Form **920** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**Open to Public** 

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made publicated the letest information.

Inter	nal Rever	nt the Treasury nue Service	► Go to www.irs.	. <i>gov/Form</i> 990 for instruc	tions and the	latest info	ormation.	MUA	Inspection
A	For the	2018 cale	ndar year, or tax year beginnir	ng Jul 1	, 2018, an	d ending	Ju	in 30	<b>, 20</b> 1 9
В	Check if	f applicable	C Name of organization THE SAL	ISBURY SCHOOL EDUC	CATIONAL F	OUNDATI	ON INC	D Employe	r identification number
		change	Doing business as					45-20	80993
	Name c	•	Number and street (or P O box if	mail is not delivered to street a	iddress) l	Room/suite		E Telephon	e number
	Initial re	•	6279 HOBBS ROAD		}			(410)	742-4464
	Final retu	rn/terminated	City or town, state or province, co	untry, and ZIP or foreign posta	al code				
	Amende	ed return	SALISBURY, MD 2180					G Gross red	eipts \$ 73,633.
	Applicat	tion pending	F Name and address of principal off	icer			H(a) Is this a g	roup return for su	ıbordinates? ☐ Yes 🔀 No
			NEOKLIS KYPREOS, 3325	8 KENT AVE, BETHAN	BEACH, D	E 19930	H(b) Are all	subordinates	ıncluded? 🗌 Yes 🔲 No
$\overline{}$	Tax-exe	mpt status	<b>∑</b> 501(c)(3)	——————————————————————————————————————		] 52 7			ist (see instructions)
J	Website	∍ ► N	/A		6		H(c) Group	exemption r	number ►
K	Form of	organization	Corporation Trust Assoc	ciation Other >	L Year	of formation	201	1 M State o	of legal domicile MD
Р	art I	Summ	ary	- <del></del>					
	1	Briefly de	scribe the organization's mis	ssion or most significan	activities.	TO SUP	PORT T	HE SALI	SBURY SCHOOL
çe									
Governance									
/eri	2	Check th	s box ▶ 🗌 if the organization	n discontinued its opera	itions or disp	osed of r	nore thar	n 25% of it	s net assets.
Ô	3	Number	of voting members of the gov	verning body (Part VI, Iir	ne 1a) .   .			3	3
	4	Number	of independent voting memb	ers of the governing bo	dy (Part VI, li	ıne 1b) .		4	3
ţ	5	Total nur	nber of individuals employed	in calendar year 2018 (	Part V, line 2	2a) .		5	0
Activities &	6		nber of volunteers (estimate i					6	6
ĕ	7a	Total unr	elated business revenue from ated business taxable incom	n Part VI <del>II, column (C), I</del>	R/ED	一]		7a	0.
	b	Net unrel	ated business taxable incom	e from Form 990-4; In	-38/ L.D.		· · · · ·	7b	0.
	1			<u> </u>		X	Prior Y		Current Year
ē	8		ions and grants (Part VIII, lin		. <b>9</b> · 2019 ·	0-5	5	0,266.	73,633.
en	9		service revenue (Part VIII, lin	1 1	<u> </u>	[발]			
Revenue	10		nt income (Part VIII, column	1 1 11 -1 11	N.UT	·		1,206.	0.
_	11		enue (Part VIII, column (A), III			<b></b> !			
	12		nue-add lines 8 through 11	<u> </u>				9,060.	73,633.
	13		nd similar amounts paid (Part				2	0,000.	20,000.
	14		oald to or for members (Part						
ses	15		other compensation, employee	· ·					
Expenses	16a		nal fundraising fees (Part IX,	* **					
Ĕ	b   17		draising expenses (Part IX, co penses (Part IX, column (A), li	• • • • • • • • • • • • • • • • • • • •		0.	(gir la glitter light) -	320.	850.
	18		enses. Add lines 13-17 (mus			· ·	21	0,320.	20,850.
	1		less expenses. Subtract line			.		B,740.	52,783.
- 5	19	Nevenue	less expenses. Subtract line	TO HOTT IIII 2	· . · · · · · · · · · · · · · · · · · ·	Beq	inning of Ci	_	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			<del>-</del> -		9,267.	567,695.
Ass Bal	21		lities (Part X, line 26)			🗀		7 = 3 / 1	
Feet	22		s or fund balances. Subtract	line 21 from line 20			52	9,267.	567,695.
	art II		ure Block			· · · · · · · · · · · · · · · · · · ·		<u>- ,                                   </u>	
		<del></del>	v. I declare that I have examined this	s return, including accompany	ing schedules a	and statemer	nts, and to t	the best of m	knowledge and belief, it is
tru	e, correc	t, and compl	ete Declaration of preparer (other the	an officer) is based on all infor	nation of which	preparer ha	s any know	ledge	
			1/1/m/hu					u l	18/17
Sig	jn	Sign	ature of officer				Da	ate	
He	re	NE	KLIS KYPREOS, PRES	IDENT					
			or print name and title						
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	,	Check	) if PTIN
	epare	James	Anderson, CPA	1-100/11/00		10/1	31 14		Dyed P00066527
	e On		ame ► ANDERSON, DAVI	S & ASSOCIATES,	CPA, PA		Firr	n's EIN ► 5	2-1861549
		- 1							

