(Rev January 2020)

Return of Organization Exempt From Income Tax

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

2019

▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service **20**20 Jun 30 For the 2019 calendar year, or tax year beginning Jul 2019, and ending D Employer identification number C Name of organization THE SALISBURY SCHOOL EDUCATIONAL FOUNDATION INC Check if applicable 45-2080993 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 6279 HOBBS ROAD (410)742-4464Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated SALISBURY, MD 21804 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending Ы(b) Are all subordinates included? ☐ Yes ☐ No NEOKLIS KYPREOS, 33258 KENT AVE, BETHANY BEACH, DE 19930 **X** 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► N/A L Year of formation 2011 M State of legal domicile MD Form of organization

Corporation □ Trust □ Association □ Other ► Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT THE SALISBURY SCHOOL Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39 7b 0. Current Year **Prior Year** 8 Contributions and grants (Part VIII, line 1h). 73,633. 49,821. Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9g 11 Total revenue - add lines 8 through 11 (must equal art, VIII), column (A) 12 73,633 49,821 Grants and similar amounts paid (Part IX, column (A), lines 1-600 13 20,000 20,000 Benefits paid to or for members (Part IX, column (A), line 4) 3 14 Salaries, other compensation, employee benefits (Partix, column 15 Professional fundraising fees (Part IX, column (A)), line 1 16a Total fundraising expenses (Part IX, column (D) line 25) Other expenses (Part IX, column (A), lines 11a-1 850. 927. 17 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) 20,850. 20,927. 18 Revenue less expenses. Subtract line 18 from line 12 52,783. 28,894. 19 Beginning of Current Year End of Year 567,695. 603,076. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . . . 567,695 603,076. 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer -Date Here NEOKLIS KYPREOS PRESIDENT Type or print name and title Preparer's signatul Date Print/Type preparer's name Check ___ if **Paid** am 1-26.2 self-employed P00066527 James Anderson, CPA **Preparer** DAVIS & ASSOCIATES Firm's EIN ▶ 52-1861549 Firm's name ► ANDERSON, Use Only Phone no (410) 766-2645 Firm's address ► 1406 B SOUTH CRAIN HWY, STE 204, GLEN BURNIE

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

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

REV 10/27/20 PRO

X Yes

Form **990** (2019)

Form 9	90 (2019) Page 2
Part	
<u>·</u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUPPORT THE SALISBURY SCHOOL
2	Did the organization undertake any significant program services during the year which were not listed on the
•	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 20,000. including grants of \$ 0.) (Revenue \$ 0.)
70	
	DONATION
	, , , , , , , , , , , , , , , , , , ,
	·
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Experience #
	······································
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	······································
	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 20,000.

Form 990 (2019)

ARPO Page 3

Part	V ` Checklist of Required Schedules	<u>, , , </u>		
· ·			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l	
_	complete Schedule A	1	×	ļ
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If</i> "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 donor-restricted endowments or in 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, 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? If "Yes," complete Schedule D, Part IX	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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		×
	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		×
	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? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			.
٠,			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			
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		_×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С	to defease any tax-exempt bonds?	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? <i>If "Yes," complete Schedule M</i>	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 301.7701-3? 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		<u>×</u>
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part			1	
	Officer if Confedure O Contains a response of flote to any line in this fact v	· ·	Yes	 No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

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			
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)			
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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		
	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).			
- -	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		×
C	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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	7e		لـــِـا
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
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:			1
а	Gross income from members or shareholders			
b	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 filling Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	, <u></u>		j
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		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			Ì
	the organization is licensed to issue qualified health plans			}
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	4-		
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	10		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ır	nstruc	tions.
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	4		
	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 on Schedule O.	r	,	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		<u>×</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co		
100	Did the example than have lead abouton, branches, or offiliates?	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	×	ا ت
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		لتــا
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	1
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	•	×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	,,	-	
	organization's exempt status with respect to such arrangements?	16b	·	—
Secti	on C. Disclosure			
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), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	fınter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and respectively. SALTSBURY SCHOOL. 6279 HOBBS ROAD, SALTSBURY, MD 21804 (410)742-4464	cords	>	

orm	990	(2019)	

