Form <b>990-T</b>		TENDED TO AU			Tay Paturn		OMB No 1545-0047			
Form <b>990-1</b>	Exempt Orga	and proxy tax und				ክ Ի	1343-0047			
•	For calendar year 2019 or other tax				EP 30, 202	6	2019			
Danada at the Town		w irs gov/Form990T for i				- L				
Department of the Treasury Internal Revenue Service	Do not enter SSN numl	· · · · · · · · · · · · · · · · · · ·					Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed	Name of organization (	Check box if name	changed	and see instructions )		D Emplo (Emplo instruc	yer identification number byees' trust, see ctions)			
B Exempt under section	Print THE SALVAT	ION ARMY		_			6- <u>2</u> 167910			
X = 501(d)(3)		I NUMBEL SUGGL AND TOUR OF SUIGNOUR A F.O. DOX. SECTIONALISM 1. (See instructions)								
408(e) 220(e)	<u> </u>	5550 PRAIRIE STONE PARRWAY								
408A 530(a) 529(a)	City or town, state or pi	rovince, country, and ZIP of <b>TATES</b> , IL 6	or foreig 019	_		52				
C Book value of all assets at end of year	F Group exemption nui	mber (See instructions )	<u> </u>							
3,659,217,0		/pe ► X 501(c) cor	-			) trust	Other trust			
	organization's unrelated trades of	· —	4		e the only (or first) u		Ab			
	SEE STATEMEN		orto Lor		e, complete Parts I-V					
business, then complete	plank space at the end of the previous	ous sentence, complete Pa	aris rai	iu ii, complete a Schedul	e W for each addition	iai ii aue i	UI			
	the corporation a subsidiary in a	affiliated group or a pare	nt-subs	idiary controlled group?	▶ [	Yes	s X No			
	and identifying number of the par		111 3003	idiary controlled group.			3 ( 110			
	► SHELAGH STU			Teleph	none number > 8	47-2	294-2169			
	d Trade or Business In			(A) Income	(B) Expense		(C) Net			
1a Gross receipts or sale	es									
<b>b</b> Less returns and allow	wances	c Balance	1c							
2 Cost of goods sold (S	Schedule A, line 7)		2							
3 Gross profit. Subtract	t line 2 from line 1c		3			_				
4a Capital gain net incom	· ·		4a	2,691,452.			2,691,452.			
	4797, Part II, line 17) (attach Foi	m 4797)	4b			$\rightarrow$				
c Capital loss deduction			4c	-1,352,705.	/	-	-1,352,705.			
	partnership or an S corporation (	attach statement)	5	-1,354,705.			-1,352,705.			
<ul><li>6 Rent income (Schedu</li><li>7 Unrelated debt-finance</li></ul>	de C) ced income (Schedule E)		7	<del></del>	<del> </del>					
	yalties, and rents from a controlled	organization (Schedule E)	8							
-	f a section 501(c)(7), (9), or (17)	<del>-</del>	_							
	vity income (Schedule I)	organization (concusto a)	10	/						
11 Advertising income (S			11							
12 Other income (See ins	structions; attach schedule)		12		1					
13 Total. Combine lines	s 3 through 12		13	1,338,747.			1,338,747.			
Part II Deductio	ns Not Taken Elsewhe	re (See instructions for	or limita	ations on deductions)	-	•				
(Deductions	s must be directly connected v	with the unrelated busin	ness ind	come )						
	ficers, directors, and trustees (Scl	nedule K.)				14				
15 Salaries and wages		/		<del></del>		15				
16 Repairs and mainten	nance		RE	CEIVED		16				
17 Bad debts	Adula) (ana daudahana)	امرا		ြိ		17				
	edule) (see instructions)	312	ALIC	1 6 2021 Q		18	15,009.			
Taxes and licenses Depreciation (attach	Form 4562)	12	AVU	20		19	13,003.			
<u>.</u>	aimed on Schedule A and elsewhe	ore on return		<del></del>	Ą	21b				
22 Depletion	anned on Schedule A and elsewin	ire off return	OG	DEN, U <sup>2‡a</sup> =		22	376,504.			
	erred compensation plans	<del></del>				23	0,0,0010			
24 Employee benefit pro	<i></i>					24				
25 Excess exempt exper	- /					25	<del></del>			
26 Excess readership of						26				
27 Other deductions (att				SEE STAT	TEMENT 2	27	36,542.			
	dd lines 14 through 27					28	428,055.			
	axable income before net operatir					29	910,692.			
	erating loss arising in tax years b	eginning on or after Janua	ry 1, 20	18			010			
(see instructions)						30	910,692.			
31 /Unrelated business to	axable income. Subtract line 30 fr	om line 29		h		31	0.			

