

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SALVARE, INC.		D Employer identification number 59-3188546
	Doing business as DAWN CENTER OF HERNANDO COUNTY		E Telephone number 352-684-7191
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 6179		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code SPRING HILL FL 34611		G Gross receipts \$ 1,829,205
	F Name and address of principal officer: KAREN NICOLAI 4287 BELLAIRE DR SPRING HILL FL 34607		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.DAWNCENTER.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1993**

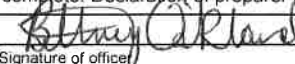
M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BREAK THE CYCLE OF DOMESTIC AND SEXUAL VIOLENCE BY PROVIDING SUPPORTIVE SERVICES AND LEADERSHIP THAT PROMOTES SOCIAL CHANGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	40
	6 Total number of volunteers (estimate if necessary)	6	14
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,554,140	1,755,187
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,877	8,789
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,377	65,229
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,608,394	1,829,205
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 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)		917,002	1,083,978
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) 13,501			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		695,671	768,778
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,612,673	1,852,756	
19 Revenue less expenses. Subtract line 18 from line 12	-4,279	-23,551	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,102,169	1,105,979
	22 Net assets or fund balances. Subtract line 21 from line 20	67,448	94,808
		1,034,721	1,011,171

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer		01/03/2020 Date	
	BRITTNEY OAKLAND Type or print name and title		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name Marci Reutimann, CPA	Preparer's signature Marci Reutimann, CPA	Date 01/20/20	Check <input type="checkbox"/> if self-employed PTIN P00538803
	Firm's name Baggett, Reutimann & Associates, CPAs PA		Firm's EIN 59-2916030	
	Firm's address 6815 Dairy Rd Zephyrhills, FL 33542-1629		Phone no. 813-788-2155	

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO BREAK THE CYCLE OF DOMESTIC AND SEXUAL VIOLENCE BY PROVIDING SUPPORTIVE SERVICES AND LEADERSHIP THAT PROMOTES SOCIAL CHANGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
CRISIS SUPPORT, ADVOCACY, AND SHELTER FOR SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,738,243** including grants of \$) (Revenue \$)

4e Total program service expenses **1,738,243**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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 "Yes," complete Schedule D, Part I		X
7 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 II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for 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 IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
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	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
g			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

SALVARE, INC.
SPRING HILL

PO BOX 6179

FL 34611

352-684-7191

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRITTNEY OAKLAND	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) VIRGINIA KORBUS	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) KAREN NICOLAI	0.00									
TREASURER	0.00	X		X			0	0	0	
(4) ELIZABETH JENNINGS	0.00									
SECRETARY	0.00	X		X			0	0	0	
(5) TARA FOREMAN	0.00									
IMMEDIATE PAST PRES	0.00	X		X			0	0	0	
(6) LEANNE SALAZAR	0.00									
Board Member	0.00	X					0	0	0	
(7) CURT CORNELL	0.00									
Board Member	0.00	X					0	0	0	
(8) RANDI ALLOCCO	0.00									
Board Member	0.00	X					0	0	0	
(9) ANESTA BOICE	0.00									
Board Member	0.00	X					0	0	0	
(10) TINA HALL	0.00									
Board Member	0.00	X					0	0	0	
(11) GENIE TONER	0.00									
Board Member	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JENINE WIMER	0.00									
Board Member	0.00	X					0	0	0	
(13) MAJOR CYRUS ROBINSON	0.00									
Board Member	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,107,493				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 647,694				
	g Noncash contributions included in lines 1a-1f: \$	494,618				
	h Total. Add lines 1a-1f	▶ 1,755,187				
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 8,789	8,789			
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 65,229				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶ 65,229				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions.	▶	1,829,205	8,789	0	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,014,448	927,678	84,090	2,680
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	69,530	63,813	5,519	198
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
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	1,281	1,226		55
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	115,886	114,994	892	
17 Travel	20,417	19,930	466	21
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,606	34,321	4,285	
23 Insurance	37,046	35,208	1,838	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT EXPENSES	413,604	413,604		
b PROFESSIONAL FEES	42,399	41,821	338	240
c OTHER OPERATING EXPENSES	28,202	17,465	499	10,238
d CHALLENGE GRANT EXPENSES	19,629	19,629		
e All other expenses	51,708	48,554	3,085	69
25 Total functional expenses. Add lines 1 through 24e	1,852,756	1,738,243	101,012	13,501
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 <input type="checkbox"/> if 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) End of year
Assets	1 Cash—non-interest bearing	12,789	1	97,118
	2 Savings and temporary cash investments	300,132	2	308,797
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	265,599	7	163,784
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,518	9	5,232
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 956,942		
	b Less: accumulated depreciation	10b 425,894	10c	531,048
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,102,169	16	1,105,979	
Liabilities	17 Accounts payable and accrued expenses	5,960	17	2,614
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	3,750	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	57,738	25	92,194
	26 Total liabilities. Add lines 17 through 25	67,448	26	94,808
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,034,721	27	1,011,171
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,034,721	33	1,011,171	
34 Total liabilities and net assets/fund balances	1,102,169	34	1,105,979	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,829,205
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,852,756
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,034,721
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,011,171

