganizate	tion ted
(15)													
(16)													
(17)													
(18)													
(19)													
(20)											1		
(21)													
(22)													
(23)								-					
(24)													
(25)											<del> </del>		
1b c	Sub-total  Total from continuation sheets to Part VII, S							<b>&gt;</b>	11,350		0		0
d	Total (add lines 1b and 1c)							<b>•</b>	11,350				0
2	Total number of individuals (including but not reportable compensation from the organization						ho red	ceiv	ved more than \$	100,000 of			
									······································			Yes	No
3	Did the organization list any <b>former</b> officer, die employee on line 1a? <i>If "Yes," complete Sche</i>										3	-	X
4	For any individual listed on line 1a, is the sum												
	the organization and related organizations gre												
	ındividual		•	•		٠		•			4	1	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5	-	i
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest comp compensation from the organization. Report c year.											ЗХ	
	(A) Name and business add	ress							(B) Description of serv	vices		C) ensation	
													0
								_					0 0
													0
	T-41		- :				$\prod_{i=j}^{n}$						0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	nited	to ti	nos	e IIS	sted a	/OQI	ve) wno received		, ' ,		

Form 990 (2017) S.A.V.E.D FOUNDATIO

Part-VIII: Statement of Revenue

-		Check if Schedule O contain	s a response o	or note to any line	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
ts	l .	-Federated campaigns						
Grants	b	Membership dues		<del></del>				
S, C	C	Fundraising events		<del></del>				
GIfts, Ilar An	d	Related organizations	<del>-</del>					
SIm S	e	Government grants (contribution	· -	<u> </u>				
of Je	ļ t	All other contributions, gifts, gra						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included ab						
a Co	9	Noncash contributions included in	,	0			10000	
	h	Total. Add lines 1a-1f	<u></u>	Business Code		AL DE TATE OF THE SECOND		
Service Revenue	2-	CANDUILLO CENTED .		- Business Code	044.000			
ě		SANDHILLS CENTER			211,098	· · · · · · · · · · · · · · · · · · ·		
e e	D .	CARDINAL INNOVATIONS HEALTH CHOICE.			38,524	· · · · · · · · · · · · · · · · · · ·		
, <u>Ş</u>	4				10,609		-	1
	, u			-	0	ł	,	<u> </u>
Program	f	All other program service reven			0		-	
, e		Total. Add lines 2a–2f			260,231			
	3	Investment income (including di	vidends intere		200,231	是公司的和·他区(5.34.54.54.50)	AND THE PARTY OF THE PARTY	
	_				1 0		i	
	4	Income from investment of tax-e			0	<del> </del>		
	5	Royalties			Ō			
			(ı) Real	(II) Personal	Carlo Marka			
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)		0 0				
	d	Net rental income or (loss) .	<u> </u>	<u> </u>	0			
	7a		(i) Securities	(II) Other				
		assets other than inventory .		0 0				
	b	Less: cost or other basis				Service Service		
,		and sales expenses		0 0	"" 有一种的一种一种			
,	C	Gain or (loss)		0 0				
	đ	Net gain or (loss)		. <u></u>	0	THE STATE OF THE S	-MICHESTON CONTROL - CONTROL - MAGILLANDON -	NEW YORKS BATTER VIEWFRIET COMMENTATION
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c).	.,				
ا بو	h		b	0				
ნ		Net income or (loss) from fundra			l n			
		Gross income from gaming activ						
		See Part IV, line 19		0				
	b	Less: direct expenses						
• "	· C	Net income or (loss) from gamin	g activities	<u> ·</u> ▶	0			
	10a	Gross sales of inventory, less						
	ı	returns and allowances		0				
		Less: cost of goods sold						
	С	Net income or (loss) from sales	of inventory.		0	1.00 100 1	La demoir	and a late
_		Miscellaneous Revenue		Business Code				
· ,	11a				0			
	þ				0			
,	С				0			<u></u>
	đ	All other revenue			0	STOREGIES SINCE AND AND AND AND AND AND AND AND AND AND	DESTROCAL GRANTES AND AND AND AND AND AND AND AND AND AND	To Mark Shiffing that below the north on
	e 12	Total revenue See instructions			0			