2019.05094 THE SALVATION ARMY

——————————————————————————————————————		
	Total Unrelated Business Taxable Income	
32 Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 194,319
	ts paid for disallowed fringes	33
	ble contributions (see instructions for limitation rules)	34 10,483
	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 35	35 183,836
		36
	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	37 183,836
	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	
	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000
11	ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	100 006
	ne smaller of zero or line 37	9 182,836
	Tax Computation	20 206
40 ÁÖrganı	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 38,396
41 Trusts	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	
т	ax rate schedule or Schedule D (Form 1041)	41
42 Proxy 1	ax See instructions	42
43 Alterna	tive minimum tax (trusts only)	43
44 Tax on	Noncompliant Facility Income. See instructions	44
45 Potal.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 38,396
Part V	Tax and Payments	
<del></del>	tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a	
-	redits (see instructions)	1
	I business credit. Attach Form 3800	1
÷	for prior year minimum tax (attach Form 8801 or 8827)	1.1
		46e 15,289
		47 23,107
	ct line 46e from line 45	
	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
	Add lines 47 and 48 (see instructions)	49 23,107
<b>50</b> 2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0
51 a Payme	ins. A 2010 overpayment credited to 2019	
<b>b</b> 2019 e	stimated tax payments 5/16	
c Tax dej	posited with Form 8868 51c	]
d Foreigr	organizations Tax paid or withheld at source (see instructions)	
e Backup	withholding (see instructions) 51e	]
f Credit	or small employer health insurance premiums (attach Form 8941)	
f Credit t	or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439	
f Credit to g Other o	or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 orm 4136 Other Total	52 477.708
f Credit in g Other of F F Total p	or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 orm 4136 Other Total  syments Add lines 51a through 51g	52 477,708 53
f Credit to g Other of F 52 Total p 53 Estimat	or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 orm 4136 Other Total  sayments Add lines 51a through 51g red tax penalty (see instructions). Check if Form 2220 is attached	53
g Other of F 52 Total p 53 Estimat 54 Tax du	redits, adjustments, and payments: Form 2439  orm 4136 Other Total  ayments Add lines 51a through 51g  ed tax penalty (see instructions). Check if Form 2220 is attached  e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54
g Other of F 52 Total p 53 Estima: 54 Tax du 55 Overpa	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Other  Total  ayments Add lines 51a through 51g  red tax penalty (see instructions). Check if Form 2220 is attached  If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	53 54 55 454,601
g Other of F 52 Total p 53 Estima: 54 Tax du 55 Overpa 56 Enter ti	for small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Fig.  Form 2439  Agyments Add lines 51a through 51g  Form 2220 is attached  Form 2220 is attached  Form 2439  Total  Tota	53 54
f Credit if g Other of F 52 Total p 53 Estimai 54 Tax du 55 Overpa 56 Enter ti	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Tot	53 54 55 454,601 56 0
f Credit of g Other of F 52 Total p 53 Estimat 54 Tax du 55 Overpa 56 Enter til 7 At any	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Tot	53 54 55 454,601
f Credit of g Other of F  52 Total p  53 Estimat  54 Tax du  55 Overpa  56 Enter tot  Part VI  57 At any over a second of the content of the	for small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  To	53 54 55 454,601 56 0
f Credit of g Other of F  52 Total p  53 Estimat  54 Tax du  55 Overpa  56 Enter tot  Part VI  57 At any over a second of the content of the	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Tot	53 54 55 454,601 56 0 Yes No
f Credit of g Other of F  52 Total p  53 Estimat  54 Tax du  55 Overpa  56 Enter tot  Part VI  57 At any over a second of the content of the	for small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  To	53 54 55 454,601 56 0 Yes No
f Credit of g Other of F 52 Total p 53 Estima 54 Tax du 55 Overpa 56 Enter to F 57 At any over a serior over a serior content of the following serior over a	for small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  To	53 54 55 454,601 56 0 Yes No
f Credit of Grand of	redits, adjustments, and payments:  Form 2439  Total  Total  Total  Total  Total  Total  Total  Total  Total  Form 2439  Jayments Add lines 51a through 51g  Red tax penalty (see instructions). Check if Form 2220 is attached  If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  The amount of line 55 you want: Credited to 2020 estimated tax  Total	53 54 55 454,601 56 0 Yes No
f Credit of g Other of	redits, adjustments, and payments:  Form 2439  Total  Tota	53 54 55 454,601 56 0 Yes No
f Credit if g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Tot	53 54 55 454,601 56 0 Yes No X X
f Credit of g Other of F  52 Total p  53 Estimat  54 Tax du  55 Overpat  56 Enter to F  57 At any over a serior fincen here  58 During of "Yes,"  59 Enter to F  10 Tax over a serior fincen here	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Tot	53
f Credit of g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Tot	53 54 55 454,601 56 0 Yes No X X X  sign and belief, it is true,  ay the IRS discuss this return with
f Credit of g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Other  Total  Tot	Sign and belief, it is true.  Sy the IRS discuss this return with a preparer shown below (see
f Credit of g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Other  Total  Tot	Side Side Side Side Side Side Side Side
f Credit of g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Other  Total  Tot	Sign and belief, it is true,  Sign a
f Credit of g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:  Form 2439  Other  Total  Tot	yes No  Yes No  Yes No  X  X  X  As a preparer shown below (see structions)? X Yes No
f Credit of g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:	yes No  Yes No  Yes No  X  X  X  As preparer shown below (see structions)? X Yes No  PTIN  P00556798
f Credit of Great Preparer	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:	yes No  Yes No  Yes No  X  X  X  As a preparer shown below (see structions)? X Yes No
f Credit if g Other of	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:	yes No  Yes No  Yes No  X  X  X  Ay the IRS discuss this return with a preparer shown below (see structions)? X Yes No  PTIN  P00556798  36-6055558
f Credit of Great Preparer	or small employer health insurance premiums (attach Form 8941)  redits, adjustments, and payments:	yes No  Yes No  Yes No  X  X  X  As preparer shown below (see structions)? X Yes No  PTIN  P00556798

