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B Exempt under section Salt/SBURY HOUSE FOUNDATION Salt/SBUR			•							Open to Public Inspection for 501(c)(3) Organizations Only
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describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ▼48 ▼ No III **Part** ■ The Text April **Part** ■ The Text April **Part** ■ The Interest April **Part** ■ The Interest April **Part** ■ The Driving April **Part** ■ Th	ŀ		-		2	De	scribe	the only (or first) ur	related	d
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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 2 30 0. 186.										
(see instructions) SEE STATEMENT 2 30 186.									29	186.
31 Unrelated business taxable income. Subtract line 30 from line 29 31 186.	3		perating l	loss arısıng ın tax years beginning on or after Janu	ary 1, 20		m	TELLESTER O		
	_		dance le l	noons Outton the Office I CO		SEE S	T'A'I	EMENT 2		106
									<u> </u> 31	Form 990-T (2019)

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40 2019.05010 SALISBURY HOUSE FOUNDATIO C20547_1

Formy390-	Tighty SALISBURY HOUSE FOUNDATION	42-1415581 Page 2
Part	III \Total Unrelated Business Taxable Income	•
<i>#</i>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 274.
P	Amounts paid for disallowed fringes	33
		34 0.
	Charitable contributions (see instructions for limitation rules)	
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
	enter the smaller of zero or line 37	39 0.
) Párt	IV Tax Computation	1
/ / 40 (Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40
41 1	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	
[X Tax rate schedule or Schedule D (Form 1041)	41 0.
42 F	Proxy tax. See instructions	42
43 /	Alternative minimum tax (trusts only)	43
	Tax on Noncompliant Facility Income. See instructions	44
_	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
) Part		
11 -	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
	Other credits (see instructions) 46b	7
	General business credit. Attach Form 3800	1 ·
	Credit for prior year minimum tax (attach Form 8801 or 8827)	⊣,
	Fotal credits. Add lines 46a through 46d	46e
	·	47 0.
	Subtract line 46e from line 45 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
	Total tax. Add lines 47 and 48 (see instructions)	<u>49</u> 0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
	Payments. A 2018 overpayment credited to 2019	⊣ '
	2019 estimated tax payments 51b	4.
	Tax deposited with Form 8868	⊣ ` [
d F	Foreign organizations. Tax paid or withheld at source (see instructions)	
e E	Backup withholding (see instructions) 5 ie	⊣
f (Credit for small employer health insurance premiums (attach Form 8941)	_
g <u>(</u>	Other credits, adjustments, and payments: Form 2439	- .
	Form 4136 Other Total ▶ 5 g	<u> </u>
52 1	Fotal payments. Add lines 51a through 51g	52
53 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53
54 1	Fax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
1\ 55 (Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
156~ E	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56
Part \	VI Statements Regarding Certain Activities and Other Information (see instructions)	
57 /	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
	nere	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	f "Yes," see instructions for other forms the organization may have to file.	
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledges.	edge and belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	·
Here		May the IRS discuss this return with
		the preparer shown below (see nstructions)? X Yes No
		if PTIN
Paid	BRENT L. ALEXANDER, BRENT L. self-employed	
Prepa		P00075113
Use (Only Firm's name ► BERGANKDV , LTD . Firm's EIN ►	41-1431613
	12100 MEREDITH DR, SUITE 200	E1E 707 E700
		515-727-5700
923711 01	1-27-20	Form 990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation > N/A	,				
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold. St	ubtract l	line 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
		ed or accrued				3(a) Deductions directly	connected with	the income in	1
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	columns 2(a) ar	id 2(b) (attach so	chedule)	
(1)									
(2)									
(3)				<u>.</u> .					
(4)									
Total	0.	Total			0.]			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter Þ			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
			;	2. Gross income from	ļ	Deductions directly control to debt-finance		locable	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Ot	her deduction ch schedule)	ıs
			—				_		
(1)									
(2)			+				+		
(3)	.,		+				+		
(4)			+			·	 		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	'). Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column	cable deducti 6 x total of col 3(a) and 3(b))	
(1)				%					
(2)				%_					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		re and on page ne 7, column (
Totals				>		0	<u>. </u>		0.
Total dividends-received deductions in	ncluded in column	18					•		0.
							F	orm 990-T	(2019)