Firm's address ► 1406 B SOUTH CRAIN HWY, STE 204, GLEN BURNIE, MD 21061-4099

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

For Paperwork Reduction Act Notice, see the separate instructions. BAA

X Yes No Form 990 (2018)

Phone no (410) 766-2645

REV 05/20/19 PRO

Part		nent of Program Service		Dort III	_
1		be the organization's miss	response or note to any line in this	raitiii	
	-		CHOOL		
2 3 4 4a 4c					
2			nificant program services during the		
		cribe these new services o			
3	services? .		ng, or make significant changes in		
		cribe these changes on Sc	chedule O.  ervice accomplishments for each of	its three largest program conve	s as massurad b
7	expenses. S	ection 501(c)(3) and 501(c	)(4) organizations are required to rep, for each program service reported.		
4a			20,000. including grants of \$		
1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			<del>-</del>		
4b	(Code.	) (Expenses \$	including grants of \$	) (Revenue \$	)
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		***************************************			
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	•••••				
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4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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	•••••				
		••••			
4.1	045		h adula (C.)		
4d		am services (Describe in So		,	
40	(Expenses \$		grants of \$ ) (Revenu	ue \$)	



Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13 14a	Is the organization a school described in section $170(b)(1)(A)(1)^2$ If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E!/Yespingereapolete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			10
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>·</u>	<del></del>	
	5-4	0	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			,
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		<del></del>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<del></del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u>`</u>
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a	<u> </u>	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.				
	Check if Schedule O contains a response or note to any line in this Part VI				× ×
Secti	on A. Governing Body and Management				
		•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 3	-		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	<b>1b</b> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business		1		
_	any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or				
4	supervision of officers, directors, or trustees, or key employees to a management company or other Did the organization make any significant changes to its governing documents since the prior Form 99		3		X
4 5	Did the organization become aware during the year of a significant diversion of the organization		5		×
6	Did the organization become aware during the year of a significant diversion of the organization.		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			<u> </u>
,	one or more members of the governing body?		7a_		×
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	) , , <u>, ,                              </u>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exemptions are consistent with the organization.	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	<u></u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the particle of the describe in Schedule O how this was done.	oolicy? If "Yes,"	12c	×	
13	Did the organization have a written whistleblower policy?		13		×
14	Did the organization have a written document retention and destruction policy?		14		×
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		×
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly with a taxable entity during the year?	-	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				i
-	participation in joint venture arrangements under applicable federal tax law, and take steps t	o safeguard the	401		t
Socti	organization's exempt status with respect to such arrangements?		16b	لــــــ	L
17	List the states with which a copy of this Form 990 is required to be filed MD			-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable				
10	(3)s only) available for public inspection. Indicate how you made these available Check all tha  ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Sci	it apply.	(360	uon c	,
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of int	erest (	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization SALISBURY SCHOOL, 6279 HOBBS ROAD, SALISBURY, MD 21804 (410)742		cords	<b>&gt;</b>	

0	•
Paue	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe d a d	more rson irect	e than one is both or/trust	n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM JOHNSON PRESIDENT	2.00	×	:	×				0.	0.	0.
(2) NEOKLIS KYPREOS VICE PRESIDENT	2.00	×		×				0.	0.	0.
(3) CARL L. COTTINGHAM TREASURER	2.00	×		×				0.	0.	0.
(4)										
(5)									-	
(6)					-					-1
(7)										
(8)						-				
(9)										
(10)										
(11)										
(12)	<u> </u>									
(13)										
(14)										_