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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 Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	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 A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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.**

Open to Public Inspection

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

Name of the organization

SALVARE, INC.

Employer identification number

59-3188546

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,358,494	1,019,286	1,521,787	1,554,140	1,755,187	7,208,894
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,358,494	1,019,286	1,521,787	1,554,140	1,755,187	7,208,894
5 The portion of total contributions by 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)						
6 Public support. Subtract line 5 from line 4						7,208,894

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,358,494	1,019,286	1,521,787	1,554,140	1,755,187	7,208,894
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7,208,894

12 Gross receipts from related activities, etc. (see instructions) 12 128,272

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
	a 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?		
	b A family member of a person described in (a) above?		
	c 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.		

Section B. Type I Supporting Organizations

		Yes	No
1	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 tax year? If "No," describe in Part VI 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.		
	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		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).		

Section 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?		
	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 the organization maintained a close and continuous working relationship with the supported organization(s).		
	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 Part VI the role the organization's supported organizations played in this regard.		

Section 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 instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.		
	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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	a 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.		
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 Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
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	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SALVARE, INC.

Employer identification number

59-3188546

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, total acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOC	35,000
(3) ACCRUED PAID TIME OFF	29,333
(4) ACCRUED PAYROLL	17,977
(5) PAYROLL LIABILITIES	6,254
(6) ACCRUED PAYROLL TAXES	1,856
(7) CREDIT CARD PAYABLE	1,774
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	92,194

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

Area containing horizontal dotted lines for supplemental information.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Name of the organization

SALVARE, INC.

Employer identification number

59-3188546

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BIRTHDAY BASH (event type)	DASH FOR DAWN (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	12,139	8,872	44,218	65,229
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	12,139	8,872	44,218	65,229
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				65,229	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SALVARE, INC.

59-3188546

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		366,386	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	20,411	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	4	107,821	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SALVARE, INC.

Employer identification number

59-3188546

Form 990, Part III, Line 4d - All Other Accomplishments

TO BREAK THE CYCLE OF DOMESTIC AND SEXUAL VIOLENCE BY PROVIDING SUPPORTIVE SERVICES AND LEADERSHIP THAT PROMOTES SOCIAL CHANGE.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Distribution of the draft Form 990 by e-mail for review and feedback prior to filing the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Policies state that Board Members and staff persons are to sign Conflict of Interest statements at least annually. This indicates they acknowledge an understanding of the policy (to avoid conflicts wherever possible and to disclose them in the event they cannot be avoided). In addition, the annual signing of forms allows Board and staff to declare annually if no conflicts exists, or to declare that if there is conflict of interest it comes to the Board's attention.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Compensation committee obtained comparability data from a third party (The State Domestic Violence Coalition).

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

SALVARE, INC.