Schedule F - Interest,	Annuitie	s, Royal	ties, an		***			tion	S (see in:	struction	s)
4		1			Controlled O	· ·		E 5.			C Dadications discardio
Name of controlled organizal	tion		ployer cation ber		related income instructions)	4. гот рауп	al of specified nents made	includ	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)	-	-								-	
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations	·									
7. Taxable Income		unrelated incon see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orga s income	nızatıon's		ductions directly connected i income in column 10
/1)	 							·			
(1)		-									
(2)	 										
(4)						- 				<u> </u>	
							Add colum Enter here and line 8, c	on pag	e 1, Part I,	Enter h	Id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totalo									0.		0.
Totals Schedule G - Investme	nt Incor	ne of a s	Section	501(c)(7	'), (9), or (17) Org	anization		<u> </u>		<u> </u>
	ructions)								т		· 1 _
1. Desc	cription of inco	ome			2 Amount of	income	 Deduction directly conne (attach sched) 	cted	4 Set- (attach s	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									ļ		
(2)											
(3)									ļ		
(4)											<u> </u>
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited (see instru	•	Activity	Income	e, Other	Than Adv	ertisin	g Income				
			3. Exp	noneoc	4. Net incom		_				7. Excess exempt
1. Description of exploited activity	unrelated incom	Gross business ne from business	directly c with pro of unri business	onnected duction elated	from unrelated business (co minus columi gain, compute through	lumn 2 n 3) If a s cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	page 1	re and on i, Part I, , col (A)	Enter her page 1 Iine 10,	, Part I,							Enter here and on page 1, Part II, line 25
Totals >		0.		0.							0.
Schedule J - Advertision			nstruction	•							
Part I Income From	Periodic	als Rep	orted or	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct rrtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
T. 1. (2000) 1. D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			,								
Totals (carry to Part II, line (5))	>		0.	0	•						0.

iRart⊪	columns 2 through 7 on a			ate basis (For ea	ch periodical liste	d in Part II, fill in	
	1. 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)							
(3)							

1. Name of periodical	advertising	3. Direct	or (loss) (col 2 minus	5. Circulation	6 Readership	costs (column 6 minus
T. Haire of periodical	income	advertising costs	col 3) If a gain, compute cols 5 through 7	income	costs	column 5, but not more than column 4)
(1)						
(2)						
(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)	▶ 0.	0.		· 4 /4		0.
Schedule K - Compensat	ion of Officers, I	Directors, and	Trustees (see in	nstructions)		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

SCHEDULE I (Form 1041)

Department of the Treasury

Internal Revenue Service Name of estate or trust **Alternative Minimum Tax - Estates and Trusts**

▶ Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

Employer identification number

	LISBURY HOUSE FOUNDATION	42-1415581
<u>IP</u> a	artil Estate's or Trust's Share of Alternative Minimum Taxable Income	
1	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions	1
2	Interest	2
3	Taxes	3
4	Refund of taxes	4 (
5	Depletion (difference between regular tax and AMT)	5
6	Net operating loss deduction Enter as a positive amount SEE STATEMENT 5	6 274.
7	Interest from specified private activity bonds exempt from the regular tax	7
8	Qualified small business stock (see instructions)	8
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10
11	Disposition of property (difference between AMT and regular tax gain or loss)	11
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12
13	Passive activities (difference between AMT and regular tax income or loss)	13
14	Loss limitations (difference between AMT and regular tax income or loss)	14 ,
15	Circulation costs (difference between regular tax and AMT)	_15
16	Long-term contracts (difference between AMT and regular tax income)	16
17	Mining costs (difference between regular tax and AMT)	17
18	Research and experimental costs (difference between regular tax and AMT)	18
19	Income from certain installment sales before January 1, 1987	19 (
20	Intangible drilling costs preference	20
21	Other adjustments, including income-based related adjustments	21
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies)	22 (247.)
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22 STATEMENT 6	23 27.
	Note: Complete Part II below before going to line 24	
24	Income distribution deduction from Part II, line 42 N/A STATEMENT 7	
25	Estate tax deduction (from Form 1041, line 19) N/A 25	
26	Add lines 24 and 25	26
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27 27.
	If line 27 is	
	\$25,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't	
	liable for the alternative minimum tax.	
	• Over \$25,000, but less than \$183,500, go to line 43	
	• \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50	
D ₂	● ESBTs, see instructions. artIII Income Distribution Deduction on a Minimum Tax Basis N/A	
		28
28	Adjusted alternative minimum taxable income (see instructions) Adjusted tax-exempt interest (other than amounts included on line 7)	29
29 30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30
	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable	
31	purposes (from Form 1041, Schedule A, line 4)	31
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32
	Capital gains computed on a minimum tax basis included on line 23	33 (