### -Part IX-Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

domestic governments. See Part IV, line 21  Grants and other assistance to domestic individuals See Part IV, line 21  Grants and other assistance to domestic individuals. See Part IV, line 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation not include above, to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1) and persons (as defined under section 4958(f)(1) and persons (as defined under section 4958(f)(1) and 4958(		not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
domestic governments. See Part IV, line 21.  Crants and other assistance to domestic individuals. See Part IV, line 22.  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  Benefits paid to or for members.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of included above, to disqualified persons (as defined under section 4958(013)(8).  Compensation of included above, to disqualified persons (as defined under section 4958(013)(8).  Other selense and wages.  Pension plan accruals and contributions (include section 401(t) and 403(b) employer contributions).  Other employee benefits.  O payoril states.  15,699  Pension plan accruals and contributions (include section 401(t) and 403(b) employer contributions).  O person datases.  18,628  Degrain and training accruate to the comployees:  A Management.  18,628  Degrain and training services. See Part IV, line 17.  O processional fundrasing services. See Part IV, line 17.  If investment management fees.  O o processional fundrasing services. See Part IV, line 17.  O o processional fundrasing services. See Part IV, line 17.  If investment management fees.  O o o o o o o o o o o o o o o o o o o	- 1	Grants and other assistance to domestic organizations		-	-	
individuals See Part IV, line 22. 0 Grahs and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 0 Benefits paid to or for members. 0 Compensation of current officers, directors, trustees, and key employees. 0 Compensation of current officers, directors, trustees, and key employees. 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f) and persons described in section 4958(f) and persons described in section 4958(f) and persons described for an expension of the section 4958(f) and persons described for an expension of the section 4958(f) and persons described for an expension for an expension for an expension for an expension for an expension for an expension for an expension for an expensi			0			j
3 Grants and other assistance to foreign organizations, foreign operaments, 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(I)(11) and persons described in section 4958(I)(11) and persons described in section 4958(I)(18).  7 Other salaries and wages.  8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions).  9 Other amployee benefits.  10 Payroll taxes.  11 Fees for services (non-employees):  a Management.  12 Legal  13 Cool Cool Cool Cool Cool Cool Cool Coo	2	Grants and other assistance to domestic			ř	,
3 Grants and other assistance to foreign organizations, foreign operaments, 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(I)(11) and persons described in section 4958(I)(11) and persons described in section 4958(I)(18).  7 Other salaries and wages.  8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions).  9 Other amployee benefits.  10 Payroll taxes.  11 Fees for services (non-employees):  a Management.  12 Legal  13 Cool Cool Cool Cool Cool Cool Cool Coo		individuals See Part IV, line 22	ol			
organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 . 0	3	<b>,</b>				
individuals. See Part IV, lines 15 and 16.  Benefits paid to or for members.  Compensation of current officers, directors, trustees, and key employees.  Compensation not included above, to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f) and follows a section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contribution 401(k) an						
### Benefits paid to or for members			o			-
5 Compensation of current officers, directors, trustees, and key employees	4				<u> </u>	
trustees, and key employees						