Pari	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (	continu	ued)		
	(A) Name and title	(B) Average hours per	(do n box, i	ot ch	Pos leck s pe	C) ition more rson	e than o	one n an	(D) Reportable compensation	(E) Reportable compensation from		Est	( <b>F)</b> imated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	comp fro orga and	other bensation om the inization related nization	n I
(15)							<u> </u>			<u> </u>				
(16)			- "											
(17)														
(18)						_								
(19)														
(20)										- <del></del>				
(21)														
(22)														
(24)												_		
(25)														,
1b c	Sub-total		 n A	· ·		 	•	<b>&gt;</b>	0.		0.	·		0.
d 2	Total (add lines 1b and 1c)	t not limited						<u>▶</u>	0. ho received mo	ore than \$1	0.	) of		0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct							loyee, or high	est compe	nsated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual													×
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		5		J
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of so	ervices		(C) Compens	sation	
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ve) who				

Form **990** (2018)

Par		Statement of Reve					· · · · · · · · · · · · · · · · · · ·	
	•	Check if Schedule C	) contains a res	ponse or note to	o any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
tributions, Gifts, Grants Other Similar Arrounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (cor All other contributions, g and similar amounts not inc Noncash contributions include	1b 1c 1c 1d 1tributions) 1e ifts, grants, cluded above 1f	73,633.				
Other Revenue Contributions, Gifts, Program Service Revenue and Other Similar Ar	h	Total. Add lines 1a-1		>	73,633.			
Program Service Revenue	2a b c d e f	All other program ser	vice revenue .	Business Code				
	3 4 5	Investment income and other similar amo	(including dividounts)	ends, interest,	0.	0.	0.	0.
	6a b c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or Gross amount from sales of assets other than inventory	(loss) (i) Securities	<b>&gt;</b>				
	b c d	Less: cost or other basis and sales expenses Gain or (loss) . Net gain or (loss) .						
er Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18	ed on line 1c)					
Ŏŧ,		Less: direct expenses						
	9a	Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.					
	С	Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming acti	vities				
		Less. cost of goods s Net income or (loss) f		L.				· · · ·
	<u> </u>	Miscellaneous R		Business Code				
	11a b c d	All other revenue .  Total. Add lines 11a-						
	12e	Total revenue See u		💆	72 622			

Part IX	State	ment of Funct	tional Ex	penses	<b>;</b>				

Secuo	n 50.1(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	20,000.	20,000.		٠.
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a b c d e	Other employee benefits	850.	0.	850.	0.
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14 15 16 17 18	Advertising and promotion  Office expenses  Information technology  Royalties  Occupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21 22 23 24	Conferences, conventions, and meetings Interest				
a b	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		ē .	0 1	
c d e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	20,850.	20,000.	850.	0.

Р	art X	Balance Sheet			
		. Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	🛘
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	529,267.	1	567,695.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	4	
	5	Loans and other receivables from current and former officers, directors,			- 1
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	,	6	-
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	·	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
•	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	<del></del>	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	529,267.	16	567,695.
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·	17	·····
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors,	,		
Liabilities		trustees, key employees, highest compensated employees, and			
į		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			·····
		parties, and other liabilities not included on lines 17–24). Complete Part X		•	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	529,267.	27	567,695.
3al	28	Temporarily restricted net assets		28	<u></u>
Ē	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		•	
7		complete lines 30 through 34.	<del>_</del>		
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Žet	33	Total net assets or fund balances	529,267.	33	567,695.
_	34	Total liabilities and net assets/fund balances	529,267.	34	567,695.

_	4	
Page		4

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			<u>.                                     </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73,0	<u>633.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,8	350.
3	Revenue less expenses Subtract line 2 from line 1	3	<u> </u>	52,	783 <u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		529,2	267.
5	Net unrealized gains (losses) on investments	5		-14,	355.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		•		
	33, column (B))	10		567,6	695.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		<u>.                                     </u>
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		_ [		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	ın		<u>[</u>
	Schedule O		ļ		<b></b>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or		[
	reviewed on a separate basis, consolidated basis, or both:				4
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	<u>'</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		· ¥
	separate basis, consolidated basis, or both:				9
	Separate basis Consolidated basis Soth consolidated and separate basis				]
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n		
	Schedule O.			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i			
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	ļ	<u>×</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			1	]
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			_	000	