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

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

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

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

Check this box if heither the organization nor	any relate	u orga	ailiz	auc	, i i	Suibe	1130	ited ally cullent	officer, director,	or trustee.
				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					than c		Reportable	Reportable	Estimated amount
, <u> </u>	hours					or/trust		compensation	compensation	of other
	per week						 	from the organization	from related organizations	compensation from the
	(list any hours for	학호	stit	Officer	ey e	ghe	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ecto	Itio	"	ij	st c	약	[`	,	related organizations
	organizations below	7 2	nal t		Key employee	omp				
	dotted line)	Individual trustee or director	Institutional trustee		ñ	ens				
		"	ee			Highest compensated employee				
(1) TOM JOHNSON	2.00		-				_			
VICE PRESIDENT	2.00	×		×				0.	0.	0.
(2) NEOKI IC KADDEOC	2.00							·		
PRESIDENT	2.00	×		×				ο.	0.	0.
(3) CARL L. COTTINGHAM	2.00							· · ·		· ·
TREASURER	2.00	×		×				0.	0.	0.
(4)						-		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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Par	VII Section A. Officers, Directors, 7	Trustees,	Key l	Εmį	olo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (d	ontin	ued)
• •						C) ition			(5)				/F1	
	(A) Name and title	(B) Average			neck	more	than o		(D) Reportable		(E) Reportable		(F) ted amo	ount
	Trains and the	hours per week			dad		or/trust	tee)	compensation from the	compen from re	sation		other pensatio	on
		(list any	or d	Insti	Officer	Key	High	Former	organization	organiz	ations	fro	m the	
		hours for related	Individual trustee or director	utio	ěř	Key employee	est c loyee) er	(W-2/1099-MISC)	(W-2/109	9-1VII3C)	related o	zation a organiza	
		organizations below	Trus	nal tr		oyee	omp							
		dotted line)	fee	Institutional trustee			Highest compensated employee							
(4.5)							8.	<u> </u>						
(15)														
(16)														
(17)														
(18)														
(19)										– –				
(20)						-								
(21)														
(22)														<u>_</u>
(23)						<u> </u>								
(24)														
(25)														
1b	Subtotal			<u> </u>	•		•	•	0.		0.	-		0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		:		· ·		▶	0.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received more	e than \$1	00,000	of		
									·				Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							-	oyee, or highes	t compe	ensated	3		
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortal	ole o	non	per	nsatio	n a	nd other comper	nsation fr	om the			
	individual											4		×
5	Did any person listed on line 1a receive of for services rendered to the organization?										dıvıdual 	5		
	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed above	e) who				

Part	: VIII	Statement of Revenue	_			
٠, ١		Check if Schedule O contains a response or note to an	y line in this Pa	1		<u>, L</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts its	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
S, G	С	Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d				
s, G mil	е	Government grants (contributions) 1e				
ion	f	All other contributions, gifts, grants, and similar amounts not included above 1f 49,821.				i
but	_					
اع و	g	Noncash contributions included in lines 1a–1f 1g \$				
Cor	h	Total. Add lines 1a–1f	49,821.			
		Business Code	13,0221			
e e	2a					
Program Service Revenue	b					
gram Ser Revenue	С					
am	d					
P. B.	е					
Pr	f	All other program service revenue				
	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents 6a				
	b	Less. rental expenses 6b				
	C	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ne	b	Less cost or other basis				
/enne		and sales expenses . 7b				
Re	C	Gain or (loss) 7c				
er	d	Net gain or (loss)				
Other Re	ва	Gross income from fundraising events (not including \$				
_		of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	С	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming]
		activities. See Part IV, line 19 . 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
	L	returns and allowances 10a Less; cost of goods sold 10b				
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory				
,		Business Code				
اء ق	11a	-				· · · · · · · · · · · · · · · · · · ·
e al	b					
scellaneo Revenue	C					
Miscellaneous Revenue	d	All other revenue				
Σ_	е	Total. Add lines 11a–11d ▶				
	12	Total revenue. See instructions ▶	49,821.			