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B). 0 7 Other salaries and wages. 8 Pension plan accrueis and contributions (include section 4916(x) and 403(x)) employer contributions). 0 9 Other employee benefits. 0 9 Other employee benefits. 0 10 Payroll taxes. 19,033 11 Fees for services (non-employees):  a Management. 18,628 b Legal. 0 0 CAccounting. 7,000 d Lobbying. 0 0 CHINE 119 management fees 0 9 Other cliffe 119 amount exceeds 10% of line 25, column (A) amount, list line 119 expenses on Schedule O) 13 Office expenses. 0 16 Occupancy. 7,000 17 Travel . 300 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 19 Conferences, conventions, and meetings. 19 August 1	•		0		1	
persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(B)).  7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 0 Dayor litaxes. 19,033 11 Fees for services (non-employees): a Management. 18,628 b Legal. 0 O O O O O O O O O O O O O O O O O O O	6			<del></del>		
persons described in section 4958(c)(3)(B) 0   185,169   8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0   0   0   9 Other employee benefits 0   0   19,033   19,03	•					
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 Other employee benefits 0 O Other employee benefits 0 O Other employee benefits 0 O Other employee benefits 0 O Other employee benefits 0 O Other employee benefits 0 O Other employee benefits 0 O Other employees): a Management 1 18,628 Uses 19,033 Uses 19,034			ام			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  18,828  b Legal  0 O  1 Accounting  7,000  d Lobbying  Professional fundraising services. See Part IV, line 17  f Investment management fees  0 O  9 Other (iffu 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  10 Office expenses  10 Occupancy  10 Cocupancy  11 Travel  12 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings  11 Insurance  12 Payments to affiliates  13 Office expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule O.)  1	7			<del></del> -	<del> </del> -	<u> </u>
section 401(k) and 403(b) employer contributions). 0   0   0   0   0   0   0   0   0   0			165,169			
9 Other employee benefits	•					
10 Payroll taxes	0					
11 Fees for services (non-employees): a Management. b Legal. c Accounting. d Lobbyrng. e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other (fill her 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) d Advertising and promotion. d Odvertising and promotion and promotion. d Odvertising and promotion. d Odvertising and promotion. d Odvertising and promotion. d Odvertising and promotion. d Odvertising and promotion. d Odvertising and promotion. d Odvertising and promotion. d Odvertising and promotion. d Odve		Other employee benefits				
a Management			19,033			
b Legal		· · · · · · · · · · · · · · · · · · ·				
C Accounting	а					
d Lobbyng .	b					
e Professional fundraising services. See Part IV, line 17.  f Investment management fees  9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion  13 Office expenses  10	C		7,000			
f   Investment management fees   0   0   0   0   0   0   0   0   0	d					
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )  12 Advertising and promotion	е					
(A) amount, list line 11g expenses on Schedule O)  Advertising and promotion  O  Advertising and promotion  O  O  Advertising and promotion  O  O  Advertising and promotion  O  O  Information technology  Food and travel or expenses  For any federal, state, or local public officials  O  Interest  Payments of armitidates  Payments of affiliates  D  Depreciation, depletion, and amortization  Insurance  O  Cother expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  A  B  All other expenses  Total functional expenses. Add lines 1 through 24e  O  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   □  O  O  O  O  O  O  O  O  O  O  O  O	f		0			
12	g					
13			0		0	
14 Information technology 7,000  15 Royalties 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12		0			
14 Information technology 7,000  15 Royalties 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13	Office expenses	0			
15 Royalties	14	Information technology	7,000			
16 Occupancy	15		0			
17 Travel	16		0			
Payments of travel or entertainment expenses for any federal, state, or local public officials.  Conferences, conventions, and meetings.  Interest.  Payments to affiliates  Depreciation, depletion, and amortization.  Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  All other expenses  All other expenses. Add lines 1 through 24e.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   In the state of travel or entertainment expenses of the state of the solicities of the state of	17		300			