40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

36 Income required to be distributed currently (from Form 1041, Schedule B, line 9)

Tax-exempt income included on line 38 (other than amounts included on line 7)

34 Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount

35 Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero

37 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Schedule I (Form 1041) (2019)

34

36

37 38

39

40

38

39

Total distributions Add lines 36 and 37

or less, enter -0-

Sch	edule'l (Form 1041) (2019) SALISBURY HOUSE FOUNDATION				4	2-1415581 Page 2
	rt II I Income Distribution Deduction on a Minimum Tax Basis	(conti	nue	d)	N/	A
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29	from I	ne :	35.		
	If zero or less, enter -0-				41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of lin	ne 40 o	r lır	ne 41.		
	Enter here and on line 24				42	
ŀΡέ	irt`III Alternative Minimum Tax					
43	Exemption amount				43	\$25,000
44	Enter the amount from line 27	44			_ا ⁻ ا	
45	Phase-out of exemption amount	45		\$83,500	. .	
46	Subtract line 45 from line 44. If zero or less, enter -0-	46_			_	
47	Multiply line 46 by 25% (0.25)				47	
48	Subtract line 47 from line 43. If zero or less, enter -0-				48	
49	Subtract line 48 from line 44				49	
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or his	as a gair	n on	lines 18a and 19		
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise	se, if line	49	IS:		
	• \$194,800 or less, multiply line 49 by 26% (0 26).					
	 Over \$194,800, multiply line 49 by 28% (0.28) and subtract \$3,896 from the resi 	ult			50	
	Alternative minimum foreign tax credit (see instructions)				51	
52	Tentative minimum tax. Subtract line 51 from line 50				52	
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit fr			•	53	
54	Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0-	Enter h	ere	and on		
100	Form 1041, Schedule G, line 1c				54	
ĮРа	rt IV Line 50 Computation Using Maximum Capital Gains Rate				1	
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule I					
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the	he instr	uct	ions		
	before completing this part.					
55		1 1	ı		55	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax	1				
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for	-				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	56			-	
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary) If you didn't complete				J	
	Schedule D for the regular tax or the AMT, enter -0-	E7				
EO	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	57	\vdash		-	
36	AMT, enter the amount from line 56 Otherwise, add lines 56 and 57 and enter					
	the smaller of that result or the amount from line 10 of the Schedule D Tax					
	Worksheet (as refigured for the AMT, if necessary)	58				
59	Enter the smaller of line 55 or line 58				59	
60	Subtract line 59 from line 55				60	
	If line 60 is \$194,800 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line	ne 60 b	v		1 33	.
٠.	28% (0.28) and subtract \$3,896 from the result	.0 00 5	,	•	61	
62	Maximum amount subject to the 0% rate	62		\$2,650		
	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D			· • ·	1	
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions					
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't					
	complete Schedule D or either worksheet for the regular tax, enter the amount					
	from Form 1041, line 23; if zero or less, enter -0-	63			_	
64	Subtract line 63 from line 62. If zero or less, enter -0-	64			_]	
65	Enter the smaller of line 55 or line 56	65			_	
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66			⊣ ∣	
<u>67</u>	Subtract line 66 from line 65	67	L_		<u> </u>	
91986	92 12-13-19				Schee	dule I (Form 1041) (2019)