Form 9	90 (2019)				Page 10
Par	IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colun	nn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, 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.		
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 Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages				<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		· · ·		-
11	Fees for services (nonemployees):				
а	Management				
b	Legal	75.	0.	75.	0.
С	Accounting	852.	0.	852.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses		-		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				<u> </u>
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,927.	20,000.	927.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	art X				
	17	'Check if Schedule O contains a response or note to any line in this Par	(A)		<u></u> (B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	567 <u>,6</u> 95.	1	603,076.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	·	5	-
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	<u> </u>
As	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a			
	ь	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	 	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	567,695.	16	603,076.
	17	Accounts payable and accrued expenses	<u> </u>	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	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ge		controlled entity or family member of any of these persons		22	
_	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		05	
	26	T 1.1 P. 1.1 P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		25 26	
ces	20	Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.		20	
lan	27	Net assets without donor restrictions	567,695.	27	603,076.
Ва	28	Net assets with donor restrictions	501,095.	28	003,070.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	······································	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	······································	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ť.	32	Total net assets or fund balances	567,695.	32	603,076.
ž	33	Total liabilities and net assets/fund balances	567,695.	_	603,076.

Page	1	2
, ugo		

Part	XI' Reconciliation of Net Assets	-		-
٠, ١	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		49,8	321.
2	Total expenses (must equal Part IX, column (A), line 25)		20,9	27.
3	Revenue less expenses. Subtract line 2 from line 1		28,8	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	5	67,6	95.
5	Net unrealized gains (losses) on investments		6,4	187.
6	Donated services and use of facilities			
7	investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	6	03,0	76.
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	•		
_	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			. 1
	Separate basis Consolidated basis Both consolidated and separate basis			
р	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			. 1
	separate basis, consolidated basis, or both:			.]
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	0-		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			. }
22				
Sa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		×
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		<u> </u>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	privation and the district of		. 000	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

THE	SALISBURY SCHOOL EDUCA					45-2080993	
Par							ons.
The c	organization is not a private founda						
1	A church, convention of churc						\
2	A school described in section						1
3	A hospital or a cooperative hospital or a cooperative hospital research organization	spital service org	ganization described i	n section	n 170(p)(i ribed in s	ι)(Α)(III). section 170(b)(1)(Δ)	(iii) Enter the
4	hospital's name, city, and state		orijunicuon with a nosi	oltai desc	indea iii s	30011011 170(0)(1)(1)	(III). Eritor the
5	An organization operated for		college or university	owned c	r operate	ed by a government	al unit described in
•	section 170(b)(1)(A)(iv). (Com				[
6	☐ A federal, state, or local govern		mental unit described	in secti	on 170(b))(1)(A)(v).	
7	An organization that normally						n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II)				
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	☐ An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a I	and-grant college
	or university or a non-land-gra	nt college of agr	iculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college or
40	university. X An organization that normally i				ver contri	Viidinie mambaielik	Thus and moss
10	receipts from activities related	to its exempt fu	nctions — subject to c	ertain exc	ceptions,	and (2) no more tha	n 33¹/3% of its
	support from gross investment acquired by the organization a	t income and uni	related business taxa	ble incom	ne (less se	ection 511 tax) from	businesses
11	☐ An organization organized and						
12	☐ An organization organized and	•		•			rry out the purposes
	of one or more publicly suppo	orted organizatio	ns described in sect	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a thro						
а							
	the supported organization					the directors or trust	ees of the
	supporting organization. Y	-					
b							
	control or management of organization(s). You must				persons	that control or man	age the supported
•		-			onnectio	n with and functions	ally integrated with
С	its supported organization(any integrated vittin,
d		•					orted organization(s)
	that is not functionally integ						
	requirement (see instructio	ns) You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V.	
е							e II, Type III
	functionally integrated, or 1	• •	tionally integrated sup	pporting	organizat	ion	
f	Enter the number of supported of			•			
<u> </u>	Provide the following information	T .		T		163.4	
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
/A\							
(A)				<u> </u>			
 (B)							
(C)					1		
				 			