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

Department of the Treasury

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

nterna	ii nevenue Service	l Go	to www.irs.gov/rt	orm990 for instructions a	inu the lat	est illionin	ation.	inspection
Name	of the organization					-	Employer identification	number
THE	SALISBURY S	SCHOOL EDUCA	TIONAL FOUN	DATION INC			45-2080993	
Pai	rt I Reason	for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	organization is no	ot a private founda	tion because it i	s. (For lines 1 through	12, chec	k only or	ne box.)	. ^
1				on of churches descri				$\Lambda O$
2			•	(Attach Schedule E (F				()
3				janization described ii				0
4				onjunction with a hosp				(iii). Enter the
7	_	me, city, and state		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				•
5				college or university	owned o	r operate	d by a government	al unit described in
•		(b)(1)(A)(iv). (Com		conogo or armitorony	01111000	, оролите	a 5, a government	
6				mental unit described	ın saatic	n 170(h)	(4)(A)( <sub>6</sub> )	
7				tantial part of its sup				the general nublic
•		section 170(b)(1)			JOIL HOIH	a goven	internal arm of hon	Tine general pasin
_				·	Cort II \			
8		•		(1)(A)(vi). (Complete I				
9	☐ An agricultui	rai research organ	ization described	d in <b>section 170(b)(1)</b> iculture (see instruction	(A)(IX) op	erated in	conjunction with a is	the college or
	university.	or a non-land-gra	in college of agr	iculture (see matructic	nisj. Liite	i tile ilali	ie, city, and state of	and conlege of
10	-	tion that normally	receives: (1) mor	e than 331/3% of its su	inport fro	m contrib	outions membershir	o fees, and gross
10	receipts fron	n activities related	to its exempt ful	nctions—subject to co	ertain exc	eptions.	and (2) no more that	n 33¹/₃% of its
	support from	n gross investmen	t income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
	•	•		75. See <b>section 509(</b> a				
11				sively to test for public				4.11
12	☐ An organizat	tion organized and	operated exclus	ively for the benefit of	to perfo	orm the fu	inctions of, or to car	ry out the purposes
				ns described in secti				
			_	scribes the type of sup		-		
а				, supervised, or contr				
				regularly appoint or e			ne directors or trusti	ees of the
	• •			ete Part IV, Sections				
b				ed or controlled in co				
				rganization vested in		persons	that control or mana	age the supported
	-	• •	·	V, Sections A and C.				
C	☐ Type III 1	functionally integ	rated. A suppor	ting organization oper	ated in c	onnection	with, and functiona	ally integrated with,
		-		ns). <b>You must comp</b> l				
d				pporting organization				
				nization generally mus				d an attentiveness
	requirem	ient (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, an	id Part V.	
е				a written determination				ıl, Type III
		•		tionally integrated sur	_	organizati	on.	
f			•					
g	Provide the fo	llowing information	n about the supp	orted organization(s).				
	(i) Name of support	ed organization	(iı) EIN	(iii) Type of organization		rganization ir governing	(v) Amount of monetary	(vi) Amount of other support (see
				(described on lines 1–10 above (see instructions))	docur		support (see instructions)	instructions)
							,	,
					Yes	No		
(A)				•				
(B)								
					,			
(C)	· <del></del>							
(D)								
(J)								
(E)								
\ <del>-</del> ,			I	Į.	l		1	i

CHARLESTEE THE SECOND S

Part	II Support Schedule for Organiza	tions Descri	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	. (Complete only if you checked th						
	Part III. If the organization fails to						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")				_		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<del></del>				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			-			
6	Public support. Subtract line 5 from line 4		-			<u> </u>	<u> </u>
	on B. Total Support	4 ) 004 4	# \ 004E	(-) 0010	1 (4) 0047	(-) 0040	(O Tatal
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	/(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			ļ	<u>/</u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		,		:		! [
11	Total support. Add lines 7 through 10		/				
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her		/ <u>.</u>				<u> </u>
	on C. Computation of Public Suppor	<del></del>	<del>-                                    </del>				
14	Public support percentage for 2018 (line 6		, .	1, column (f))		14	<u>%</u>
15	Public support percentage from 2017 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organi	iedule A, Part I	i, jine 14 .			15	check this
16a	box and stop here. The organization qual				10 line 14 is 33	5.73% Or more,	Check this
b	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organization				and line 15		ore check
D	this box and <b>stop here.</b> The organization						<b>&gt;</b> [
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the #facts-	and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c	circumstances'	" test, check	this box and s	stop here.
18	Private foundation. If the organization di	d not check a b	oox on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions				· · · · ·	<u></u>	<u> </u>
	1				Sch	edule A (Form 99)	) or 990-EZ) 2018