Schedule I (Form 1041) (2019)

IP.	irt]IV Line 50 Computation Using Maximum Capital Gains Rate	s (co	ontinued)		•
68	Maximum amount subject to rates below 20%	68	\$12,950		
69	Enter the amount from line 64	69			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the			e	į
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as figured for the regular tax). If you				
	didn't complete Schedule D or either worksheet for the regular tax, enter				
	the amount from Form 1041, line 23, if zero or less, enter -0-	70_			
71	Add line 69 and line 70	71			
72	Subtract line 71 from line 68. If zero or less, enter -0-	72			
73	Enter the smaller of line 67 or 72	73	_		
74	Multiply line 73 by 15% (0.15)		. ▶	74	
75	Add lines 66 and 73	75			
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Oth	erwis	e, go to line 76.		
76	Subtract line 75 from line 65	76			
77	Multiply line 76 by 20% (0.20)		•	77	
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise	, go t	o line 78.		
78	Add lines 60, 75, and 76	78			
79	Subtract line 78 from line 55	79			
80	Multiply line 79 by 25% (0 25)		•	80	
81	Add lines 61, 74, 77, and 80			81	
82	if line 55 is \$194,800 or less, multiply line 55 by 26% (0 26). Otherwise, multiply line	e 55 b	y 28% (0 28)		
	and subtract \$3,896 from the result			82	
83	Enter the smaller of line 81 or line 82 here and on line 50			83	1

FORM 990-T		OTHER	DEDUCTI	ONS	STATEMENT 1			
DESCRIPTIO	N				AMOUNT			
	ANITORIAL SERVICES ECURITY SERVICES							
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 27			112.			
FORM 990-T	NET	OPERATING	LOSS D	EDUCTION	STATEMENT 2			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	SLY	LOSS REMAINING	AVAILABLE THIS YEAR			
12/31/18	1,171.		0.	1,171.	1,171.			
NOL CARRYO	VER AVAILABLE THIS	YEAR		1,171.	1,171.			

FORM 990-T	NET	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	13,432.	32.	13,400.	13,400.
12/31/09	18,213.	0.	18,213.	18,213.
12/31/10	13,158.	0.	13,158.	13,158.
12/31/11	9,252.	0.	9,252.	9,252.
12/31/16	378.	0.	378.	378.
12/31/17	3,040.	0.	3,040.	3,040.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	57,441.	57,441.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

calendar year 2019 or other tax year beginning and ending

OMB No 1545-0047

ENTITY

2019

1

Department of the Treasury Internal Revenue Service

► 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)(

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

- Interne	Do not enter SSN numbers on this form as it	may be n	nade public if your organiza	nion is a 501(c)(3	<u>) 1.50</u>	(c)(a) Organizations Only
Name	of the organization SALISBURY HOUSE FOUNDAT:	ION		Employer idea 42-14		number
$\overline{}$	Jurelated Business Activity Code (see instructions) ► 45322			•		
	Describe the unrelated trade or business GIFT SHOP		ES			
Pa			(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 181.					
b	Less returns and allowances c Balance	1c	181.			
2	Cost of goods sold (Schedule A, line 7)	2				 • · · · · · · · · · · · · · · · · ·
3	Gross profit. Subtract line 2 from line 1c	3	181.	-	-	181.
4 a	Capital gain net income (attach Schedule D)	4a		- •		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			_	
c	Capital loss deduction for trusts	4c	_			
5	Income (loss) from a partnership or an S corporation (attach		-			
	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	181.			181.
	Deductions Not Taken Elsewhere (See Instruction directly connected with the unrelated business incompared to the connected with the unrelated business incompared to the connected with the unrelated business in the connected with the connected business in the connected with the connected business in the			ictions.) (Dec		must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	86.
15	Salaries and wages				16	
16	Repairs and maintenance				17	<u> </u>
17	Bad debts				18	
18	Interest (attach schedule) (see instructions) Taxes and licenses				19	//
19			20	7.	19	
20	Depreciation (attach Form 4562)			- 	215	7.
21	Less depreciation claimed on Schedule A and elsewhere on return		21a]		21b	
22	Depletion				———	
23	Contributions to deferred compensation plans				23	
24 05	Employee benefit programs				25	
25 00	Excess exempt expenses (Schedule I)					
26 27	Excess readership costs (Schedule J) Other deductions (attach cabadule)				26 27	
27 20	Other deductions (attach schedule) Total deductions. Add lines 14 through 27				28	93.
28 29	Unrelated business taxable income before net operating loss deduc	ction Su	htract line 28 from line 1	4	29	88.
e	- Ornelateu Duamicaa takable Indullie Delute Het Obelatiiku Koaa UEUUK	JUVII. OU	יוווים בט ווטווו וווופ זי	,	1 43 1	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