1 Intentory at beginning of year 2 Purchases 2 Purchases 3 Cost of labor 3 Society of labor 4 As Additional section 253A costs (attach schedule) 4 Intentory at 1 Intentory	Schedule A - Cost of Good	Is Sold. Enter m	nethod of inver	ntory v	aluation > N/A				
2 Purchases 2   2	<del></del>	1				ar		6	
3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 B		2					line 6		
(attach schedule)  4a	3 Cost of labor	3			from line 5. Enter here	and in	Part I,		
b Other costs (attach schedule) 5 Total Add lines 1 through 4b 5 Total Income (From Real Property and Personal Property Leased With Real Property)  (see instructions)  1 Description of gropery  (1) (2) (3) (4)  2 Rent received or accused  (a) From personal property (if the percentage or farm of the personal property (if the percentage or 1/10% sor not innow than 30%)  (b) From real and personal property (if the percentage or 1/10% sor not innow than 30%)  (c) Total income. Add totals of columns 2(a) and 2(b). Enter the Part is based on profit or income)  (d) (e) Total income. Add totals of columns 2(a) and 2(b). Enter the Part is and property (if the percentage or 1/10% sor not innow than 30%)  (e) Total income. Add totals of columns 2(a) and 2(b). Enter the Part is and on page 1, Part I, the 6, column (b)  1. Description of debt-financed income (see instructions)  2 Gross income from or seed the property (all seeds instructed property (attach schedule)  (1) (2) (3) (4)  4. Amount of average acquisition of debt-financed property (attach schedule)  (5) Average adjusted beam of the property (attach schedule)  5 Average adjusted beam of the property (attach schedule)  (6) See instructions  5 Average adjusted beam of the property (attach schedule)  (6) See instructions  5 Average adjusted beam of the property (attach schedule)  (7) Gross income from or appearty interest and on page 1, Part I, the 7, column (b)  (a)  (b) Total income and on page 1, Part I, the 7, column (b)  (column a schedule)  (a)  (b) Total income. Add totals of column a schedule)  (column a schedule)  (a)  (b) Total income. Add totals of column a schedule)  (column a schedule)  (column a schedule)	4a Additional section 263A costs				line 2			7	
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)  1 Description of property  (1) (2) (3) (4)  2 Rent received or accrued (a) From personal property (if the percentage of rent riterion in the rent is based on profit or incorner) (b) Land Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column 6)  Schedule E - Unrelated Debt-Financed Income (a)  4 Annoval is surrage accuration debt-financed property (if) (2) (3) (4)  5 Average infiguration of debt-financed property (if) (a) (b) From real solved on profit or incorner (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column 6) (b) One description of debt-financed property (if) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
Comparison of property   Comparison of prope	<b>b</b> Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		
(see instructions)  1	5 Total Add lines 1 through 4b	5			the organization?		1 1.4		
1 Description of property  (1)  (2)  (3)  (4)  2 Rent received or accrued  (a) From personal property (if the personal property (if the personal property or more than of the rent is based on profit or incrome)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (1)  (9)  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (8)  (9)  (9)  (1)  (1)  (9)  (1)  (1)  (1	Schedule C - Rent Income	(From Real P	roperty and	d Per	sonal Property L	.ease	d With Real Pro	pert	y)
(1) (2) (3) (4)  2 Rent received or accrued  (a) From personal property (if the percentage of rent for personal property (if the percentage occurrence of the personal property (if the percentage occurrence (a) (a) (a) (b) Total deductions (b) Total deductions (b) Total deductions (b) Pert (in ef. column (in ef.	(see instructions)								
(1) (2) (3) (4)  2 Rent received or accrued  (a) From personal property (if the percentage of rent for personal property (if the percentage occlumns 2(e) and 2(b) (attach schedule)  (1) (2) (3) (4)  (4)  (5) Total  (6) Total  (7) Total  (8) Total  (9) Total deductions  Enter here and on page 1, Part I, line 6, column (a)  (1) (2) Gross income for page 1, Part I, line 6, column (b)  (1) (2) Gross income for real page 1, Part I, line 6, page 1, Part I, line 7, column (b)  (4)  4 Annum of personal property (attach schedule)  (5) Average adjusted basis of debi-financed property (attach schedule)  (6) Total  (7) Gross income for debi-financed property (attach schedule)  (8) Allocable deductions (column 6, statial of columns 6, sta	1 Description of property								
(3) (4)  2 Rent received or accrued  (a) From personal property (if the personals property (if the personals property in more plan of the personal property in more plan of the personal property (if the personals property in more plan of the personal property (if the personals property in more plan of the personal property (if the personals property in more plan of the personal property (if the personals property in more plan of the personal property (if the personals property in more plan of the personal property (if the personals property in more plan in personal property (if the personals of the personal property in the personal property (if the personals of the personal property in the personals property (if the personals of the personal property in personals property (if the personals of the personal property in the personals of the personal property (if the personals of the personal property in the personals of the personal property (if the personals of the personals of the personal property (if the personals of the personals of the personals of the personal property (if th								_	<u> </u>
(3) (4)  2 Rent received or accrued  (a) From personal property (if the personals property (if the personals property (if the personals property is more than 10% but not more than 50%)  (b) From earnous property is more than 10% but not more than 50%)  (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Color Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (B)  1. Description of debt-financed property  2. Gross ancome from or allocable to debt-financed property  (a) Straight time depreciation (b) Column or allocable to debt-financed property  (a) Straight time depreciation (column or allocable to debt-financed property (column or									<del>.</del>
Rent received or accrued  (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 50%)  (b) From real and personal property (if the percentage of rent for personal property is more than 50%)  (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		<del></del>							<u> </u>
2 Rent received or accrued  (a) From personal property (if the percentage of rent for personal property (b) From real and personal property (e) the percentage of rent for personal property (e) for interest in based on profit or income)  (2) (3) (4)									<del></del>
(a) From personal property (if the personal property (if the accretangle of rest for personal property in more than 50%)  (b) From real and gersonal property (if the accretangle of rest for personal property and personal property (if the accretangle of the form of the personal property (if the accretangle of the personal property accretangle of the personal property (if the accr	(4)						<del></del>		
(a) return personal property (in the persona							3(a) Deductions direc	tly conn	ected with the income in
(2) (3) (4) Total  (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions)  1. Description of debt-financed property  1. Description of debt-financed property  1. Description of debt-financed property  (a) Straight line depreciation (attach schedule)  (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) Part I, line 7, column (B) Part I, lin	rent for personal property is more than of rent for person				property exceeds 50% or if	ge	columns 2(a)	and 2(b	) (attach schedule)
(2) (3) (4) Total  (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income  1. Description of debt-financed property  1. Description of debt-fi	(1)								
(3) (4) Total (C) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income  1. Description of debt-financed property  1. Description of debt-financed property  2 Gross income from or allocable to debt-financed property  (a) Straight fine depreciation (attach schedule)  (b) Otal deductions Enter here and on page 1, Part I, line 6, column (B)  O .  Schedule E - Unrelated Debt-Financed Income  (see instructions)  3 Deductions directly connected with or allocable to debt-financed property  (a) Straight fine depreciation (attach schedule)  (b) Otal deductions Enter here and on page 1, Part I, line 6, column (B)  O .  Schedule E - Unrelated Debt-Financed Income (see instructions)  3 Deductions directly connected with or allocable to debt-financed property  (a) Straight fine depreciation (attach schedule)  (b) Otal deductions Enter here and on page 1, Part I, line 7, column (B)  O .  Schedule E - Unrelated Debt-financed property  (a) Straight fine depreciation (attach schedule)  (b) Column 4 divided by column 5 (column 6 x total of columns 2 x column 6)  (column 6 x total of columns 2 x column 6)  (column 6 x total of columns 2 x column 6)  (column 6 x total of columns 2 x column 6)  (column 6 x total of columns 2 x column 6)  (d)									•
(d) Total (d) (c) Total (d) (d) (c) Total (d) (d) (d) (e) Total (e) (e) (e) Total (e) (e) (e) Total (e) (e) (e) Total (e)									
Totals  (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions)  1. Description of debt-financed property  1. Description of debt-financed property  (a) Straight line depreciation (attach schedule)  (b) Total deductions Enter here and on page 1, Part I, line 6, column (B)  O .  Part I, line 6, column (B)  O .  (b) Total deductions Enter here and on page 1, Part I, line 6, column (B)  O .  (c) Part I, line 6, column (B)  O .  O .  O .  (d) Straight line depreciation (attach schedule)  (e) Column 4 divided by Column 5 (attach schedule)  (f) Column 4 divided by Column 5 (column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))  (f) Column 6 x total of columns 3(a) and 3(b))	· · · ·								
Comparison   Com		0.	Γotal			0.			
Schedule E - Unrelated Debt-Financed Income (see instructions)  2 Gross income from or allocable to debt-financed property  1. Description of debt-financed property  (a) Straight line depreciation (attach schedule)  (b) Other deductions (attach schedule)  (b) Other deductions (attach schedule)  (c) (3) (4)						0.	Enter here and on page 1,		0.
1. Description of debt-financed property  2 Gross income from or allocable to debt-financed property  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (5)  6 Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6)  (1)  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt-financed property (attach schedule)  (5)  6 Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6)  (2)  (3)  (4)  (4)  (5)  6 Column 5  7. Gross income reportable (column 2 x column 6)  (6)  (7)  (8)  (8)  (8)  (8)  (9)  (9)  (9)  (1)  (1)  (9)  (1)  (1			ncome (see	ınstru	ctions)	•	r act, line o, column (b)		
1. Description of debt-financed property  (a) Straight line depreciation (attach schedule)  (b) Other deductions (attach schedule)  (c) (3) (4) (4) (4) (5) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		-	<b>\</b>		•				
(1) (2) (3) (4)  A Amount of average acquisition debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1) (2)  (4)  4 Amount of average acquisition debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (8)  (8)  (8)  (8	_			2		(2)		inced pr	· · ·
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (5) (6) (7) (7) (7) (8) (8) (8) (10) (9) (10) (9) (11) (9) (12) (9) (13) (9) (14) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	Description of debt-f	financed property		}	financed property	(4)			
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (5) (6) (6) (7) (7) (7) (8) (8) (8) (10) (10) (8) (10) (11) (9) (12) (9) (13) (9) (14) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18									
(3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  6 Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6)  (column 6 x total of columns 3(a) and 3(b))  (1)  (2)  (3)  (4)  (4)  Enter here and on page 1, Part I, line 7, column (A)  Fart I, line 7, column (B)  O .  0	(1)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  6 Column 4 divided by column 5  7. Gross income reportable (column 6 x total of columns 3(a) and 3(b))  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 7, column (A)  Part I, line 7, column (B)  Column 4 divided by column 5  (column 6 x total of columns 3(a) and 3(b))  Enter here and on page 1, Part I, line 7, column (B)	(2)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  6 Column 5 reportable (column 2 x column 6)  7. Gross income reportable (column 6 x total of columns 3(a) and 3(b))  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 7, column (A)  Fart I, line 7, column (B)  O .  O .	(3)								
debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 7, column (A)  Totals  of or allocable to debt-financed property (attach schedule)  by column 5  reportable (column 6 x total of columns 3(a) and 3(b))  (2)  %  Enter here and on page 1, Part I, line 7, column (A)  Part I, line 7, column (B)	(4)			<u></u>	<b></b>				
(2)	debt on or allocable to debt-financed	of or allo	cable to ed property	6			reportable (column		(column 6 x total of columns
(2)	(1)				%		•	$\neg$	
(3)								$\dashv$	
(4)  Senter here and on page 1, Part I, line 7, column (A)  Totals  Senter here and on page 1, Part I, line 7, column (B)  O . O .									. 5/14
Enter here and on page 1, Part I, line 7, column (A)  Totals  Enter here and on page 1, Part I, line 7, column (A)  O •  O •	· · · · · · · · · · · · · · · · · · ·								<del></del>
Totals D. O. O.		•		•	70				
	Tatala					•		۱ ۱	
		included in column 0			▶!		•	-	