for any federal, state, or local public officials	18					<del></del>
19 Conferences, conventions, and meetings			ol			
Interest	19			· · · · · · · · · · · · · · · · · · ·		
21 Payments to affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20	· · · · · · · · · · · · · · · · · · ·				
Depreciation, depletion, and amortization						
23 Insurance				0		
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a		· · · · · · · · · · · · · · · · · · ·				<u> </u>
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a			0,100			
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a b C C D All other expenses Ald lines 1 through 24e.  243,270 D O O O O O O O O O O O O O O O O O O				•	,	
(A) amount, list line 24e expenses on Schedule O.)  a						
a b 0 c 0 d e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			1			
b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	· · · · · · · · · · · · · · · · · · ·				
c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
d e All other expenses  Total functional expenses. Add lines 1 through 24e.  25 Total functional expenses. Add lines 1 through 24e.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
e All other expenses  25 Total functional expenses. Add lines 1 through 24e.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
25 Total functional expenses. Add lines 1 through 24e . 243,270 0 0 0  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	-	All alban annual				· · · · · · · · · · · · · · · · · · ·
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   If		·				·····
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			243,270	0	0	0
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	26	· · · · · · · · · · · · · · · · · · ·				
fundraising solicitation. Check here 🕨 🔲 ɪf						
			ĺ		}	
following SOP 98-2 (ASC 958-720)						
		following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		
•	· · · · · ·		(A) Beginning of year	_	( <b>B</b> ) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0	5 .	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4950(c)(3)(B), and contributing employers and 1		1	
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions). Complete Part II of Schedule L	0	_ 6	
SS	7	Notes and loans receivable, net			0
⋖	8	Inventories for sale or use			0
	9	Prepaid expenses and deferred charges	0	9	0
	10a				
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	<del></del>		
	11	Investments—publicly traded securities			
	12	Investments—other securities. See Part IV, line 11			
	13	Investments—program-related See Part IV, line 11			
	14	Intangible assets			
	15	Other assets. See Part IV, line 11	<del></del>		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<del></del>		0
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Tax-exempt bond liabilities			<del></del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	United the factor with the tent	人物验了	Part (" - Taring Kalandara (" Ala and Balandara")
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ξ	İ	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	***************************************
ia	23	Secured mortgages and notes payable to unrelated third parties			
_	24	Unsecured notes and loans payable to unrelated third parties			<del></del>
	25	Other liabilities (including federal income tax, payables to related third			
	• •	parties, and other liabilities not included on lines 17-24) Complete			
	Į	Part X of Schedule D	l / al	25	a
	26	Total liabilities. Add lines 17 through 25	0		
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
Ś		complete lines 27 through 29, and lines 33 and 34.			
ဦ	~7	•		<u> </u>	
<u>a</u>	27	Unrestricted net assets			
ä	28 29	Permanently restricted net assets	<del></del>		<del></del>
Ē	25			0 3 0 0 4 0 0 5 0 5 0 6 0 7 0 0 8 0 0 9 0 0 10c 0 0 11 0 0 12 0 0 13 0 0 14 0 0 15 0 0 16 0 0 17 0 0 18 0 0 19 0 20 0 0 21	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	<del></del>		
ASS.	31	Paid-in or capital surplus, or land, building, or equipment fund			
et/	32	Retained earnings, endowment, accumulated income, or other funds			
Ź	33	Total net assets or fund balances	U		
	34	Total liabilities and net assets/fund balances	0	34	0