(D)					1		
				 			
(E)							
	<u> </u>			1	4 1	1	

Par	(Complete only if you checked the Part III. If the organization fails to	e box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.	. <u>.</u>					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						L
	on B. Total Support				, , , , , , , , , , , , , , , , , , , ,		
	idar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			. –			ļ
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			d, third, fourth	, or fifth tax ye	ear as a section	
	organization, check this box and stop her				<u> </u>	<u> </u>	·
	on C. Computation of Public Support			4		44.1	
14	Public support percentage for 2019 (line 6		-	i, column (t))		14	
15 16a	Public support percentage from 2018 School 331/3% support test—2019. If the organization			on line 13 ar	 33 ad line 14 is	15	check this
	box and stop here. The organization quali						. •
b	331/3% support test - 2018. If the organiz			-	a. and line 15	ıs 33¹/3% or m	
	this box and stop here. The organization of						▶ □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meets the "fact organization".	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	nd stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	on meets the eets the "factorial".	e "facts-and-c ts-and-circums 	ircumstances' stances" test	' test, check t The organization.	his box and on qualifies as	stop here. a publicly ► □
18	Private foundation. If the organization did	not check a	box on line 13,	16a, 16b, 17a	i, or 17b, check	this box and	see
	ınstructions						▶ □

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")	24,150.	148,600.	50,266.	73,633.	49,821.	346,470.
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.	24,150.	148,600.	50,266.	73,633.	49,821.	346,470.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		10,000.	0.	0.	0.	10,000.
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						
С	Add lines 7a and 7b		10,000.	0.	0.	0.	10,000.
8	Public support. (Subtract line 7c from line 6.)				•		336,470.
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	24,150.	148,600.	50,266.	73,633.	49,821.	346,470.
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						
С	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,					1	
	and 12.)	24,150.	148,600.	50,266.	73,633.	49,821.	346,470.
14	First five years. If the Form 990 is for the organization, check this box and stop he	•		d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor				• •	<u> </u>	
15	Public support percentage for 2019 (line 8			3. column (fl)		15	97.11 %
16	Public support percentage from 2018 Sch					16	90.22 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (y line 13, colui	mn (f)) .	17	0 %
18	Investment income percentage from 2018					18	0 %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 33½%, check this box		-				
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						
20	Private foundation. If the organization di	=	-				

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.)

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		163	
	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 Part VI how the organization determined that the supported		<u>.</u>	· .
	organization was described in section 509(a)(1) or (2)	2		
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		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	-	, -	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	<u></u>	
•	Did the organization support any foreign supported organization that does not have an IRS determination	40	-	-
С	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		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		,	,
	was accomplished (such as by amendment to the organizing document)	<u>·</u> 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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 Part VI .	6	,	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	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		
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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
-	determine whether the organization had excess business holdings)	10b		

Part	IV Supporting Organizations (continued)			
٠.			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		<u></u>
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			[
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			}
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			i
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			لــــا
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	<u> </u>		<u> </u>
<u> </u>		3		<u></u>
	on E. Type III Functionally Integrated Supporting Organizations		. 4!	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
a	The organization satisfied the Activities Test Complete line 2 below			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the conte	000 10	otruot	lonel
C	•	see III	Yes	
2	Activities Test Answer (a) and (b) below.	$\overline{}$	162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
2	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		1
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	ganı	zations	
1. Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
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-functional	v int	egrated Type III supporting	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2		empt purposes of suppo	orted	
	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 Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part Vi). See instructions			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
c				
d				
	5 0010			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount	-		
i	Carryover from 2014 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018 .			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)
••••	
•••••	
	 ,,,,,
	······································

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | Employer identification number

Open to Public Inspection

OMB No 1545-0047

Name o	Name of the organization Employer identification number		
THE			45-2080993
Par			ds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds 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 6	Did the organization inform all donors and donor funds are the organization's property, subject to the Did the organization inform all grantees, donors, a	e organization's exclusive legal control nd donor advisors in writing that gran	l? □ Yes □ No t funds can be used
	only for charitable purposes and not for the beneficonferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recre		
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h	•	
d	Number of conservation easements included in historic structure listed in the National Register .		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or tern	ninated by the organization during the
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg violations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easemeters.	f the footnote to the organization's finants.	ancial statements that describes the
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	held for public exhibition, education	, or research in furtherance of public
	• •		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1(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 Fa	historical treasures, or other similar	assets for financial gain, provide the
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