Form **990-T** (2019)

	J		Exempt (	Controlled Or	ganızatı	ons					
Name of controlled organiz	ider	Employer httfication umber	3. Net unr (loss) (see	elated income instructions)	4 Tota payn	al of specified nents made	5 Part of o included in organization	the contro	lling	6 Deductions directly connected with income in column 5	
1)		<del></del> -						-			
2)			<u> </u>						<u> </u>		
3)											
·)											
nexempt Controlled Organ	nizations		1					<del></del>			
7 Taxable Income	8. Net unrelated ind (see instructi		9 Total	of specified paym made	ents	10 Part of column in the controlling gross in	g organizatio			fuctions directly connecting in column 10	
1)											
2)											
3)											
l)						·					
						Add column Enter here and o line 8, col	n page 1, Pa	art I,	Enter he	d columns 6 and 11 ere and on page 1, Part line 8, column (B)	
tals					▶			0.			
chedule G - Investm	ent Income of a	Section	501(c)(7	), (9), or (1	7) Org	anization					
· · · · · · · · · · · · · · · · · · ·	scription of income			2 Amount of a	ncome	3. Deductions directly connect (attach schedul	ed	4 Set-as		5. Total deduction and set-asides (col. 3 plus col.	
)	•					(attach scheda)	<del>,</del>			(oor o pies co.	
?)										†	
·)							<del></del>		-		
)				١							
,				Enter here and o		<del></del>				Enter here and on pa	
					imn (A)						
				Part I, line 9, col						Part I, line 9, column	
	l Exempt Activit	v Income	► e. Other		0.	a Income				Part I, line 9, column	
chedule I - Exploited	I Exempt Activit	y Income	► e, Other		0.	g Income					
chedule I - Exploited	-	3. Ex-	penses connected oduction related s income		e (loss) trade or umn 2 3) If a cots 5	5. Gross incomfrom activity that is not unrelated business incom	nt J	6 Experimental Exp	le to		
chedule I - Exploited (see Institute of Exploited activity	2. Gross unrelated business income from	3. Ex-	penses connected oduction related	4 Net incomfrom unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3) If a cots 5	5. Gross incom from activity that is not unrelated	nt J	attributab	le to	7 Excess exemple expenses (column 6 minus column 5 but not more than	
thedule I - Exploited (see institution of exploited activity	2. Gross unrelated business income from	3. Ex-	penses connected oduction related	4 Net incomfrom unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3) If a cots 5	5. Gross incom from activity that is not unrelated	nt J	attributab	le to	7 Excess exemple expenses (column 6 minus column 5 but not more than	
1 Description of exploited activity	2. Gross unrelated business income from	3. Ex-	penses connected oduction related	4 Net incomfrom unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3) If a cots 5	5. Gross incom from activity that is not unrelated	nt J	attributab	le to	7 Excess exemple expenses (column 6 minus column 5 but not more than	
1 Description of	2. Gross unrelated business income from	3. Ex-	penses connected oduction related	4 Net incomfrom unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3) If a cots 5	5. Gross incom from activity that is not unrelated	nt J	attributab	le to	7 Excess exemple expenses (column 6 minus column 5 but not more than	
thedule I - Exploited (see institution of exploited activity  )	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, Ine 10, col (A)	3. Exterdige the state of the s	penses connected oduction related s income	4 Net incomfrom unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3) If a cots 5	5. Gross incom from activity that is not unrelated	nt J	attributab	le to	7 Excess exemple expenses (column 6 minus column 5 but not more that column 4)  Enter here and on page 1, Part II, line 25	
1 Description of exploited activity  1 als	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, line 10, col (A)	3. Exterdirectly control of units business.	penses connected oduction related s income	4 Net incomfrom unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3) If a cots 5	5. Gross incom from activity that is not unrelated	nt J	attributab	le to	7 Excess exemple expenses (column 6 minus column 5 but not more that column 4)  Enter here and on page 1,	
1 Description of exploited activity  1 als chedule J - Advertis	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, line 10, col (A)	3. Exterdity control of the page 1 line 10,	penses connected oduction related s income  re and on , Part I, col (B)  0 •	Than Adv  4 Net incomfrom unrelated business (col minus column gain, compute through	e (loss) trade or umn 2 3) If a cols 5	5. Gross incom from activity that is not unrelated	nt J	attributab	le to	7 Excess exemple expenses (column 6 minus column 5 but not more that column 4)  Enter here and on page 1, Part II, line 25	
thedule I - Exploited (see institution of exploited activity  ) ) ) ) als chedule J - Advertis	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, line 10, col (A)  0 ing Income (see	3. Extended and second	penses connected oduction related s income  re and on , Part I, col (B)  0 •	Than Adv  4 Net incomfrom unrelated business (col minus column gain, compute through	e (loss) trade or umn 2 3) If a cols 5 7	Gross incomfrom activity that is not unrelated business incom      Circulation	at i e e	attributab	le to	7 Excess exemple expenses (colum 6 minus column 5 but not more that column 4)  Enter here and on page 1, Part II, line 25	
1 Description of exploited activity  1 Description of exploited activity  1 Description of exploited activity  1 Name of periodical	Enter here and on page 1, Part I, line 10, col (A)  Periodicals Re  2 Gross advertisin	3. Extended and second	penses connected oduction related s income  re and on i, Part I, col (B)  0 .  IS)  13 Direct	Than Adv  4 Net incomfrom unrelated business (col minus column gain, compute through  4. Advertir or (loss) (co col 3) If a ga	e (loss) trade or umn 2 3) If a cols 5 7	Gross incomfrom activity that is not unrelated business incom      Circulation	at i e e	attributat column	le to	7 Excess exemple expenses (colum 6 minus column 6 but not more that column 4)  Enter here and on page 1, Part II, line 25	
1 Description of exploited activity  1 Description of exploited activity  1 Description of exploited activity  1 Name of periodical	Enter here and on page 1, Part I, line 10, col (A)  Periodicals Re  2 Gross advertisin	3. Extended and second	penses connected oduction related s income  re and on i, Part I, col (B)  0 .  IS)  13 Direct	Than Adv  4 Net incomfrom unrelated business (col minus column gain, compute through  4. Advertir or (loss) (co col 3) If a ga	e (loss) trade or umn 2 3) If a cols 5 7	Gross incomfrom activity that is not unrelated business incom      Circulation	at i e e	attributat column	le to	7 Excess exemple expenses (colum 6 minus column 6 but not more that column 4)  Enter here and on page 1, Part II, line 25	
1 Description of exploited activity  1 Description of exploited activity  1	Enter here and on page 1, Part I, line 10, col (A)  Periodicals Re  2 Gross advertisin	3. Extended and second	penses connected oduction related s income  re and on i, Part I, col (B)  0 .  IS)  13 Direct	Than Adv  4 Net incomfrom unrelated business (col minus column gain, compute through  4. Advertir or (loss) (co col 3) If a ga	e (loss) trade or umn 2 3) If a cols 5 7	Gross incomfrom activity that is not unrelated business incom      Circulation	at i i e e	attributat column	le to	7 Excess exemple expenses (column 6 minus column 1 but not more that column 4)  Enter here and on page 1, Part II, line 25	
1 Description of exploited activity  1 Description of exploited activity  2)  2)  3)  4als  4art I Income From	Enter here and on page 1, Part I, line 10, col (A)  Periodicals Re  2 Gross advertisin	3. Extended and second	penses connected oduction related s income  re and on i, Part I, col (B)  0 .  IS)  13 Direct	Than Adv  4 Net incomfrom unrelated business (col minus column gain, compute through  4. Advertir or (loss) (co col 3) If a ga	e (loss) trade or umn 2 3) If a cols 5 7	Gross incomfrom activity that is not unrelated business incom      Circulation	at i i e e	attributat column	le to	7 Excess exemple expenses (column 6 minus column 7 but not more that column 4)  Enter here and on page 1, Part II, line 25	
1 Description of exploited activity  1 Description of exploited activity  1 Description of exploited activity  2 Description of exploited activity  1 Name of periodical  1 Name of periodical	Enter here and on page 1, Part I, line 10, col (A)  Periodicals Re  2 Gross advertisin	3. Extended and second	penses connected oduction related s income  re and on i, Part I, col (B)  0 .  IS)  13 Direct	Than Adv  4 Net incomfrom unrelated business (col minus column gain, compute through  4. Advertir or (loss) (co col 3) If a ga	e (loss) trade or umn 2 3) If a cols 5 7	Gross incomfrom activity that is not unrelated business incom      Circulation	at i i e e	attributat column	le to	7 Excess exemple expenses (column 6 minus column 7 but not more that column 4)  Enter here and on page 1, Part II, line 25  7 Excess readershit costs (column 6 minus column 5, but not mo	