REV 10/24/18 PRO

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			,			
_	received. (Do not include any "unusual grants.")	61,205.	24,150.	148,600.	50,266.	73, <u>633</u> .	357,854.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	61,205.	24,150.	148,600.	50,266.	73,633.	357,854.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	25,000.		10,000.	0.	0.	35,000.
b	Amounts included on lines 2 and 3						
	received from other than disqualified	,					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b	25,000.		10,000.	0.	0.	35,000.
8	Public support. (Subtract line 7c from	23,000.		10,000.	0.	· ·	33,000.
	line 6.)						322,854.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	61,205.	24,150.	148,600.	50,266.	73,633.	357,854.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b					• .	
11	Net income from unrelated business	-					
••	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		0. 150		50.066	<b>30.600</b>	257 054
14	and 12.)	61,205.	24,150.	148,600.	50, 266.	73,633.	357,854.
1**	organization, check this box and stop he	_			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8		<del></del>	13. column (f))		15	90.22 %
16	Public support percentage from 2017 Sch		•			16	67.34 %
	on D. Computation of Investment In					<del> </del>	
17	Investment income percentage for 2018 (			y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2017			-		18	%
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box	· ·	-				
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this i		-				
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	<u>and see instru</u>	ctions 🕨 🔲

# Part IV Supporting Organizations

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

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ľ	1	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b	<del>  -</del>	
C	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	in the second	30		
40	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	144		
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	`		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		<del>                                     </del>	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		ł	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;		]	
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action		l	
	was accomplished (such as by amendment to the organizing document)	5a		
b				
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	۳_		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<del></del>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ļ
	ın section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		<u> </u>	
	supporting organizations)? If "Yes," answer 10b below.	10a	ļ	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	46:		
	determine whether the organization had excess business holdings.)	10b		<u> </u>

11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  1 Did the directors, fusites, or membership of one or more supported organizations have the power to regularly appoint or elect a theast a majority of the organization states and the states are supported organizations have the power to regularly appoint or elect a theast a majority of the organization states and the organization and what conditions or restrictions, at all and more than one supported organization, describe how the powers to appoint and/or remove directors or fusites were allocated among the supported organizations and what conditions or restrictions, at any, applied to such powers during the supported organization (a) that operated, supervised, or controlled the supported organization of the supported organization or the organization or the supported organization or the	Part I	V Supporting Organizations (continued)			
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b A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Dd the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year" If "No," describe in Part VI how the supported organizations of directors or trustees at all times during the tax year "If "No," describe how the powers to paporal and/or remove directors or trustees at all times during the tax year "If "No," describe how the powers to apport and/or remove directors or trustees during the tax year "In No," describe how the powers to apport and/or remove directors or trustees during the tax year.  2 Dd the organization or setrictions, if any, applied to such powers during the tax year and the supported organization of the supported organizati	а				
c A 3-5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (b) effectively operated, supervised, or controlled the organization is activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization observed the supporting organization. If the organization is provided organization is supported organization (b) that operated, supervised, or controlled the supporting organization.  3 Exection C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization(s).  3 Exection D. All Type III Supporting Organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  4 Execution of the control of the supported organizations is the same persons that controlled or managed the supported organization of the control of the supported organization was vested in the same persons that controlled or managed the supported organization of the control of the supported organization of the person of the control of the supported organization of the control of the supported organization of the control of the supported organization of the control of the organization of the control of th					<u> </u>
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganı	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		_
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organi</li></ol>	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			-
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			_
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7.			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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	·
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	•
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•••••	
	<u>'</u>
•••••	······································