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?...

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form 990 (2017)

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### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| Service | Service | Mame of the organization | Service | Charity Status (All organizations must complete this part.) | See instructions

S A.\	∕.Ε <u>.</u>	D FOUNDATION INC						14931	
Par		Reason for Public Char							
	orga	anization is not a private founda							
1	닏	A church, convention of churc				• •	• • • • • • • • • • • • • • • • • • • •		
2	$\Box$	A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 or	· 990-EZ).	)		
3		A hospital or a cooperative ho	spital service orgar	nization described in <b>s</b>	ection 17	70(b)(1)(A	)(iii).		
4		A medical research organization hospital's name, city, and state		junction with a hospita	ıl describe	ed in sect	ion 170(b)(1)(A)(iii)	. Enter the	
5		An organization operated for to section 170(b)(1)(A)(iv). (Con		ege or university owne	d or oper	ated by a	governmental unit o	described in	
6		A federal, state, or local gover	nment or governme	ental unit described in	section	170(b)(1)(	(A)(v).		
7		An organization that normally described in section 170(b)(1			from a go	vernment	al unit or from the g	eneral public	
8		A community trust described in	n <b>section 170(b)(1</b>	)(A)(vi). (Complete Pa	ırt II.)				
9		An agricultural research organ or university or a non-land-gra university:	nization described in ant college of agricu	n section <b>170(b)(1)(A)</b> ilture (see instructions	(ix) opera ) Enter th	ited in cor ne name,	njunction with a land city, and state of the	l-grant college e college or	
10		An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt function to the second terms of	tions—subject to certa ated business taxable	in except income (	ions, and less section	(2) no more than 3 on 511 tax) from bu	3 1/3% of its	 S
11		An organization organized and	d operated exclusiv	ely to test for public sa	afety. See	section :	509(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organizations of	described in section 5	09(a)(1) d	or <b>section</b>	509(a)(2). See sec	tion 509(a)(3)	
a b	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								
•	ſ	control or management of t organization(s) You must Type III functionally integi	complete Part IV,	Sections A and C.			-		
С	ı	its supported organization(s						itegrated with,	
d	{	Type III non-functionally in that is not functionally integrequirement (see instruction	ntegrated. A support	orting organization operation generally must s	erated in d atisfy a di	connection stribution	n with its supported requirement and ar		
e	[	Check this box if the organi functionally integrated, or T	zation received a w	vritten determination fi	om the IF	RS that it i		Type III	
f		Enter the number of supported	· ·	· · · · · · · · ·					0
g		Provide the following information	-	rted organization(s).					
	(1)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (support (	ee
					Yes	No			
(A)	_				1.03			<u> </u>	
• •									
(B)									
(C)				· · · · · · · · · · · · · · · · · · ·					
(D)									
(E)									
Tota	1						0	1	0

-Pa	Support Schedule for Orga (Complete only if you check						ndor
C.	Part III. If the organization fa						
	ction A. Public Support	(-) 0040	/t-> 0044	1 1 2015	1 10 2010	T	
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants").					i	
2				<del>                                     </del>			<u> </u>
2	Tax revenues levied for the organization's benefit and either paid to or expended on			1			
	its behalf				·		
3	The value of services or facilities			<del> </del>			
-	furnished by a governmental unit to the	]			}		
	organization without charge	Ì				(	. (
4	Total. Add lines 1 through 3.	0	0	0	0	0	
5	The portion of total contributions by		Education 2				
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			THE PERSON NAMED IN			
6	Public support. Subtract line 5 from line 4	<b>《公司》</b>	<b>建</b>		<b>新华民党党</b>		(
	ction B. Total Support	1 1 2010	1 (1) 0044	1 1 2015	· · · · · · · · · · · · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
′	Amounts from line 4	0	0	0	0	<u> </u>	
0	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business			<u></u>			
_	activities, whether or not the business is						
	regularly carried on						C
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						C
11	Total support. Add lines 7 through 10 .	<b>新兴力的高兴</b>		是影響的不同	ALC: NO SERVICE OF THE PERSON		0
12	Gross receipts from related activities, etc. (se			•	•	12	···
13	First five years. If the Form 990 is for the org	ganızatıon's fırst, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here					•	· •
	ction C. Computation of Public Su		<del></del>	· <del>-</del>			
	Public support percentage for 2017 (line 6, co			)		14	0.00%
	Public support percentage from 2016 Schedu	· ·		•		15	0.00%
	33 1/3% support test—2017. If the organization qualifies as and stop here. The organization qualifies as	a publicly supported	d organization	•			<b>&gt;</b>
b	33 1/3% support test—2016. If the organization and stop here. The organization qualifies			6a, and line 15 is 3	33 1/3% or more, ch	neck this	. ▶
17a	10%-facts-and-circumstances test—2017. is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	the "facts-and-circ	umstances" test, c	heck this box and s	top here. Explain ii	n 	►□
	10%-facts-and-circumstances test—2016. 15 is 10% or more, and if the organization in Explain in Part VI how the organization meets supported organization	neets the "facts-ar	nd-circumstances"	test, check this bo	x and stop here.	-	<b>▶</b>
18	Private foundation. If the organization did no instructions		ne 13, 16a, 16b, 17	a, or 17b, check the	s box and see		
		•			•	•	