Identifying number
59-3188546

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	38,603

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	38,603
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
11	DELL COMPUTER TOWER Sold/Scrapped: 6/30/19	8/15/05	600			600	5 MQ200DB	600	0
			<u>600</u>			<u>600</u>		<u>600</u>	<u>0</u>
Other Depreciation:									
1	ASUS COMPUTER TOWER Sold/Scrapped: 6/30/19	2/02/07	999			999	5 MO S/L	999	0
2	DELL LAPTOP Sold/Scrapped: 6/30/19	6/30/12	1,142			1,142	3 MO S/L	1,142	0
3	AMD COMPUTER/PROGRAM Sold/Scrapped: 6/30/19	6/28/99	2,278			2,278	3 MO S/L	2,278	0
4	HP COMPUTER TOWER Sold/Scrapped: 6/30/19	6/30/02	1,725			1,725	5 MO S/L	1,725	0
5	DELL COMPUTER TOWER Sold/Scrapped: 6/30/19	9/21/11	595			595	5 MO S/L	595	0
6	SAMSUNG COMPUTER MONITOR Sold/Scrapped: 6/30/19	10/09/00	1,310			1,310	5 MO S/L	1,310	0
7	PUSH COMPUTER SERVER Sold/Scrapped: 6/30/19	7/18/08	4,670			4,670	5 MO S/L	4,670	0
8	WD HARD DRIVE	7/01/06	6,377			6,377	5 MO S/L	6,377	0
9	DELL COMPUTER TOWER Sold/Scrapped: 6/30/19	9/21/11	595			595	5 MO S/L	595	0
10	TECHI-GIC COMPUTER TOWER Sold/Scrapped: 6/30/19	7/20/01	1,625			1,625	5 MO S/L	1,625	0
12	DELL COMPUTER TOWER	9/21/11	595			595	5 MO S/L	595	0
13	KW COMPUTER TOWER Sold/Scrapped: 6/30/19	8/15/05	600			600	5 MO S/L	600	0
14	DELL LAPTOP	8/18/08	880			880	5 MO S/L	880	0
15	VPN ROUTER & BATTERY BACKUP	9/19/08	615			615	5 MO S/L	615	0
16	PROJECTOR Sold/Scrapped: 6/30/19	3/12/01	2,986			2,986	5 MO S/L	2,986	0
17	SECURITY SYSTEM	4/12/06	25,089			25,089	5 MO S/L	25,089	0
18	DELL LAPTOP	6/23/04	2,812			2,812	5 MO S/L	2,812	0
19	ALARM SYSTEM	6/30/05	7,586			7,586	5 MO S/L	7,586	0
20	DELL LAPTOP S/N 615J702	3/17/14	895			895	5 MO S/L	895	0
22	DELL LAPTOP S/N BYHD702	3/17/14	895			895	5 MO S/L	895	0
23	DELL SERVER	2/25/14	2,900			2,900	5 MO S/L	2,900	0
24	DELL DESKTOP/MONITOR Sold/Scrapped: 6/30/19	2/26/14	1,065			1,065	5 MO S/L	1,065	0
25	DELL DESKTOP MONITOR	5/07/14	1,065			1,065	5 MO S/L	1,065	0
26	SURGE PROTECTOR	4/02/06	1,548			1,548	5 MO S/L	1,548	0
27	SOFTWARE FOR SERVER	3/17/14	2,010			2,010	5 MO S/L	1,608	402
28	2 MONITORS - FINANCE	7/21/14	340			340	5 MO S/L	272	68
29	NORTEL PHONE SYSTEM	3/16/15	600			600	5 MO S/L	390	120
30	NORTEL M73610 PHONES	3/16/15	400			400	5 MO S/L	260	80
31	DELL OPTIPLEX 3020	7/31/14	895			895	5 MO S/L	716	179
32	LARGE ROUNDED WOODEN DESK	6/07/04	1,230			1,230	10 MO S/L	1,230	0
33	DUAL TEMP FREEZER/REFRIDGERAT	6/11/13	4,016			4,016	5 MO S/L	4,016	0
34	FRIGIDAIRE UPRIGHT FREEZER	6/10/13	459			459	5 MO S/L	459	0
35	ACORN SUPERGLIDE STAIRLIFT Sold/Scrapped: 6/30/19	5/08/12	2,800			2,800	5 MO S/L	2,800	0
36	REFRIGERATOR/FREEZER	6/18/14	1,979			1,979	5 MO S/L	1,979	0
37	RANGE HOOD	12/15/95	3,821			3,821	5 MO S/L	3,821	0
38	CLOSET SHELVES	6/02/05	1,583			1,583	5 MO S/L	1,583	0
39	SHED 10X8	3/09/06	718			718	5 MO S/L	718	0
40	BURGLAR ALARM	4/12/06	2,091			2,091	5 MO S/L	2,091	0
41	FIRE SYSTEM	4/12/06	4,822			4,822	5 MO S/L	4,822	0
43	REFRIGERATOR/FREEZER	6/11/15	1,096			1,096	5 MO S/L	658	219
44	ANALOG ECLIPSE PTZ CAMERA	6/27/16	1,530			1,530	5 MO S/L	612	306
45	TRIPLE TIER LOCKERS W/ELECTRONI	6/14/17	1,528			1,528	5 MO S/L	306	305
46	TRIPLE TIER LOCKERS W/ELECTRONI	6/14/17	1,528			1,528	5 MO S/L	306	305
47	TRIPLE TIER LOCKERS W/ELECTRONI	6/14/17	1,528			1,528	5 MO S/L	306	305
48	CAMERA FOR SAFE ROOM-CANON EC	5/31/17	1,110			1,110	5 MO S/L	240	222
49	AUTOMATIC EXTERNAL DEFIBRILLA	6/14/17	1,199			1,199	5 MO S/L	240	240
50	DELL LAPTOP AND DOCKING STATIO	6/30/17	1,833			1,833	3 MO S/L	611	611
51	DELL LAPTOP AND DOCKING STATIO	6/30/17	1,833			1,833	3 MO S/L	611	611
53	3 PIECE LIVING ROOM SET	6/22/18	3,594			3,594	3 MO S/L	0	1,198