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

Schedule M (Form 990-T) 2019

31

0.

88.

30

STMT

instructions)

SCHEDULE M	NET	OPERATING 1	LOSS DE	DUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSI APPLIEI		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	153.			153.	153.
NOL CARRYO	VER AVAILABLE THIS	YEAR		153.	153.

SALISBURY	HOUSE I	FOUNDATIO	N		42-1415	5581
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation 🕨 N/A	7		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract I	іле 6	ire t
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2		Į	7
(attach schedule)	4a		8 Do the rules of section	1 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	**
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (From Real	Property and	l Personal Property L	_ease	d With Real Prope	erty)
(see instructions)						
Description of property						
						
(1)					<u> </u>	
(2)						
(3)		· ····································	-			····
(4)	2. Rent receiv	ed or accrued			Γ	
(a) From personal property (if the perc			and personal property (if the percenta	ice.		connected with the income in
rent for personal property is more to 10% but not more than 50%)	than	of rent for p	personal property exceeds 50% or if nt is based on profit or income)	.90	columns 2(a) and	d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
c) Total income. Add totals of columns 2		iter		_	(b) Total deductions. Enter here and on page 1,	_
nere and on page 1, Part I, line 6, column		<u>. </u>		0.	Part I, line 6, column (B)	<u></u> 0
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	1		
			2. Gross income from	ŀ	Deductions directly conn to debt-finance	
1. Description of debt-fine	anced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
, , , , , , , , , , , , , , , , , , ,	,		manced property		(attach schedule)	(attach schedule)
741			 	<u> </u>		
(1)						
(2)				<u> </u>		
(3)				 		
(4)					-	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to inced property h 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)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1,	Enter here and on page 1, Part I, line 7, column (B)

Totals

Total dividends-received deductions included in column 8

SCHEDULE I	NET (OPERATING LOSS CARRYOVER	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/08	13,432.	32.	13,400.
12/31/09	18,213.	0.	18,213.
12/31/10	13,158.	0.	13,158.
12/31/11	9,252.	0.	9,252.
12/31/16	378.	0.	378.
12/31/17	3,040.	0.	3,040.
12/31/18	1,171.	0.	1,171.
12/31/18	153.	0.	153.
TOTAL TO S	CHEDULE I, LINE 6		58,765.

SCHEDULE I	ALTERNAT	IVE MINIMUM TAX NOL CARRYOVER	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/16	378.	0.	378
12/31/17	3,040.	0.	3,040.
12/31/18	1,171.	0.	1,171
	CHEDULE I, LINE 23		4,589

SCHEDULE I	SEDULE I ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION LIMITATION AND COMPUTATION OF CARRYFORWARD			STATEMENT 7	
DESCRIPTION		TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD	
AMT NOL CARRYFO	RWARD	4,589.	247.	4,342.	
TOTAL TO SCHEDU	LE I, LINE 24		247.	4,342.	