# 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 below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ĺ					
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					ľ	
	ıts behalf						0
5	The value of services or facilities				}		
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3		-				
	received from disqualified persons	L					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
С	Add lines 7a and 7b .	0	0	0	0	0	0
8	Public support (Subtract line 7c from	. 4	•		-	-	
	line 6 )			* .*	<u> </u>	·	0
Sec	ction B. Total Support						···
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
9	Amounts from line 6.	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			,			0
12	Other income Do not include gain or		l			1	
	loss from the sale of capital assets	ı			,		
	(Explain in Part VI) .						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the org	janization's first, sec	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		
_	organization, check this box and stop here		•	•	· · ·	<u> </u>	
	tion C. Computation of Public Sup					<u></u>	
15	Public support percentage for 2017 (line 8, co			•	•	15	0.00%
16	Public support percentage from 2016 Schedu		<del> </del>			16	0.00%
	ction D. Computation of Investmen						
17	Investment income percentage for 2017 (line		-	ımn (f))		17	0.00%
18	Investment income percentage from 2016 Sci					18	0.00%
19a	33 1/3% support tests—2017. If the organization					l line 17 is	<u>,                                    </u>
	not more than 33 1/3%, check this box and st	-	•		-	٠ .	▶□
b	33 1/3% support tests—2016. If the organization 18 is not more than 23 1/3%, shock this b						<b>►</b> [
20	line 18 is not more than 33 1/3%, check this b  Private foundation. If the organization did no				-	.auUII	
ZU	rovare toungation, it the grownzauon did no	a caeca a dox on IID	c 14. 198. OF 190	coeck iois dox and	SEE HISH OCHORS		🗩 🗆

### 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.)

300	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	INO,
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			Ì
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<b>-</b>		<del>                                     </del>
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported		4 85 "	
	organization was described in section 509(a)(1) or (2)	2		
33	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			<del> </del>
Ja	(b) and (c) below			
<b>L</b>		3a	ļ	
D	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 <b>Part VI</b> when and how the	٠٠.	7	24.1
		<del></del>		
_	organization made the determination	3b	_	
С	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.	3c		
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.	4a		
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.	4b		
С	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	4c		
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	,		1. × F1
	was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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)	8		
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.	9a		
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.	9b		
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.	9c		
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	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
_		10b		

Part	·IV· Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			.
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b	-	<b> </b>
C Soot	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations		14	I
1	Did the directors, trustees, or membership of one or more supported exceptions have the name to		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>-</b>	<del> </del>	<del>                                     </del>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			١.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		l	<b>.</b>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			}
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			:
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	ျ		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	-4		•
· a	The organization satisfied the Activities Test. Complete line 2 below.	Struci	ions	,
b				
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struci	tions,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			i
	the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI identify		İ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	. [		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		Ì	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	,	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3 h	ı	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing t	rust on Nov. 20, 1970 (exp	lain ın Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	aniza	tions must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	C
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	C
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain ın detail in Part VI):	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	}		<del>-</del>
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			<del></del>
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III supporting	ng organization (see
instructions).			