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
54	DELL LAPTOP COMPUTER	9/22/17	1,833				1,833	3 MO S/L	458	611
55	DELL LAPTOP COMPUTER	9/22/17	1,833				1,833	3 MO S/L	458	611
56	STAIRLIFT SYSTEM	6/19/18	3,700				3,700	5 MO S/L	0	740
57	ATT CORDLESS PHONE	6/27/18	630				630	3 MO S/L	0	210
58	COMPUTER, MONITOR & KEYBOARD	6/27/18	468				468	3 MO S/L	0	156
59	COMPUTER, MONITOR & KEYBOARD	6/27/18	468				468	3 MO S/L	0	156
60	COMPUTER MONITOR LCD	6/29/18	104				104	3 MO S/L	0	35
61	COMPUTER MONITOR LCD	6/29/18	104				104	3 MO S/L	0	35
62	DELL LAPTOP COMPUTER	6/26/18	1,833				1,833	3 MO S/L	0	611
63	2006 FORD VAN 1FBNE31L76HA92028	9/26/16	3,400				3,400	3 MO S/L	1,877	1,133
64	2015 OLDS VAN 2C4EDGBG5FR512219	5/22/17	18,267				18,267	5 MO S/L	3,871	3,653
65	BUILDING	9/29/94	215,000				215,000	40 MO S/L	129,643	5,375
66	CHILDREN'S CENTER	7/01/00	13,178				13,178	40 MO S/L	5,989	329
67	SHELTER ADDITION	5/14/05	174,008				174,008	40 MO S/L	58,003	4,350
68	SHED	2/11/09	4,000				4,000	10 MO S/L	2,449	400
69	ROOF ON SHELTER	4/28/14	8,720				8,720	10 MO S/L	3,633	872
70	GENERATOR	6/19/14	4,992				4,992	10 MO S/L	2,038	500
71	FLOWER SHOP LEGAL OFFICE	1/01/19	35,478				35,478	15 MO S/L	0	1,183
72	SEPTIC SYSTEM	10/16/99	1,400				1,400	40 MO S/L	1,400	0
73	CHILDREN'S CENTER	11/04/03	11,891				11,891	40 MO S/L	4,421	297
74	RENOVATIONS	4/29/04	6,608				6,608	40 MO S/L	2,386	165
75	KITCHEN RENOVATION	3/17/04	19,691				19,691	40 MO S/L	7,153	492
76	AIR CONDITIONER	4/25/05	1,924				1,924	15 MO S/L	1,732	128
77	PRIVACY FENCE	2/07/06	41,971				41,971	15 MO S/L	34,744	2,798
78	DIESEL ENGINE	5/01/06	20,000				20,000	10 MO S/L	20,000	0
79	3 RESERVE TANKS	7/19/06	2,738				2,738	7 MO S/L	2,738	0
80	TRANE A/C UNIT	7/26/06	3,875				3,875	7 MO S/L	3,875	0
81	WATER LINES	1/19/07	1,177				1,177	15 MO S/L	896	78
82	DRAINFIELD	1/29/17	2,525				2,525	15 MO S/L	1,922	168
83	13 SHEER TEMP	2/26/07	2,275				2,275	7 MO S/L	2,275	0
84	TILE KITCHEN	8/04/06	1,406				1,406	7 MO S/L	1,406	0
85	WHEELCHAIR	7/01/06	2,469				2,469	15 MO S/L	1,975	164
86	KITCHEN REMODEL	6/30/13	17,075				17,075	10 MO S/L	8,538	1,707
87	DRAINFIELD AT ADMN	9/09/14	2,750				2,750	15 MO S/L	733	184
88	2 CONCRETE PICNIC TABLES	6/25/16	2,218				2,218	10 MO S/L	444	221
89	SECURITY SYSTEM REPAIR/UPGRAD	6/30/17	6,404				6,404	10 MO S/L	640	641
90	ADDITIONAL GATE WORK	6/30/17	797				797	5 MO S/L	159	160
91	ANIMAL SHELTERS	6/30/17	23,206				23,206	10 MO S/L	2,321	2,320
92	LAND	9/29/94	35,000				35,000	0 -- Land	0	0
93	LAND	10/21/94	35,000				35,000	0 -- Land	0	0
94	LAND-FLOWER SHOP LEGAL OFFICE	6/30/17	54,522				54,522	0 -- Land	0	0
95	LOT - RIDGE MANOR	6/30/17	2,250				2,250	0 -- Land	0	0
96	ALARM	6/27/18	3,845				3,845	5 MO S/L	0	769
97	FLOWER SHOP LEGAL OFFICE	1/01/19	15,386				15,386	15 MO S/L	0	513
98	STAIRLIFT SYSTEMS	7/01/18	818				818	5 MO S/L	0	164
99	(12) 4-DRAWER CHESTS	6/30/19	5,492				5,492	5 MO S/L	0	0
100	(12) 2-DRAWER UNDERBED CHESTS6/	6/30/19	6,036				6,036	5 MO S/L	0	0
101	RCA VOYAGER TABLET	6/30/19	44				44	0 -- Memo	0	0
102	RCA VOYAGER TABLET	6/30/19	44				44	0 -- Memo	0	0
103	LEGAL OFFICE IMPROVEMENTS	1/01/19	45,090				45,090	15 MO S/L	0	1,503
Total Other Depreciation			979,333				979,333		409,679	38,603
Total ACRS and Other Depreciation			979,333				979,333		409,679	38,603
Grand Totals			979,933				979,933		410,279	38,603
Less: Dispositions and Transfers			22,990				22,990		22,990	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			956,943				956,943		387,289	38,603