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

**Open to Public** Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	the organization		Employer identification number
THE	SALISBURY SCHOOL EDUCATIONAL FOUN	DATION INC	45-2080993
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
	Complete if the organization anothered	(a) Donor advised funds	(b) Funds and other accounts
	T	(a) portor advises failes	(b) total and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	he organization's exclusive legal contro	ol?
6	Did the organization inform all grantees, donors,		<del></del>
·	only for charitable purposes and not for the bene		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Par	<del></del>		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation of	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space	<del>_</del>	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
_	•		
a			. 2a
b	Total acreage restricted by conservation easemen		
С	Number of conservation easements on a certified	, , ,	
d	Number of conservation easements included in		on a
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	g conservation easements during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
•	<b>▶</b> \$	ng, nanamig or notations, and officially	ochoch care mente canning and your
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(R)(i)
U	and an about 470/b/(4//D)/c/0		
_			· · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text	<del></del>	ancial statements that describes the
	organization's accounting for conservation easem		
Part			Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, ec	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
-	works of art, historical treasures, or other simila		
	public service, provide the following amounts relati	•	
		_	<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · •
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported under S		•
а	Revenue included on Form 990, Part VIII, line 1		• \$
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<u>▶ \$</u>

	-
Daga	•
raue	-

Par	t III Organizations Maintaining	Collections of A	Art, Historical	Treasures,	or O	ther Similar A	ssets (con	tınued)
3	Using the organization's acquisition, collection items (check all that apply):		ner records, ched	ck any of the	follo	wing that are a	significant i	use of its
а	<ul><li>Public exhibition</li></ul>		d 🗌 Loan	or exchange	prog	rams		
b	☐ Scholarly research							
С	☐ Preservation for future generations	s		***************************************				
4	Provide a description of the organiza XIII.	tion's collections a	nd explain how t	they further tl	he org	ganızatıon's exe	mpt purpos	e in Part
5	During the year, did the organization	solicit or receive of	donations of art,	historical tre	asure	s, or other simi	lar	
	assets to be sold to raise funds rather	r than to be maintai	ned as part of th	e organizatio	n's co	ollection?	☐ Yes	☐ No
Par	Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.							Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following t	able <sup>.</sup>			_	
			_			/	Amount	
С	Beginning balance				10	;		
d	Additions during the year				10	1		
е	Distributions during the year				1e	•		
f	Ending balance				1f			
2a	Did the organization include an amoun				todia	l account liabilit	y <sup>っ</sup> ☐ Yes	☐ No
b	If "Yes," explain the arrangement in P.	art XIII. Check here	if the explanatio	n has been p	rovide	ed on Part XIII .		
Par	t V Endowment Funds.							
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years bad	k (e) Four ye	ars back
1a	Beginning of year balance	529,267.	500,527.	372,7	02.			
b	Contributions	73,633.	50,266.	148,6	00.			
С	Net investment earnings, gains, and					•		
	losses	-14,355.	-1,206.					
d	Grants or scholarships	20,000.	20,000.	20,0	00.			
е	Other expenditures for facilities and							
	programs	850.	320.	7	75.			
f	Administrative expenses							
g	End of year balance	567,695.	529,267.	500,5	27.			_
2	Provide the estimated percentage of t	he current year end	balance (line 1g	, column (a))	held a	as		
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment >	<u></u> %						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of the	organization that	at are held ar	nd ad	mınistered for tl	ne	
	organization by						Y	es No
	•						3a(i)	
	• •						3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	•	•				3b	
4	Describe in Part XIII the intended uses		n's endowment fu	unds.				
Part	, , ,					_		
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line	11a. S	See Form 990	, Part X, lın	e 10.
	Description of property	(a) Cost or othe (investment	, , ,	or other basis ther)		Accumulated apreciation	(d) Book v	alue
1a	Land							
b	Buildings			<u> </u>				
С	Leasehold improvements							
d	Equipment					· · · · · · · · · · · · · · · · · · ·		
ее	Other							
Total.	Add lines 1a through 1e. (Column (d) m		O, Part X, column	(B), line 10c	)	▶	<del></del>	