Part II Income From Perio columns 2 through 7 on a			ate Basis (For ea	ch periodical liste	d in Part II, fill in	
Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-					
(2)					<u> </u>	
(3)						,
(4)						
Totals from Part I	0.	0.			·*·-	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

Totals, Part II (lines 1-5)

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

<b>1</b> Name	2. Title	<ol> <li>Percent of time devoted to business</li> </ol>	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

## **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

1

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

Open to Public Inspection for 501(c)(3) Organizations Only

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization

Employer identification number

ENTITY

	THE SALVATION ARMY		36-2167910			
	Inrelated Business Activity Code (see instructions)   45					
	escribe the unrelated trade or business   RETAIL SA	LES				<del></del>
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 133,938.					
b	Less returns and allowances c Balance	1c	133,938.			
2	Cost of goods sold (Schedule A, line 7)	2	_ 66,366.			•
3	Gross profit. Subtract line 2 from line 1c	3	67,572.			67,572.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		•		
5	Income (loss) from a partnership or an S corporation (attach					· <u>-</u>
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled			·		
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	67,572.			67,572.
_	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			uctions.) (Dedi	uctions i	must be
14	Compensation of officers, directors, and trustees (Schedule K)			-	15	19,851.
15	Salaries and wages Repairs and maintenance			<u> -</u>	16	17,031.
16 17	Bad debts			F	17	·
17				F	18	
18 19	Interest (attach schedule) (see instructions)  Taxes and licenses			 	19	4,161.
			ا مو ا	- F	19	1,101.
20 21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		20 21a	····	21b	
22	Depletion			- <del>-</del>	22	
23	Contributions to deferred compensation plans				23	<u>-</u> .
23 24	Employee benefit programs			F	24	<del></del>
2 <del>4</del> 25	Excess exempt expenses (Schedule I)			<u> </u> -	25	*/**
	EXCOSO OXCITIDE GAPETISES (OCTIEUDIE I)			1	20	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

36,542.

60,554.

7,018.

018.

26

27

28

29

30

31

instructions)

26

27

28

29

30

SEE STATEMENT 3

THE SALVAT						36-216	791	<u>. 0</u>
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	aluation > N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6_	
2 Purchases	2	66,366.	] 7	Cost of goods sold. Su	ıbtract l	line 6		
3 Cost of labor	3		1	from line 5 Enter here a				
4a Additional section 263A costs			1	line 2			7	66,366.
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a				
5 Total. Add lines 1 through 4b	5	66,366.	1	the organization?	•			X
Schedule C - Rent Income (I			Pers		ease	d With Real Prop	erty	)
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)		***				<del></del>		
(4)								
	2 Rent receiv	ed or accrued						
rent for personal property is more than of rent for i				onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	cted with the income in (attach schedule)
(1)		1						
(2)								
(3)								
(4)								<u></u>
Total	0.	Total			0.			
(c) Total income Add totals of columns 2	(a) and 2(b). En	ter				(b) Total deductions.		
here and on page 1, Part I, line 6, column		<b>&gt;</b>			0.	Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Debt	t-Financed	Income (see	nstru	ctions)				
			2	Gross income from or allocable to debt-		3. Deductions directly conto debt-finar		perty
Description of debt-fina	inced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			<del> </del>				1	
(2)		· -				1.00°	1	<del></del> .
(3)		<del>.</del>	<b>-</b>					
(4)						<del>,</del>		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		· · · · · · · · · · · · · · · · · · ·	-	9/		<del></del>	-	
(1)		-		<u>%</u> %			+	
(2)							-	
(3)				% %			$\dashv$	
(4)			Ļ	<del>7</del> 0			+	<b>5</b>
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶.		0	•	0.
Total dividends-received deductions inc	duded in column	1 8				<b>1</b>	<b>•</b>	0.

# **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an**

**Unrelated Trade or Business** 

For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30, 2020

OMB No 1545-0047

Department of the Treasury

➤ Go to www.irs.gov/Form990T for instructions and the latest information.

ENTITY

Interna	Revenue Service Do not enter SSN numbers on this form as it	may be	made public if your organi	zation is a 501(c)(3).		501(c)(3) Organizations Only
Name	of the organization THE SALVATION ARMY			Employer ident		
	Jurelated Business Activity Code (see instructions) ► 51	170				
	Describe the unrelated trade or business ADVERTISI	NG T	Г		-	
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 1,400.					
b	Less returns and allowances c Balance ▶	1c	1,400.			
2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>		
3	Gross profit Subtract line 2 from line 1c	3	1,400.			1,400.
4 a	Capital gain net income (attach Schedule D)	4a				<u>-</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		·- <u>-</u> -		
С	Capital loss deduction for trusts	4c		<del></del>		-
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				<u> </u>
7	Unrelated debt-financed income (Schedule E)	7				****
8	Interest, annuities, royalties, and rents from a controlled		j			
_	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	9				
40	organization (Schedule G)	10				
10	Exploited exempt activity income (Schedule I)	11		5		
11 12	Advertising income (Schedule J)  Other income (See instructions, attach schedule)	12		· · · · · · · · · · · · · · · · · · ·		
13	Total. Combine lines 3 through 12	13	1,400.			1,400.
				Luctions \ (Dod	uetie	
Pa	<b>Deductions Not Taken Elsewhere</b> (See instruct directly connected with the unrelated business in			iuctions.) (Deal	uctic	ms must be
	ancetry connected with the difficiated basiness in	001110.	,			
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts			L	17	
18	Interest (attach schedule) (see instructions)			Ĺ	18	
19	Taxes and licenses			Į.	19	122.
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	<del></del>
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)	• -			25	
26	Excess readership costs (Schedule J)			-	26	
27	Other deductions (attach schedule)				27	122
28	Total deductions. Add lines 14 through 27			<u>,</u>	28	1,278.
29	Unrelated business taxable income before net operating loss deduc				29	
30	Deduction for net operating loss arising in tax years beginning on o	r atter c	anuary 1, 2018 (see	F	30	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

## SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Officiated frade of business

2019

OMB No 1545-0047

ENTITY

3

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number Name of the organization 36-2167910 THE SALVATION ARMY Unrelated Business Activity Code (see instructions) ▶ PARKING LOT AND FACILITY RENTALS CAMP, KROC, Describe the unrelated trade or business **Unrelated Trade or Business Income** (C) Net (A) Income (B) Expenses Part I 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 662,109. 264,346. 397,763. 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) . 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 12 12 Other income (See instructions, attach schedule) 397,763. 662,109. 264,346. 13 Total, Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14

14 98,358. Salaries and wages 15 15 145. 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 21,258. 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 21b 21 22 22 Depletion 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 26 Excess readership costs (Schedule J) SEE STATEMENT 4 91,979 27 Other deductions (attach schedule) 27 211,740.28 28 Total deductions. Add lines 14 through 27  $186,02\overline{3}$ 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 instructions) 186.023. Unrelated business taxable income Subtract line 30 from line 29 31

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Page 3

THE SALVA	TION ARM	IY			36-216	7910		
Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation					
1 Inventory at beginning of year	1		6 Inventory at end of y	ear		6	-	
2 Purchases	2		7 Cost of goods sold	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter he	re and in	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	on 263A (	with respect to		Ye	es No
<b>b</b> Other costs (attach schedule)	4b		property produced o	r acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	. 5		the organization?					
Schedule C - Rent Income (	(From Real I	Property and	l Personal Property	Lease	d With Real Prop	erty)		
(see instructions)			<del></del>			_		
1 Description of property								
(1) PARKING LOT RENT	AL					<del> </del>		
(2) FACILITY RENTAL								
(3) CAMP RENTAL								
(4) KROC RENTAL		· · ·			<del>-</del>			
	<del> </del>	ed or accrued			3(a) Deductions directly	v connected w	ith the incom	ie in
' rent for personal property is more than ' of rent for personal 10% but not more than 50%) the rent			and personal property (if the percer personal property exceeds 50% or nt is based on profit or income)	itage f	columns 2(a) a	nd 2(b) (attack	schedule)	
(1)	0.			084.			8,	795.
(2)	0.			159.				397.
(3)	0.		161,					284.
(4)	0.		354,				233,	870.
Total	0.	Total	662,	<u> 109.</u>	<u> </u>			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter	662,	109.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	264,	346.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from		Deductions directly cor to debt-finan-		r allocable	
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deductattach schedu	
(1)	-					<del></del>		
(2)			<u> </u>					
(3)	**							
(4)		-						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable ded nn 6 x total of 3(a) and 3(t	columns
(1)			%	<b>T</b>				
(2)			%	1				
(3)			%	1		<del></del>		
(4)			%					
		· · · · · · · · · · · · · · · · · · ·			inter here and on page 1, Part I, line 7, column (A)		here and on p	_
Totals Total dividends-received deductions	ichided in column	R	•	-				
TOTAL DIVIDENDS TEORIVED DEGREEOUS III	ioradou ill colullill	•				<u> </u>		

### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE SALVATION ARMY				36-	2167910
Did the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax ye	ear?		▶  Yes  No
If "Yes," attach Form 8949 and see its instru			gain or loss		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					<u> </u>
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	<u></u>		<del></del>		<del>                                     </del>
3 Totals for all transactions reported on		0 721			-8,731.
Form(s) 8949 with Box C checked		8,731.	• ]		-0,/31.
4 Short-term capital gain from installment sales	•			4	
5 Short-term capital gain or (loss) from like-kin	•			5	
6 Unused capital loss carryover (attach comput	•	t.		6	-8,731.
7 Net short-term capital gain or (loss). Combin				7	-0,731.
See instructions for how to figure the amounts	IIS and Losses (See I	nstructions.)	T		<u> </u>
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part II, line 2, column (g	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked	6,773.		1		6,773.
11 Enter gain from Form 4797, line 7 or 9				11	2,693,410.
12 Long-term capital gain from installment sales	· ·	,		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	2 722 122
Part III Summary of Parts I and		ı h		15	2,700,183.
16 Enter excess of net short-term capital gain (III		loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	· - ·	, ,	7)	17	2,691,452.
18 Add lines 16 and 17. Enter here and on Form		•	'''	18	2,691,452.
Note: If losses exceed gains, see Capital Los		por ano on outer returns	ι		
Capital Los	1000 11 110 1101 1010110				
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120		S	chedule D (Form 1120) 2019

Internal Revenue Service

# **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

THE SALVATION	ARMY					36-2	167910
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	low, see whether ation as Form 10 box to check	you received any 99-B Either will	y Form(s) 1099-B show whether you	or substitute staten ir basis (usually you	nent(s) fron r cost) was	n your broker A su reported to the IF	bstitute 3S by your
Part I Short-Term. Transact	tions involving capi	tal assets you held	1 year or less are go	enerally short-term (see	e instruction	s) For long-term	
transactions, see page 2  Note. You may aggregate all codes are required. Enter the							
You must check Box A, B, or C below. If you have more short-term transactions than wi							each applicable box
(A) Short-term transactions re	· ·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis wasn't r	eported to the IRS			
X (C) Short-term transactions no	ot reported to you	<u>u on Form 1099-l</u>	В				
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	it, if any, to gain or ou enter an amount	(h)
Description of property (Example 100 sh XYZ Co)	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sn XYZ Co)	(Mo, day, yr)	disposed of (Mo , day, yr)		Note below and	L	. See instructions	from column (d) &
		(ivio ; day; yi )		see Column (e) In the instructions	(f) Code(s)	( <b>g)</b> Amount of adjustment	combine the result with column (g)
ST LOSS FROM LP							
INVESTMENTS	VARIOUS	VARIOUS		8,731.			<8,731.>
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<del></del>	ļ			ļ			
				<del> </del>		<del></del>	
O Tabala Adduba		mad (led / and led )		+			
2 Totals. Add the amounts in colur							
negative amounts) Enter each to Schedule D, line 1b (if Box A abo		·					
above is checked), or line 3 (if B		· ·		8,731.	j		<8,731.>
				,			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