DCR SALVARE, INC.

59-3188546

FYE: 6/30/2019

Depreciation Adjustment Report All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
8	WD HARD DRIVE	7/01/06	6,377	0	0
12	DELL COMPUTER TOWER	9/21/11	595	0	0
14	DELL LAPTOP	8/18/08	880	0	0
15	VPN ROUTER & BATTERY BACKUP	9/19/08	615	0	0
17	SECURITY SYSTEM	4/12/06	25,089	0	0
18	DELL LAPTOP	6/23/04	2,812	0	0
19	ALARM SYSTEM	6/30/05	7,586	0	0
20	DELL LAPTOP S/N 615J702	3/17/14	895	0	0
22	DELL LAPTOP S/N BYHD702	3/17/14	895	0	0
23	DELL SERVER	2/25/14	2,900	0	0
25	DELL DESKTOP MONITOR	5/07/14	1,065	0	0
26	SURGE PROTECTOR	4/02/06	1,548	0	0
27	SOFTWARE FOR SERVER	3/17/14	2,010	0	0
28	2 MONITORS - FINANCE	7/21/14	340	0	0
29	NORTEL PHONE SYSTEM	3/16/15	600	90	0
30	NORTEL M73610 PHONES	3/16/15	400	60	0
31	DELL OPTIPLEX 3020	7/31/14	895	0	0
32	LARGE ROUNDED WOODEN DESK	6/07/04	1,230	0	0
33	DUAL TEMP FREEZER/REFRIDGERATOR	6/11/13	4,016	0	0
34	FRIGIDAIRE UPRIGHT FREEZER	6/10/13	459	0	0
36	REFRIGERATOR/FREEZER	6/18/14	1,979	0	0
37	RANGE HOOD	12/15/95	3,821	0	0
38	CLOSET SHELVES	6/02/05	1,583	0	0
39	SHED 10X8	3/09/06	718	0	0
40	BURGLAR ALARM	4/12/06	2,091	0	0
41	FIRE SYSTEM	4/12/06	4,822	0	0
43	REFRIGERATOR/FREEZER	6/11/15	1,096	219	0
44	ANALOG ECLIPSE PTZ CAMERA	6/27/16	1,530	306	0
45	TRIPLE TIER LOCKERS W/ELECTRONIC LC	6/14/17	1,528	306	0
46	TRIPLE TIER LOCKERS W/ELECTRONIC LC	6/14/17	1,528	306	0
47	TRIPLE TIER LOCKERS W/ELECTRONIC LC	6/14/17	1,528	306	0
48	CAMERA FOR SAFE ROOM-CANON EOS RI	5/31/17	1,110	222	0
49	AUTOMATIC EXTERNAL DEFIBRILLATOR	6/14/17	1,199	239	0
50	DELL LAPTOP AND DOCKING STATION	6/30/17	1,833	611	0
51	DELL LAPTOP AND DOCKING STATION	6/30/17	1,833	611	0
53	3 PIECE LIVING ROOM SET	6/22/18	3,594	1,198	0
54	DELL LAPTOP COMPUTER	9/22/17	1,833	611	0
55	DELL LAPTOP COMPUTER	9/22/17	1,833	611	0
56	STAIRLIFT SYSTEM	6/19/18	3,700	740	0
57	ATT CORDLESS PHONE	6/27/18	630	210	0
58	COMPUTER, MONITOR & KEYBOARD	6/27/18	468	156	0
59	COMPUTER, MONITOR & KEYBOARD	6/27/18	468	156	0
60	COMPUTER MONITOR LCD	6/29/18	104	34	0