_	
Page	2

Par	III" Orga	anizations Maintaining	Collections of	Art, Historical *	Treasures, or O	ther Similar Ass	ets (continued)
3	collection it	organization's acquisition, ems (check all that apply).		_			gnificant use of its
а	D Public e	xhibition			or exchange prog	ram	
b	Scholarly	y research		e 📋 Other			
С	Preserva	ation for future generations	i				
4	Provide a d	lescription of the organizat	tion's collections a	and explain how t	they further the or	ganızatıon's exem	pt purpose in Part
5		year, did the organization e sold to raise funds rather					Yes 🗌 No
Par	IV Escr	row and Custodial Arra	angements.				-
		plete if the organization Part X, line 21.	answered "Yes'	' on Form 990, I	Part IV, line 9, or	reported an am	ount on Form
1a	included on	nization an agent, trustee, Form 990, Part X?					t ☐ Yes ☐ No
b	If "Yes," ex	plain the arrangement in Pa	art XIII and comple	ete the following to	able		
					<u> </u>	Am Am	nount
С		palance					
d		uring the year					
е		s during the year					
f		ince					
2a		anization include an amour					
		plain the arrangement in Pa	art XIII Check here	e if the explanatio	n has been provid	ed on Part XIII .	<u></u>
Par		owment Funds.					
	Com	plete if the organization					,
		ļ	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a		of year balance	567,695.	529,267.	500,527.	372,702.	
b	Contribution	· · · · · · · · · · · · · · · · · · ·	49,821.	73,633.	50,266.	148,600.	
С		ent earnings, gains, and					
			6,487.	14,355.	-1,206.		
ď		cholarships	20,000.	20,000.	20,000.	20,000.	
е	•	nditures for facilities and					
	programs .		927.	850.	320.	775.	
f	Administrati	ive expenses					
g	End of year	· · · · · · · · · · · · · · · · · · ·	603,076.	567,695.	529,267.	500,527.	<u> </u>
2	Provide the	estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held	as	
а	Board desig	nated or quasi-endowmer	nt >	%			
b	Permanent of	endowment >	<u></u> %				
С	Term endov	vment ▶%					
	The percent	tages on lines 2a, 2b, and t	2c should equal 10	00%.			
3a	Are there er	ndowment funds not in the	e possession of the	e organization tha	at are held and ad	lministered for the	!
	organization	ı by.					Yes No
	(i) Unrelate	ed organizations					3a(i)
							3a(ii)
b		ine 3a(II), are the related or					3b
4		Part XIII the intended uses		n's endowment fu	unds.		
Part		l, Buildings, and Equip					
	Com	plete if the organization	answered "Yes"	on Form 990, F	Part IV, line 11a.	See Form 990, F	art X, line 10.
		Description of property	(a) Cost or oth (investme	1 ' '		Accumulated epreciation	(d) Book value
1a	Land						
b							
С		mprovements		1			
ď				-			
e	~						
		through 1e (Column (d) m	oust equal Form 99	0 Part X column	(B) line 10c.)		

Part VII	Investments – Other Securities.			200 B 1 V 1 40
<u> </u>	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				· · · · · · · · · · · · · · · · · · ·
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(b) (C) line 12)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments—Program Related.	<u> </u>		
Part VIII	Complete if the organization answered "Yes" on For	rm 000 Part IV lin	e 11c See Form	990 Part X June 13
		(b) Book value		od of valuation
	(a) Description of investment	(b) Book value		of-year market value
(1)				
(1)				
(3)				
(4)			<u> </u>	
(5)				
(6)				
(7)				
(8)			-	
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
	(a) Description	· -		(b) Book value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			<u> </u>	
(8) (9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15)		•	
Part X	Other Liabilities.			
i di ex	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11e or 11f. See	Form 990. Part X.
	line 25.	,		
1.	(a) Description of liability			(b) Book value
(1) Federal in	icome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 25.)	<u>. </u>	▶	
	uncertain tax positions. In Part XIII, provide the text of the footn			
organization's	s liability for uncertain tax positions under FASB ASC 740 Check	k here if the text of the	footnote has been p	rovided in Part XIII .