### THE SALVATION ARMY

36-2167910

	THE BAHVATION .							<u> </u>
st	efore you check Box D, E, or F belo atement will have the same informa oker and may even tell you which b	ation as Form 109	you received any 99-B Either will :	Form(s) 1099-B o show whether your	r substitute statem basis (usually youi	ent(s) from cost) was	your broker A sub reported to the IR	bstitute S by your
	Part II Long-Term. Transaction		al assets you held r	more than 1 year are	generally long-term (s	ee instruction	ons) For short-term to	ransactions,
	see page 1  Note: You may aggregate all  codes are required Enter the	l long-term transact e totals directly on S	tions reported on F Schedule D, line 8a	form(s) 1099-B showii	ng basis was reported to report these transa	to the IRS	and for which no adj	ustments or ctions)
Y	ou must check Box D, E, or F below. (	Check only one bo	X. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for e	each applicable box
֟֝֟֝֟֝֟֝֟֝֟֝	(D) Long-term transactions rep							
	(E) Long-term transactions rep	orted on Form(s	) 1099-B showin	g basis wasn't re	ported to the IRS			
	X (F) Long-term transactions not	t reported to you	on Form 1099-E	3				
1	(a)	(b)	(c)	_ (d)	(e)		nt, if any, to gain or ou enter an amount	(h)
	Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(a), enter a code in	Gain or (loss). Subtract column (e)
	(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(	Note below and		). See instructions	from column (d) &
			(WO, day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
	M CATH EDOM ID				the instructions		adjustment	with column (g)
	T GAIN FROM LP NVESTMENTS	VARIOUS	VARIOUS	6,773.				6,773.
<u> </u>	NVESIMENIS	VARIOUS	VARIOUS	0,773.		<del>_</del>		0,773+
-								
	-							
			<u> </u>					
						-		
_		<u> </u>						
					,-			
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							-	
_								
	<del></del> -							
		-			<del>                                     </del>			
					<del>                                     </del>			
_	Totale Add the amounts in active	nno (d) (o) (o) ==	nd (b) (authorized					<del></del>
2	Totals. Add the amounts in colun negative amounts) Enter each tot							
	Schedule D, line 8b (If Box D abo		•					
	above is checked), or line 10 (if B	• •	,	6,773.				6,773.
v	ote: If you checked Box D above b				er in column (e) the	basis as r	eported to the IRS	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

# 3800

**General Business Credit** 

OMB No 1545-0895

Attachment Sequence No 22

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs gov/Form3800 for instructions and the latest information.

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. Name(s) shown on return

Identifying number 36-2167910

THE		1679	1.0
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	0
2	Passive activity credits from line 2 of all Parts III with box B checked 2 15,289		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	15,289
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	0
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box D checked See instructions .	5	0
6	Add lines 1, 3, 4, and 5	6	15,289
Part	II Allowable Credit		
7	Regular tax before credits:		·
8	<ul> <li>Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44</li></ul>	7	38,396
9	Add lines 7 and 8	9	38,396
10a b c	Foreign tax credit  Certain allowable credits (see instructions)  Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	38,396
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	-	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See instructions 13 3,349		
14	Tentative minimum tax  Individuals Enter the amount from Form 6251, line 9  Corporations Enter -0-  Estates and trusts Enter the amount from Schedule I (Form 1041), line 52		
15	Enter the greater of line 13 or line 14	15	3,349
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	35,047
17	Enter the <b>smaller</b> of line 6 or line 16	17	15,289
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		<u> </u>
For Pa	narwork Raduction Act Notice see senarate instructions		Form 3800 (2019)

Part Vote:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	line 26
18	Multiply line 14 by 75% (0.75) See instructions	18	0
19	Enter the greater of line 13 or line 18	19	3,349
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	35,047
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	19,758
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked .	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked . 23	ļ	
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	15,289
25	Add lines 22 and 24	25	15,289
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	35,047
28	Add lines 17 and 26	28	15,289
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	19,758
30	Enter the general business credit from line 5 of all Parts III with box A checked	30_	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019 See instructions .	33	0
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach .	34	0
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the <b>smaller</b> of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return  Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51  Corporations Form 1120, Schedule J, Part I, line 5c  Estates and trusts. Form 1041, Schedule G, line 2b	38	15,289

Name(s)	shown on return		Identifying nun	nber
THE S	ALVATION ARMY		36-216793	LO
Part I		ructio		
	ete a separate Part III for each box checked below. See instructions	_	<del></del>	
	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
	General Business Credit Carryforwards  G   Eligible Small Busin	ess C	redit Carryforward:	S
	General Business Credit Carrybacks  H   Reserved			_
	ou are filing more than one Part III with box A or B checked, complete and attach first an a	additio	nal Part III combinir	ng amounts from
	Parts III with box A or B checked. Check here if this is the consolidated Part III.		, indirection combining	<b>►</b> X
	(a) Description of credit	-	(b)	(c)
	n any line where the credit is from more than one source, a separate Part III is needed for each rough entity		If claiming the credit from a pass-through	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	anioan.
	• • • • • • • • • • • • • • • • • • • •			
b	Reserved	1b		15 200
C	Increasing research activities (Form 6765)	1c		15,289
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation) .	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896) .	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911) .	1s		
t	Enhanced oil recovery credit (Form 8830) .	1t		_
u	Mine rescue team training (Form 8923)	1u		
v	Agrıcultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon oxide sequestration (Form 8933) .	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		-
bb	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		15,289
3	Enter the amount from Form 8844 here and on the applicable line of Part II .	3		15,269
3 4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
	Work opportunity (Form 5884)	4a 4b		
b	,, , , ,	_		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
ı	Increasing research activities (Form 6765)	4i		
J	Employer credit for paid family and medical leave (Form 8994) .	<u>4j</u>		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		15,289
				Form 3800 (2019)

Fo	rm 380	0 (2019)			Page 3
Na	me(s) s	shown on return		Identifying nun	nber
TF	IE S	ALVATION ARMY		36-216793	10
P	art II	General Business Credits or Eligible Small Business Credits (see Inst	ruction	ons)	
Co	omple	ete a separate Part III for each box checked below See instructions			
Α		General Business Credit From a Non-Passive Activity E   Reserved			
В	X	General Business Credit From a Passive Activity F Reserved			
С		General Business Credit Carryforwards G 🔲 Eligible Small Busin	iess C	Credit Carryforward	S
D		General Business Credit Carrybacks H Reserved			
I		ou are filing more than one Part III with box A or B checked, complete and attach first an a Parts III with box A or B checked. Check here if this is the consolidated Part III	addıtıc	onal Part III combinir	ng amounts from
_		(a) Description of credit	-	(b)	(c)
Na	sta: O	n any line where the credit is from more than one source, a separate Part III is needed for each		If claiming the credit	Enter the appropriate
		ough entity		from a pass-through entity, enter the EIN	amount
•	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	b	Reserved	1b		
	С	Increasing research activities (Form 6765)	1c	39-1140320	15,191
	d	Low-income housing (Form 8586, Part I only)	1d		
	e	Disabled access (Form 8826) (see instructions for limitation)	1e		
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	g	Indian employment (Form 8845)	1g		
	h	Orphan drug (Form 8820)	1h		
	1	New markets (Form 8874)	1i		· -
	i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>		
	k	Employer-provided child care facilities and services (Form 8882) (see instructions			
		for limitation)	1k		
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		<del></del>
	m	Low sulfur diesel fuel production (Form 8896)	1m		
	n	Distilled spirits (Form 8906)	1n		
	0	Nonconventional source fuel (carryforward only)	10		-
	р	Energy efficient home (Form 8908)	1p		
	q	Energy efficient appliance (carryforward only)	1q		-
	r	Alternative motor vehicle (Form 8910)	1r		
	S	Alternative fuel vehicle refueling property (Form 8911)	1s		
	t	Enhanced oil recovery credit (Form 8830)	1t		
	u	Mine rescue team training (Form 8923)	1u		
	v	Agricultural chemicals security (carryforward only)	1v		
	w	Employer differential wage payments (Form 8932)	1w		
	X	Carbon oxide sequestration (Form 8933)	1x		<del></del>
		Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	y z	Qualified plug-in electric vehicle (carryforward only)	1 <u>z</u>		
	aa	Employee retention (Form 5884-A)	1aa		<del></del>
	bb	General credits from an electing large partnership (carryforward only)	1bb	<del></del>	
		Other. Oil and gas production from marginal wells (Form 8904) and certain other	100		
	ZZ	credits (see instructions)	1zz		
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		15,191
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	о 4а	Investment (Form 3468, Part III) (attach Form 3468)	4a		<u>-</u>
	b	Work opportunity (Form 5884)	4b		<del>_</del>
	C	Biofuel producer (Form 6478)	4c	-	
	d	Low-income housing (Form 8586, Part II)	4d	<del></del>	
		Renewable electricity, refined coal, and Indian coal production (Form 8835)	4u 4e		
	e f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e 4f		
	g	Qualified railroad track maintenance (Form 8900)	4g	<u> </u>	
	h ;	Small employer health insurance premiums (Form 8941)	4h		
	! :	Increasing research activities (Form 6765)	4i		
	J	Employer credit for paid family and medical leave (Form 8994)	4j		
	Z	Other .	4z		<del></del>
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
- (	6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .	6		15,191