61	COMPUTER MONITOR LCD	6/29/18	104	34	0
62	DELL LAPTOP COMPUTER	6/26/18	1,833	611	0
63	2006 FORD VAN 1FBNE31L76HA92028	9/26/16	3,400	390	0
64	2015 OLDS VAN 2C4EDGBG5FR512219	5/22/17	18,267	3,654	0
65	BUILDING	9/29/94	215,000	5,375	0
66	CHILDREN'S CENTER	7/01/00	13,178	330	0
67	SHELTER ADDITION	5/14/05	174,008	4,350	0
68	SHED	2/11/09	4,000	400	0
69	ROOF ON SHELTER	4/28/14	8,720	872	0
70	GENERATOR	6/19/14	4,992	499	0
71	FLOWER SHOP LEGAL OFFICE	1/01/19	35,478	2,365	0
72	SEPTIC SYSTEM	10/16/99	1,400	0	0
73	CHILDREN'S CENTER	11/04/03	11,891	298	0
74	RENOVATIONS	4/29/04	6,608	166	0
75	KITCHEN RENOVATION	3/17/04	19,691	492	0
76	AIR CONDITIONER	4/25/05	1,924	64	0
77	PRIVACY FENCE	2/07/06	41,971	2,798	0
78	DIESEL ENGINE	5/01/06	20,000	0	0
79	3 RESERVE TANKS	7/19/06	2,738	0	0
80	TRANE A/C UNIT	7/26/06	3,875	0	0
81	WATER LINES	1/19/07	1,177	79	0
82	DRAINFIELD	1/29/17	2,525	168	0
83	13 SHEER TEMP	2/26/07	2,275	0	0
84	TILE KITCHEN	8/04/06	1,406	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
85	WHEELCHAIR	7/01/06	2,469	165	0
86	KITCHEN REMODEL	6/30/13	17,075	1,708	0
87	DRAINFIELD AT ADMN	9/09/14	2,750	183	0
88	2 CONCRETE PICNIC TABLES	6/25/16	2,218	222	0
89	SECURITY SYSTEM REPAIR/UPGRADE	6/30/17	6,404	640	0
90	ADDITIONAL GATE WORK	6/30/17	797	159	0
91	ANIMAL SHELTERS	6/30/17	23,206	2,321	0
92	LAND	9/29/94	35,000	0	0
93	LAND	10/21/94	35,000	0	0
94	LAND-FLOWER SHOP LEGAL OFFICE	6/30/17	54,522	0	0
95	LOT - RIDGE MANOR	6/30/17	2,250	0	0
96	ALARM	6/27/18	3,845	769	0
97	FLOWER SHOP LEGAL OFFICE	1/01/19	15,386	1,026	0
98	STAIRLIFT SYSTEMS	7/01/18	818	163	0
99	(12) 4-DRAWER CHESTS	6/30/19	5,492	1,098	0
100	(12) 2-DRAWER UNDERBED CHESTS6/30	6/30/19	6,036	1,207	0
101	RCA VOYAGER TABLET	6/30/19	44	0	0
102	RCA VOYAGER TABLET	6/30/19	44	0	0
103	LEGAL OFFICE IMPROVEMENTS	1/01/19	45,090	3,006	0
	Total Other Depreciation		<u>956,943</u>	<u>42,604</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>956,943</u>	<u>42,604</u>	<u>0</u>
	Grand Totals		<u>956,943</u>	<u>42,604</u>	<u>0</u>

