

29393184006101

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, and ending 1912

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)

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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <u>003</u> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SALISBURY HOUSE FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 4025 TONAWANDA DRIVE City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50312	D Employer identification number (Employees' trust, see instructions) 42-1415581
		E Unrelated business activity code (See instructions) 722320
		F Group exemption number (See instructions.) G Check organization type: <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

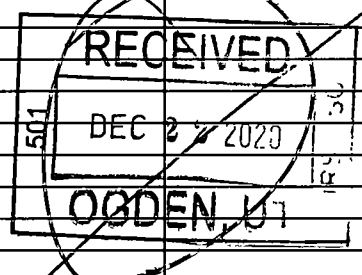
C Book value of all assets at end of year: 10,585,751.

H Enter the number of the organization's unrelated trades or businesses: 2 Describe the only (or first) unrelated trade or business here: CATERING COMMISSIONS. If only one, complete Parts I-V. If more than one, 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.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of: THE ORGANIZATION Telephone number: 515-274-1777

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>1,778.</u>			
b	Less returns and allowances			
1 c	Balance <u>1,778.</u>			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c <u>1,778.</u>			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12 <u>1,778.</u>			



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		124.
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Depreciation (attach Form 4562)	1,356.	
21	Less depreciation claimed on Schedule A and elsewhere on return		
21 a			1,356.
22	Depletion		
23	Contributions to deferred compensation plans		
24	Employee benefit programs		
25	Excess exempt expenses (Schedule I)		
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	SEE STATEMENT 1	112.
28	Total deductions. Add lines 14 through 27		1,592.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		186.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	SEE STATEMENT 2	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		186.

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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	82	274.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	274.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	274.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	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.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	0.
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments. A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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 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 here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer: Keshua Meadows Date: 12-14-20 Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name BRENT L. ALEXANDER, CPA	Preparer's signature BRENT L. ALEXANDER, CPA	Date 12/07/20	Check <input type="checkbox"/> if self-employed	PTIN P00075113
	Firm's name BERGANKDV, LTD.	Firm's EIN 41-1431613	Firm's address 12100 MEREDITH DR, SUITE 200 URBAN DALE, IA 50323	Phone no. 515-727-5700	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3						Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

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 for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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 Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part III **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

**SCHEDULE I
(Form 1041)**

Alternative Minimum Tax - Estates and Trusts

OMB No 1545-0092

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041.
▶ Go to www.irs.gov/Form1041 for instructions and the latest information.

2019

Name of estate or trust **SALISBURY HOUSE FOUNDATION** Employer identification number **42-1415581**

Part I 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
- ESBTs, see instructions.

Part II Income Distribution Deduction on a Minimum Tax Basis

N/A

28	Adjusted alternative minimum taxable income (see instructions)		28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)		29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-		30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable 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	
33	Capital gains computed on a minimum tax basis included on line 23		33	()
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount		34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0-		35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		37	
38	Total distributions Add lines 36 and 37		38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)		39	
40	Tentative income distribution deduction on a minimum tax basis Subtract line 39 from line 38		40	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2019)

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

N/A

41 Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-		41	
42 Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41. Enter here and on line 24		42	

Part III Alternative Minimum Tax

43 Exemption amount		43	\$25,000
44 Enter the amount from line 27	44		
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 has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: <ul style="list-style-type: none"> • \$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 result 		50	
51 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 from Schedule G, line 2a)		53	
54 Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c		54	

Part IV Line 50 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

55 Enter the amount from line 49		55	
56 Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax 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 Schedule D for the regular tax or the AMT, enter -0-	57		
58 If you didn't complete a Schedule D Tax Worksheet for the regular tax or the 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	
61 If line 60 is \$194,800 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract \$3,896 from the result		61	
62 Maximum amount subject to the 0% rate	62	\$2,650	
63 Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D 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		
67 Subtract line 66 from line 65	67		

Part IV Line 50 Computation Using Maximum Capital Gains Rates (continued)

68	Maximum amount subject to rates below 20%	\$12,950	
69	Enter the amount from line 64		
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the 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-		
71	Add line 69 and line 70		
72	Subtract line 71 from line 68. If zero or less, enter -0-		
73	Enter the smaller of line 67 or 72		
74	Multiply line 73 by 15% (0.15)		
75	Add lines 66 and 73 If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76.		
76	Subtract line 75 from line 65		
77	Multiply line 76 by 20% (0.20) If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.		
78	Add lines 60, 75, and 76		
79	Subtract line 78 from line 55		
80	Multiply line 79 by 25% (0.25)		
81	Add lines 61, 74, 77, and 80		
82	If line 55 is \$194,800 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$3,896 from the result		
83	Enter the smaller of line 81 or line 82 here and on line 50		

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION			AMOUNT
JANITORIAL SERVICES			87.
SECURITY SERVICES			25.
TOTAL TO FORM 990-T, PAGE 1, LINE 27			112.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	1,171.	0.	1,171.	1,171.
NOL CARRYOVER AVAILABLE THIS YEAR			1,171.	1,171.

FORM 990-T		NET OPERATING LOSS DEDUCTION		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 CARRYOVER AVAILABLE THIS YEAR			57,441.	57,441.

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

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

ENTITY 1

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ 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).

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

Name of the organization **SALISBURY HOUSE FOUNDATION** Employer identification number **42-1415581**

Unrelated Business Activity Code (see instructions) ▶ **453220**
Describe the unrelated trade or business ▶ **GIFT SHOP SALES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	181.			
b Less returns and allowances				
c Balance ▶	1 c	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)	4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b			
c Capital loss deduction for trusts	4 c			
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.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			86.
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule) (see instructions)	18			
19 Taxes and licenses	19			
20 Depreciation (attach Form 4562)	20	7.		
21 Less depreciation claimed on Schedule A and elsewhere on return	21 a			7.
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			
28 Total deductions. Add lines 14 through 27	28			93.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29			88.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		STMT 4	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31			88.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	153.		153.	153.
NOL CARRYOVER AVAILABLE THIS YEAR			153.	153.

SALISBURY HOUSE FOUNDATION

42-1415581

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a						Yes	No
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				X
5	Total. Add lines 1 through 4b	5							

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 for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	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)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.

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 SCHEDULE I, LINE 6			58,765.

SCHEDULE I	ALTERNATIVE MINIMUM TAX NOL CARRYOVER	STATEMENT 6
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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.
TOTAL TO SCHEDULE I, LINE 23 * SUBJECT TO LIMITATION			4,589.

SCHEDULE I ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION STATEMENT 7
 LIMITATION AND COMPUTATION OF CARRYFORWARD

DESCRIPTION	TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD
AMT NOL CARRYFORWARD	4,589.	247.	4,342.
TOTAL TO SCHEDULE I, LINE 24		247.	4,342.