Part VII	Investments — Other Securities Complete if the organization ans		rm 990. Part IV. line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)		•••••			<del></del>
(B)		•••••			
(C)					
(D) (F)			-		
(E) (F)					
(G)				· · · - · · · · · · · · · · · · · · · ·	
(H)		•••••	-		
Total. (Column (	b) must equal Form 990, Part X, col (B) line 12 ) ▶				
Part VIII	Investments - Program Relate	d.	<u></u>		
	Complete if the organization ans		rm 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	• •	nod of valuation of-year market value
(1)					
(2)					
(3)					
(4)					
(5) (6)	<del></del>				
(7)	· · · · · · · · · · · · · · · · · · ·				
(8)					
(9)					<del> </del>
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.	word "Voo" on For	m 000 Dort IV line	a 11d Saa Form	000 Port V line 15
	Complete if the organization ans	a) Description	in 990, Part IV, line	a i id. See Foilii	(b) Book value
(1)					
(2)					
(3)					
(4)					
_(5)					
(6)					·
_(7)	<del></del>				
(8)					
(9)	mn (b) must equal Form 990, Part X, c	ol (B) line 15.)			
Part X	Other Liabilities.	OI. (D) IIIIC 10 )	· · · · · · · ·	<u></u>	
. GIVA	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. line	e 11e or 11f. See	Form 990. Part X.
	line 25.			3 1 10 01 1 11. 000	
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25 ) ▶	<u> </u>			
2. Liability for	uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to the organization	's financial statemer	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part		Reconciliation of Revenue per Audited Financial Stateme		Return.	
	. 1	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amoun	its included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a	<u> </u>	
b		ed services and use of facilities	2b	1	
С		eries of prior year grants	2c	_	
d		Describe in Part XIII.)	2d	<u> </u>	
е		es 2a through 2d		2e	
3		ct line <b>2e</b> from line <b>1</b>		3	
4		its included on Form 990, Part VIII, line 12, but not on line 1			
а		nent expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	•	Describe in Part XIII.)		<del>  _  </del>	
		es 4a and 4b		4c	
5		evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 Coturn	
Part		Reconciliation of Expenses per Audited Financial Statem		er Return.	
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1		xpenses and losses per audited financial statements		1	<del> </del>
2		ats included on line 1 but not on Form 990, Part IX, line 25	ا مم ا		
a		ed services and use of facilities	2a   2b	- 1	
b	•	ear adjustments	2c	1 1	
d		Describe in Part XIII.)	2d		
e		es 2a through 2d		2e	
3		ct line 2e from line 1		3	<del></del>
4		its included on Form 990, Part IX, line 25, but not on line 1			-
a		nent expenses not included on Form 990, Part VIII, line 7b	4a		
				-{	
b	Other (	Describe in Part XIII)	4b	<b>i</b> 1	
b	•	Describe in Part XIII)		4c	
b	Add lin	· · · · · · · · · · · · · · · · · · ·		4c 5	
b c 5 Part	Add lin Total e	es <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·	5	
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es <b>4a</b> and <b>4b</b>	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e XIII	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line
b c 5 Part	Add lin Total e	es 4a and 4b	9 18.)	5 c; Part V, line 4, l	Part X, line

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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••••		
• • • • • • • • • • • • • • • • • • • •		
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		<b></b>

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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2018	Onen to Bublic
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OMB No 1545-0047

2018	Open to Public Inspection

Vame of the organization						Employer	Employer identification number
THE SALISBURY SCHOOL ED	SCHOOL EDUCATIONAL FOUNDATION	UNDATION INC				45-2(	45-2080993
Part I General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for t	the grants or assistance	l
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants	or assistance?	the use of grant fu	nds in the United			X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz	ations and Dornan \$5,000. Part	nestic Governm Il can be duplica	ents. Complete if the ted if additional spa	ne organization answace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALISBURY SCHOOL 6279 HOBBS ROAD SALISBURY MD 21804	52-0904771		20,000.		BOOK		SUPPORT
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)	<u> </u>					2 -	
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and gov	vernment organiza	tions listed in the l	ine 1 table			<b>A</b> .
3 Enter total number of other organizations listed in the line 1	organizations listed	In the line 1 table					<b>A</b> .
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructior	ıs for Form 990.					Schedule 1 (Form 990) (2018

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other acditional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part II can be duplicated if additional space is needed. (e) Method of valuation (boo≺, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 11/06/18 PRO (b) Number of recipients (a) Type of grant or assistance Part IV Part III BAA. 0 S 9 B 4

### SCHEDULE Ò (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

THE SALISI	BURY SCI	HOOL EDU	CATIONA	L FOUND	ATION I	NC			45-208099	3	
Pt VI, Li	ne 11b:	BOARD F	REVIEWS	990 AT	MEETING	, FILES	AFTER A	APPROV <i>E</i>	L.		
Pt VI, Li											<b></b>
					•••						
										<del></del>	
					<b></b>						
											**
										<b></b>	
							<del>-</del>	••	<del>-</del>		
		<del>-</del>									
		•••••								<del>-</del>	
				•••••							