SCHEDULE G
(Form 990 or
990-EZ)
Fundraising Other Events
2018

 For calendar year 2018, or tax year beginning **07/01/18**, and ending **06/30/19**

Name

SALVARE, INC.

Employer Identification Number

59-3188546

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		OTHER FUNDRAISI (event type)	_____ (event type)	_____ (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	44,218			44,218
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	44,218			44,218
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

Form 990	Tax Return History			2018
Name	SALVARE, INC.			Employer Identification Number 59-3188546

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants				1,554,140	1,755,187	
Membership dues						
Program service revenue						
Capital gain or loss				12,877	8,789	
Investment income				41,377	65,229	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				1,608,394	1,829,205	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				917,002	1,083,978	
Professional fees				8,690		
Occupancy costs				33,372	115,886	
Depreciation and depletion				33,539	38,606	
Other expenses				620,070	614,286	
Total expenses				1,612,673	1,852,756	
Excess or (Deficit)				-4,279	-23,551	
Total exempt revenue				1,608,394	1,829,205	
Total unrelated revenue						
Total excludable revenue				12,877	8,789	
Total Assets				1,102,169	1,105,979	
Total Liabilities				67,448	94,808	
Net Fund Balances				1,034,721	1,011,171	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Investment Interest	\$ 2,350					
Gains (Loss)	6,439					
Fees						
Total	<u>\$ 8,789</u>					

DCR SALVARE, INC.

59-3188546

FYE: 6/30/2019

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS AND MAINTENANCE	\$ 13,585	\$ 13,585		
EQUIPMENT EXPENSES	11,432	11,347	85	
COMMUNICATIONS	9,955	8,938	1,017	
STAFF TRAINING/EDUCAT	7,833	7,075	689	69
DUES AND SUBSCRIPTIONS	6,282	5,912	370	
POSTAGE AND DELIVERY	973	871	102	
BANK SERVICE FEES	692	281	411	
SECURITY	494	494		
LICENSES AND TAXES	462	51	411	
Total	\$ 51,708	\$ 48,554	\$ 3,085	\$ 69

DCR SALVARE, INC.

59-3188546

FYE: 6/30/2019

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Federal and State	\$ 1,107,493
Other Grants	28,754
Other -Inkind - Misc Income	26,626
Other-Inkind Professional Services	7,768
Other-Inkind Pest Control	900
Other-Inkind F&F M&E	1,028
Other- Inkind	366,386
Other-Inkind	20,411
Other- Inkind	98,125
United Way	39,000
Other Contributions	58,696
Total	<u>\$ 1,755,187</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Investment Interest	\$ 2,350
Gains (Loss)	6,439
Fees	
OTHER FUNDRAISING	44,218
DASH FOR DAWN	8,872
BIRTHDAY BASH	12,139
Total	<u>\$ 74,018</u>