Schedule D (Form 990) 2019

BAA

Part	Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains (losses) on investments	2a	∤
b	Donated services and use of facilities	2b	4 1
С	Recoveries of prior year grants		4
d	Other (Describe in Part XIII.)	·	4
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.	
a	Investment expenses not included on Form 990, Part VIII, line 7b		-
b	Other (Describe in Part XIII.)		1-1-
c	Add lines 4a and 4b		4c 5
5			
Part	Complete if the organization answered "Yes" on Form 990,		or return.
		raitiv, inte 12a.	1
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2	Donated services and use of facilities	2a	
a	Prior year adjustments	2b	1
b	Other losses		1
d	Other (Describe in Part XIII.)		1
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		1
	·		4c
С	Add lines 4a and 4b		1 70
с 5	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lin		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.) .	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)	5 p; Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b to provide any additional in	5 b; Part V, line 4, Part X, line information.
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REV 10/27/20 PRO

Schedule D (Forn		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

THE SALISBURY SCHOOL EDUCATIONAL FOUNDATION INC

General Information on Grants and Assistance

Part I

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.

2019

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990.

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

Employer identification numb

45-2080993

-	Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?	Ž
8		
Par	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 9	orm 9

90,

Part IV, line 21, tor any recipient that received more than \$5,000. Part II can be duplicated וז additional space is needed.	scipient that r	eceived more th	ian \$5,000. Part I	l can be duplica	ated if additional s	pace 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-	52-0904771		20,000.		BOOK		SUPPORT
(2)							
(3)							
(4)				:			
(5)							
(9)							
(<u>i</u>)							
(8)		:					
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	I(c)(3) and governations listed	ernment organiza in the line 1 table	tions listed in the l	ine 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions	s for Form 990.	C				Schedule I (Form 990) (2019)

REV 10/27/20 PRO

Part III

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 10/27/20 PRO (b) Number of recipients (a) Type of grant or assistance Part IV BAA က Ŋ 9 0 4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number 45-2080993 THE SALISBURY SCHOOL EDUCATIONAL FOUNDATION INC Pt VI, Line 11b: BOARD REVIEWS 990 AT MEETING, FILES AFTER APPROVAL. Pt VI, Line 12c: ANNUAL BOARD MEETING DISCUSSION.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

Related Organizations and Unrelated Partnerships

2019

OMB No 1545-0047

Open to Public Inspection Employer identification number

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

45-2080993

SCHOOL EDUCATIONAL FOUNDATION INC THE SALISBURY Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33.

(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. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b)
Primary activity (9) (a) Name, address, and EIN (if applicable) of disregarded entity Part II Ξ 4 ල 3 2

-:	`						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling Sentity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled 7
						Yes	No
(1) Salısbury School, ınc 52-0904777 6279 Hobbs Road Salisbury MD 21804	Educational	MD	501 (c) 3	Private School NA	NA		×
(2)							
(6)							
(4)							
(5)							
(9)							
(I)							

Schedule R (Form 990) 2019

REV 10/27/20 PRO

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

Page 2

Schedule R (Form 990) 2019

Part III Identification of Part III because it had one	Identification of Related Organizations Laxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	i ons Laxable rganizations t	as a Partners reated as a paı	nip. Complete rtnership durir	e if the org ig the tax	anization a year.	nswered	Yes	on Form 990	, Part IV,	line 3	
(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)	Share of total income	total Share	(g) Share of end-of- D year assets	(h) Disproportonate allocations?	(form 1065)	(I) (General or managing partner?	ging o	(k) Percentage ownership
								Yes No	T	Yes	ş	
(1)					_				_			
(2)												
(3)								<u> </u>				
(4)								-				
(5)						-						
(9)												
(7)					<u> </u>		 					
Part IV Identification of Ine 34, because it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if 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.	ions Taxable	as a Corporal	tion or Trust. as a corporat	Complete ion or trus	if the orgatic that the state of the state o	inization e tax yea	answer Ir.	ed "Yes" on	Form 99	0, Part	, ; , ;
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(country)	(d) Direct controlling entity (C c	(e) Type of entity (C corp, S corp, or trust)	Share of total income	of total el	(g) Share of end-of-year assets	(h) Percentage ownership	Section	(i) Section 512(b)(13) controlled entity?
											Yes	Š
(1)												
(2)												
(6)				<u> </u>							ļ	
(4)							-					
(5)												
(9)												
(4)											<u> </u>	
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Schedule R (Form 990) 2019