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

2018

OMB No 1545-0047

Open to Public Inspection

**Employer Identification number** 

(g) Section 512(b)(13) controlled entity? ŝ (f) Direct controlling × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 45-2080993 (f)
Direct controlling
entity (e) End-of-year assets Private School NA (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) m 501 (c) (c)
Legal domicile (state
or foreign country) (b) Primary activity MΩ (b) Primary activity Educational THE SALISBURY SCHOOL EDUCATIONAL FOUNDATION INC (1) Salısbury School, ınc 52-0904777 (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 6279 Hobbs Road Salisbury MD 21804 Part 1 Part II 0 9 9 2 ල 3 Ξ 2 ල € € ତ

Schedule R (Form 990) 2018

REV 05/17/19 PRO

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

Schedule R (F	Schedule R (Form 990) 2018  Schedule R (Form 990) 2018  Decemble 1	Related Organiza	tions Taxable	as a Partner	rship. Co	mplete if the	e orqanizati	on answe	red "Yes	" on Form 990	, Part IV,	line 34	Page 2
Lait	because it had one or more related organizations	e or more related	organizations	treated as a partnership during the tax year	arthersh	ip during the	tax year.						,
Name, reli:	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant Income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total S income	(g) Share of end-of- year assets	(h) 1- Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing Table partner?		' (k) Percentage • ownership
						-			Yes	No	Yes	٥	
(1)													
(2)													
(3)													
(4)													
(5)												<u> </u>	
(9)													
(2)												<u> </u>	
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organiza thad one or more	itions Taxable related organ	e as a Corpor izations treate	ration or	Trust. Comp	plete of the r trust durin	organizati g the tax	on answ year.	ered "Yes" on	Form 99	0, Part	۱۷,
Nam	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	{c Legal d	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entrhy (C corp, S corp, or trust)	entrty Sh p, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section con	(i) Section 512(b)(13) controlled entity?
												Yes	N <sub>o</sub>
(1)					-								
(2)													
(3)					-							<u> </u>	
(4)												ļ	
(5)													
(9)													
(7)													
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# Part V

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

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olved	amount inv	(d) Method of determining amount involved	(c) Amount involvec	(b) Transaction type (a - s)	(a) Name of related organization	í
olds.	thresho	complete this line, including covered relationships and transaction thresholds.	uding covered relation	omplete this line, incli	2 If the answer to any of the above is "Yes," see the instructions for information on who must co	- 1
××	+ <del>\$</del>				s Other transfer of cash of property to related organization(s)  s Other transfer of cash or property from related organization(s)	l
,						
×	19				<b>q</b> Reimbursement paid by related organization(s) for expenses	
×	100				<b>p</b> Reimbursement paid to related organization(s) for expenses	
×	10	· · · · ·			o Sharing of paid employees with related organization(s)	
×	1n	· · · · · · · · · · · · · · · · · · ·				
×	1 E				m Performance of services or membership or fundraising solicitations by related organization(s)	
×	=				l Performance of services or membership or fundraising solicitations for related organization(s)	
×		<u> </u>			k Lease of facilities, equipment, or other assets from related organization(s)	
×	<b>=</b>				J Lease of facilities, equipment, or other assets to related organization(s)	
×	   <del>-</del>				i Exchange of assets with related organization(s)	
×	4				h Purchase of assets from related organization(s)	
×	19				g Sale of assets to related organization(s)	
×	<u> </u>  =				f Dividends from related organization(s)	
:	2			· · · ·		
< ×	2 0					
()	2 7	-l				
<u> </u>	x q	· · · · ·			b clift, grant, or capital contribution from related organization(s)	
<b>(</b>	+				C.t. country or consist and the fact that the standard of the	
×	4		nzations listed in Part	or more related orgar	<ul> <li>During the tax year, dutine organization engage in any of the following transactions with one of more related organizations listed in Parts II-IV?</li> <li>A Receipt of (ii) interest. (iii) annuties. (iiii) rovalties. or (iv) rent from a controlled entity.</li> </ul>	
2	Yes	ı			Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	
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# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or cross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	instructions re	garding exclusion	on for c	ertain inv	estment pa	tnerships.			Ī			-
(a) Name, address, and EIN of entrty	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	(e) Are all partners section 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1	(J) General or managing		(k) Percentage ownership
			from tax under sections 512-514)	organizatio	ons					(Form 1065)			
(1)				Yes	9			Yes	9		Yes	•	
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Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
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