Part-	Part-Vo Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section	on D - Distributions			Current Year		
<u> </u>	Amounts paid to supported organizations to accomplish e	xempt purposes	<del>-</del>			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations			
4	Amounts paid to acquire exempt-use assets		•			
5	Qualified set-aside amounts (prior IRS approval required)					
-6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6.			0		
8						
	(provide details in Part VI). See instructions.					
. 9	Distributable amount for 2017 from Section C, line 6			0		
10	Line 8 amount divided by line 9 amount			0.000		
		<i>(</i> n)	(ii)	(iii)		
Se	ection E - Distribution Allocations (see instructions)	(I)	Underdistributions	Distributable		
		Excess Distributions	Pre-2017	Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6			0		
	Underdistributions, if any, for years prior to 2017					
2	(reasonable cause required—explain in Part VI). See		,			
	instructions.					
3	Excess distributions carryover, if any, to 2017					
. а						
b	From 2013					
c	From 2014					
· d	From 2015					
е	From 2016					
f	Total of lines 3a through e	0				
· g	Applied to underdistributions of prior years		0			
	Applied to 2017 distributable amount			O		
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0				
.4	Distributions for 2017 from					
•	Section D, line 7: \$ 0					
а	Applied to underdistributions of prior years		0			
b	Applied to 2017 distributable amount			O		
С	Remainder. Subtract lines 4a and 4b from 4.	, 0				
5	Remaining underdistributions for years prior to 2017, if		Alberta to months because and the			
	any. Subtract lines 3g and 4a from line 2 For result		` '			
	greater than zero, explain in <b>Part VI</b> . See instructions.		, O			
6	Remaining underdistributions for 2017. Subtract lines 3h		Hotel Briggs and Control	NAMES AND ASSOCIATION OF THE PROPERTY OF THE P		
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.			0		
.7	Excess distributions carryover to 2018. Add lines 3j	And the state of t				
1	and 4c.	ol				
8	Breakdown of line 7:		And the second of the second s	THE PARTY OF THE P		
a	Excess from 2013 0			THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE		
b	Excess from 2014 0	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRE		ACCOUNTS OF THE PROPERTY OF TH		
	Excess from 2015 0			THE PARTY OF THE P		
d	Excess from 2016	A CONTRACTOR OF THE PARTY OF TH	A COLUMN TO THE PROPERTY OF THE PARTY OF THE	Annahama an Part House, Stranger Co.		
	Excess from 2017	A CONTROL OF THE PROPERTY OF T				

Schedule A (Fo	orm 990 or 990-EZ) 2017	S.A.V.E.D FOUN	DATION INC			27-4214931	Page 8
Part VI	Supplemental Info	rmation. Provide the	e explanations	required by Part	II, line 10; Part II, lin	e 17a or 17b; Part	
		Section A, lines 1, 2					
						n E, lines 1c, 2a, 2b,	
						nd Part V, Section E,	
		lso complete this par				id Fait V, Section L,	
<del></del>	lilles 2, 3, allu 6. A	iso complete this pai	t for arry addition	unai miumation.	(See instructions.)	·· · · · · · · · · · · · · · ·	
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### **SCHEDULE L** (Form 990 or 990-EZ)

### Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 27-4214931 S.A.V.E.D FOUNDATION INC Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). ~Part.l~ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (c) Purpose (I) Written (a) Name of interested person (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved with organization of loan from the principal amount by board or agreement? organization? committee? То From Yes Yes Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9) (10)Total 0 \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3)(4)(5)(6)(7)

(8)(9) (10)

`	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	anng of zation's nues?
					Yes	No
(1)						
(2)						
(3)					<u></u>	<b></b>
(4)						-
(5) (6)					-	
(7)						├
(8)						<del></del>
(9)	1- 10 <sub>1</sub>			· · · · · · · · · · · · · · · · · · ·		
(10)			-	1		
Part V	Supplemental Information Provide additional informatio	n for responses to questions o	n Schedule L (see ir	nstructions).		
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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

2017

Open to Public Inspection

Name of the organization	Employer identification number
S.A.V.E.D FOUNDATION INC	27-4214931
C. T. V. L. D. T. GOTTO, T. T. G. T.	121-4214331
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Scriedule O (Full 990 di 990-LZ) (2011)	Page Z
Name of the organization	Employer Identification number
S.A.V.E.D FOUNDATION INC	27-4214931
	***************************************
	• • • • • • • • • • • • • • • • • • • •
	••••

SCHEDULE R (Form 990)

Name of the organization

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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.