	ame(s) shown on return		Identifying nur	nber
TH:	HE SALVATION ARMY		36-21679	10
	Part III General Business Credits or Eligible Small Business Cre	dits (see instructi	ons)	
	omplete a separate Part III for each box checked below. See instructions			
		erved		
В		erved		
С	☐ General Business Credit Carryforwards ☐ ☐ Eligib	ole Small Business (	Credit Carryforward	S
D	☐ General Business Credit Carrybacks H☐ Rese	erved		
1	If you are filing more than one Part III with box A or B checked, complete and all Parts III with box A or B checked. Check here if this is the consolidated Part		onal Part III combinii	ng amounts from ▶ □
	(a) Description of credit		(b)	(c) Enter the
	ote: On any line where the credit is from more than one source, a separate Part III is ne ass-through entity	eeded for each	If claiming the credit from a pass-through entity, enter the EIN	appropriate amount
1	1a Investment (Form 3468, Part II only) (attach Form 3468)	<u>1a</u>		
	<b>b</b> Reserved .	1b		
	c Increasing research activities (Form 6765)	<u>1c</u>	83-2437394	98
	d Low-income housing (Form 8586, Part I only)	<u>1d</u>		
	e Disabled access (Form 8826) (see instructions for limitation)	1e		
	f Renewable electricity, refined coal, and Indian coal production (Form			
	g Indian employment (Form 8845)	. <u>1g</u>		<del> </del>
	h Orphan drug (Form 8820)	1h	-	<del></del>
	i New markets (Form 8874)	for limitation) 1j	-	
	j Small employer pension plan startup costs (Form 8881) (see instructions			
	k Employer-provided child care facilities and services (Form 8882) (see for limitation)	1k		
	I Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	m Low sulfur diesel fuel production (Form 8896)	1m		
	n Distilled spirits (Form 8906)	. 1n	<del> </del>	<del></del>
	Nonconventional source fuel (carryforward only)	. 10		
	p Energy efficient home (Form 8908)	1p		
	q Energy efficient appliance (carryforward only)	1q		
	r Alternative motor vehicle (Form 8910)	1r		
	s Alternative fuel vehicle refueling property (Form 8911)	. 1s		
	t Enhanced oil recovery credit (Form 8830)	. 1t		
	u Mine rescue team training (Form 8923)	. <u>1u</u>		
	<ul> <li>Agricultural chemicals security (carryforward only)</li> </ul>	<u>1v</u>		
	w Employer differential wage payments (Form 8932) .	_1w		<del></del>
	x Carbon oxide sequestration (Form 8933)	1x		
	y Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>		
	z Qualified plug-in electric vehicle (carryforward only)	1z		
	aa Employee retention (Form 5884-A)	1aa		<del> </del>
	bb General credits from an electing large partnership (carryforward only)	1 <u>bb</u>	-	
	zz Other Oil and gas production from marginal wells (Form 8904) and credits (see instructions)	certain other		
2	2 Add lines 1a through 1zz and enter here and on the applicable line of			98
	3 Enter the amount from Form 8844 here and on the applicable line of P			
	4a Investment (Form 3468, Part III) (attach Form 3468)	4a		<del>_</del>
	b Work opportunity (Form 5884)	. 4b		
	c Biofuel producer (Form 6478)	. 4c		<del></del>
	d Low-income housing (Form 8586, Part II)	4d		
	e Renewable electricity, refined coal, and Indian coal production (Form 8	8835) <b>4e</b>		
	f Employer social security and Medicare taxes paid on certain employee tips			
	g Qualified railroad track maintenance (Form 8900)	4g		
	h Small employer health insurance premiums (Form 8941)	4h		
	i Increasing research activities (Form 6765)	4i		
	j Employer credit for paid family and medical leave (Form 8994)	. <b>4</b> j		
	<b>z</b> Other	. 4z		
5	5 Add lines 4a through 4z and enter here and on the applicable line of P			0
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part	II6		98
				Form 3800 (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

## INVESTMENTS IN PARTNERSHIPS AND S CORPORATION

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING EXPENSES		36,542.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	36,542.

The Salvation Army Line 5 - Income (Loss) from Partnerships

,	Line 5 Ordinary Income	Line 4 Short Term Gain (Loss)	Line 4 Long Term Gain (Loss)	Line 4 Net Section 1231 Gain (Loss)	Line 22 Depletion	Line 34 Charitable Contribution	Line 46c Credits
K-1 FUNDS							
1	246,248		(12,210)	(2,039)	ı	1	,
2	(128,361)	ı	ı	1,166,624	1	1	,
8	619	ı	∞	•	•	1	•
4	. 466,806		•	223,898	145,219	221	•
2	(431)	•	1	•	•	1	•
9	(534,183)	ı	•	•	•	ı	•
7	(1,556,128)	ı	1	1,306,474	219,614	•	ı
<b>∞</b>	(1,010,612)	ı	ı	•	11,671	•	ı
6	(3,853)	•	•	•	1	,	ı
11	1,431,930	•	•	•	1	8,127	15,191
12	(908'98)	(8,735)	(16,287)	•	•	1	•
13	(2,997)	•	1	•	•	•	
14	(122,795)	•	1	•	ı	1,163	,
15	(55,138)	1	•	•	•	798	86
16	(4,234)	•	257	(772)	1	5	•
17	(13,889)	4	22,504	(412)		16	•
18	35,459	•	5,485	(363)	1	153	1
19	(451)	1	7,016	•	ı	1	ı
20	(2,098)	1	•	ı	1	•	1
21	(11,791)	1	1	•	,	•	1
	(1,352,705)	(8,731)	6,773	2,693,410	376,504	10,483	15,289

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING EXPENSES		36,542.
TOTAL TO SCHEDULE M, PART II,	LINE 27	36,542.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
ACCOUNTING EXPENSES CAMP EXPENSES TO EXTENT OF IN	ICOME	36,542. 55,437.
TOTAL TO SCHEDULE M, PART II,	LINE 27	91,979.

FORM 990-T (M) DEDUCTIONS CONNECTED	VITH RENTAL	INCOME	STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PARKING LOT RENTAL DEDUCTIONS		8,795.	
- SUBTOTAL	- 1		8,795.
FACILITY RENTAL DEDUCTIONS - SUBTOTAL	- 2	20,397.	20,397.
CAMP RENTAL DEDUCTIONS		1,284.	·
- SUBTOTAL	- 3	233,870.	1,284.
KROC RENTAL DEDUCTIONS - SUBTOTAL	- 4	233,670.	233,870.
TOTAL TO FORM 990-T, SCHEDULE C, COLUM	r 3		264,346.

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