Page 3

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

Note Complete in it if any entry is lated on Parts II, III, or Vol. that schedule. Any of the following transchore with one or more related organizations lasted in Parts II-V? Because of the organization engage in any of the following transchore with one or more related organization engage in any of the following transchore with one or more related organization(s) Cell, grant, or captal contribution from related organization(s) Cell, grant, or captal contribution metaled organization(s) Cell, grant, or captal contribution metaled organization(s) Cell, grant, or captal contribution metaled organization(s) Dividends from related organization(s) Cell, grant, or captal contribution metaled organization(s) Dividends from related organization(s) Cell, grant, or captal contribution metaled organization(s) Cell, grant, or captal grantschore	990) 201	(Form	Schedule R (Form 990) 2019			REV 10/27/20 PRO
Yes ansactons with one or more related organizations listed in Parts II–IV? 1a 1b x 1c 1c 1c 1c 1c 1c 1c						
Yes						
Yes						
New control of the						
New						
New paractions with one or more related organizations listed in Parts II–IV? 1a 1b x 1b x 1c 1d 1c 1d 1c 1d 1d 1d	involved	amount	(d) Method of determining	(c) Amount involved	(b) Transaction type (a – s)	(a) Name of related organization
New paractions with one or more related organizations listed in Parts II—IV? 1a	holds.	n thres	onships and transaction	uding covered relati	nplete this line, inc	of the above is "Yes," see the instructions for information on who must cor
Vest annotations with one or more related organizations listed in Parts II–IV? 11	×	18				sh or property from related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? III	×	=				ish or property to related organization(s)
ansactions with one or more related organizations listed in Parts II-IV? Illed entity Indied entity Indied entity Indied entity Indied entity Indied organization(s)	(5				o by related organization(s) for expenses
ansactions with one or more related organizations listed in Parts II–IV? In the x inchest in the inchest in th	× >	<u></u>				d to related organization(s) for expenses
ansactions with one or more related organizations listed in Parts II–IV? If a control is a cont						
ansactions with one or more related organizations listed in Parts II–IV? If a lib x	×	9				
ansactions with one or more related organizations listed in Parts II–IV? Inational control co	×	4				, equipment, mailing lists, or other assets with related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? In the interval of t	×	13				vices or membership or fundraising solicitations by related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? 1a	×	=				vices or membership or fundraising solicitations for related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? 1a	×	<u> </u>				equipment, or other assets from related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? 1a	×	=				equipment, or other assets to related organization(s)
Yes ansactions with one or more related organizations listed in Parts II–IV? 1a x 1b x 1c x 1	×	;=				s with related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? 1a	×	무	· · · · · ·			from related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? 1a	×	1g	· · · · ·			lated organization(s)
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ansactions with one or more related organizations listed in Parts II–IV? 1a	1:	- ;	. •			
ansactions with one or more related organizations listed in Parts II–IV? 1a 1b	×	1e	· · · · · · · · · · · · · · · · · · ·			intees by related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? Ila Ib Ib Ita	×	1 d				antees to or for related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? 1a 1b x	×	10				Il contribution from related organization(s)
ansactions with one or more related organizations listed in Parts II–IV? 1a	×	-				Il contribution to related organization(s)
Yeş ansactions with one or more related organizations listed in Parts II–IV?	×	1a				t, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
Хe			irts II–IV?	nizations listed in Pa	more related orga	and the organization engage in any of the following transactions with one or
	es No	Α.				y entity is listed in Parts II, III, or IV of this schedule.

. Page 4

Schedule R (Form 990) 2019

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 gross revenue) that was not a related organization, see instructions regarding excussion for certain investment partnerships.	rganization. Set	Instructions re	egarding exciusion	on ror cert	ain investment p	arrnersnips.			:	
(a) Name, address, and EIN of entrty	(D) Primary activity	(c) Legal domicile		(e) Are all partners		(g) Share of	(n) Disproportionate	Code V—UBI		(k) Percentage
			income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	÷		allocations?	amount in box 20 of Schedule K-1 (Form 1065)		ownership
			sections 512-514)		-1		Yes No		Yes	
(1)										
(2)										
(3)										
(4)										
(9)										
(9)										
(2)										
(8)										
, (6)										
(10)	-									
(11)	:						-			
(12)										
(13)	-									
(14)										
(15)										
(16)										
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
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