Open to Public

Inspection

OMB No 1545-0047

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

(g) Section 512(b)(13) controlled ž (f) Direct controlling **Employer Identification number** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling
entity 27-4214931 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b)
Primary activity one or more related tax-exempt organizations during the tax year Primary activity (1) (a)
Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization S.A.V.E.D FOUNDATION INC Part Part II

Schedule R (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

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Page 2

27-4214931

S.A.V.E.D FOUNDATION INC

Schedule R (Form 990) 2017

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

(I) Section 512(b)(13) Schedule R (Form 990) 2017 Percentage Š ownership 3 controlled entity Yes identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part Yes No managing partner? General or (h) Percentage ownership amount in box 20 of Schedule K-1 Code V—UBI (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
altocations? Yes No (f) Share of total income IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Share of end-ofyear assets (e)
Type of entity
(C ∞rp, S ∞rp, or trust) 6 (f) Share of total Income (d)
| Direct controlling | entity tax under sections 512-514) Predominant income (related, excluded from unrelated, (c)
Legal domicile
(state or foreign country) (d)
Direct controlling 1 (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)Name, address, and EIN of related organization (2) (1) Name, address, and EIN of related organization Part IV <u>છ</u> 3 5 **©** € 9 € 8 **©** 9

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

Note:	Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule		Yes	0
-	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?	in Parts II-IV?	₩	
€.	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a	
<u>.</u>	Gift, grant, or capital contribution to related organization(s)		1b	
<b>0</b>	Gift, grant, or capital contribution from related organization(s)		10	
<del>ا</del>	Loans or loan guarantees to or for related organization(s)		1d	
9	Loans or loan guarantees by related organization(s).		1e	
<b>-</b>	Dividends from related organization(s)		11	]
<i>ග</i>	Sale of assets to related organization(s).		19	
	Purchase of assets from related organization(s).		4	<b>\</b>
. <b>-</b>	Exchange of assets with related organization(s)		;=	i '
j	Lease of facilities, equipment, or other assets to related organization(s)		1j	
×	Lease of facilities, equipment, or other assets from related organization(s)		<b>1</b> k	
_			11	
E	Performance of services or membership or fundraising solicitations by related organization(s).		13	Ì
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		-tu	1
	Sharing of paid employees with related organization(s).		10	1
				Ì
0	Reimbursement paid to related organization(s) for expenses		1p	1
	Reimbursement paid by related organization(s) for expenses		10	1
				i
_	Other transfer of cash or property to related organization(s)	•	1.	1
s	Other transfer of cash or property from related organization(s)		15	1
	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.	relationships and trans	action thresholds.	ا ا
	the district of the district o			ا;
	(b)  Name of related organization  Transaction  type (a-s)	(c) Amount involved	(d) Method of determining amount involved	_ \
(1)				}
(2)				ì
(3)				
				1
				1
(2)				)
(9)				
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# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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.

STOCK TOTAL THE THE THE TOTAL STOCK	(A)	(4)	TOWN BEING				Talling of the state of the sta	1	F	=	=	-	3
(a) Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	artners	Share of		Disproportionate		Code V—UBI	U) General or		(n) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	on )(3) ttons?	total income	end-of-year assets	allocato		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
			sections 512-514)	Yes	ş		<del></del>	Yes	2		Yes	2	
(1)				1				L			ļ		
(2)													
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Schedule R (For	m 990) 2017 S.A.V.E.D FOUNDATION INC	27-4214931	Page 5
Part VII	Supplemental Information.		
,	Provide additional information for responses to questions on Schedule R. See Instru	ctions.	
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