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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	ror the	2010 calendar year, or tax year beginning JUL I, ZUIO and e	ending L	<u>JUN 30, 2011</u>					
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres	Rotary Club of Salisbury Foundation, I	Inc						
	Name change	Doing Business As		52-2	238099				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	1				
	Termin ated	PO Box 735		410-	742-7870				
	Ameno			G Gross receipts \$	47,449.				
	Application			H(a) Is this a group re					
	pendin	F Name and address of principal officer.Gordon Gladden		for affiliates?	Yes X No				
1301 Whittier Drive, Salisbury, MD 21801 H(b) Are all affiliates included? Yes N									
ī	Tax-exe	empt status X 501(c)(3)		7	list. (see instructions)				
		e: www.rotarysalisbury.org		H(c) Group exemption					
		organization: X Corporation	L Year		State of legal domicile: MD				
	art I	Summary	1 =						
_	T 1	Briefly describe the organization's mission or most significant activities Maint	tenand	ce of commun	itv center				
Activities & Governance	'	for use by charitable and non-profit comm							
'n.	2	Check this box if the organization discontinued its operations or dispos							
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	300 01 11101	3	8				
ဖ ိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8				
ళ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5					
itie	6	Total number of volunteers (estimate if necessary)		6	<u></u>				
ξ	7.	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
¥	/ a	Net unrelated business taxable income from Form 990- RIEGAEIVED	7	7a 7b	0.				
_	0		. 	Prior Year	Current Year				
Revenue		Contributions and grants (Part VIII, line 1b)	SI -	6,211.	19,676.				
	8	Contributions and grants (Part VIII, line 1h) SO 0CT 20 2011		0,211.	13,070.				
ě	9	Investment income (Part VIII, selima (A) lines 2 4 and 7d)	12						
æ	10	investment income (Fart VIII, Column (A), lines 5, 4, aud-14)	0. 10,097.	10,008.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), UT	-} ├─						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,308. 4,713.	29,684. 4,247.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> –		0.				
X	. _p	Total fundraising expenses (Part IX, column (D), line 25)	0.	CO C24	45 247				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		60,634.	45,247.				
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	65,347.	49,494.				
	19	Revenue less expenses Subtract line 18 from line 12		-49,039.	-19,810.				
Net Assets or			B	eginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)		660,002.	640,192.				
et	21	Total liabilities (Part X, line 26)	}_	0.	0.				
늗	22	Net assets or fund balances Subtract line 21 from line 20		660,002.	640,192.				
—ار.	art II	Signature Block							
-		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
~ <u>true</u>	e, correc	it, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.					
, ¹ c:-		Signature of officer		Date					
્ગાઇ		1') You (10	-1				
Here Gordon Gladden, President John 10 17 11									
		Type or print name and title		Date Check	DTIN				
		Print/Type preparer's name Preparer's signature			PTIN				
Pai		R. Stanley Morris, CPA	-LP4	sett-employe	eo				
	parer	Firm's name Nowles & Company, LLP	·-	Firm's EIN					
ÇUso	e Only	Firm's address 1325 Mt. Hermon Rd, Ste. 10A			40 546 4055				
ก์—		Salisbury, MD 21804		Phone no. 4	10-546-1355				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

	990 (2010) Rotary Club of Salisbury Foundation, Inc 52-2238099 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check If Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To provide a community center for charitable purposes; and to support
	charitable service projects.
	Oliczawanie Bertzee projector
	Did the executation and attalks are executed as a second contract the contract the contract that did not
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 exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	44.456
-	Maintenance of a community center to be used soley for non-profit and
	charitable purposes to benefit surrounding communites
	charitable purposes to benefit suffounding communities
	
	4 045
4b	(Code:) (Expenses \$4, 247. including grants of \$4, 247.) (Revenue \$)
	Support of charitable service projects and other community charities
4c	(Code ⁻) (Expenses \$ including grants of \$) (Revenue \$)
	Other many and (Departs of Orbitals O.)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 48,403.
	Form 990 (2010)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ <u>-</u>	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44	х	l
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Α.	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x_
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			 -
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	 	X.
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<u> X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	146		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		A
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		 -
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17	İ	х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

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Yes X No

X

Х

Х

Х

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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

If "Yes," complete Schedule R, Part V, line 2

section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2

Note. All Form 990 filers are required to complete Schedule O

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

a Is the organization licensed to issue qualified health plans in more than one state?

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 the

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

13c 14a X O 14b

13a

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13

13b

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion 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 1a	8							
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8							
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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	3		X_					
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_		X					
6	Does the organization have members or stockholders?	6		_X_					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		_X_					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
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? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		1						
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with those of the organization?	10b 11a		X					
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b							
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	400							
13	Does the organization have a written whistleblower policy?	12c		Х					
14	Does the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	1-4							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official	15a		x					
	Other officers or key employees of the organization	15b		X					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	102							
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		х					
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		-						
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion 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 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available	le for							
	public inspection. Indicate how you make these available. Check all that apply								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	zation:	_						
	R Stanley Morris, CPA - 410-546-1355								
	1325 Mt. Hermon Rd, Ste. 10A, Salisbury, MD 21804								
		_	200						

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	 4 0 444							

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key 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.

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

X Check this box if neither the organi	(B)			((C)			(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated	
	hours per week	-	neci T	(all 1	tnat	app	iy)	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	tho	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Steve Capelli											
Director	2.00	X	ļ			<u> </u>		0.	0.	0	
Hank Engster											
Director	2.00	X			ļ	<u> </u>		0.	0.	0	
Kathleen McLain								_			
Director	6.00	X	ļ	<u> </u>		ļ	_	0.	0.	0	
Kurt Schuster		l									
Director	2.00	X		-		<u> </u>	_	0.	0.	0	
George A. Vickers	2 22										
Director	2.00	X	ļ	-	\vdash	 	-	0.	0.	0	
Gordon D. Gladden	7.00			٠,					•		
President	7.00	┢	1	X	_	├		0.	0.	0	
Hugh Livingston	4.00	ĺ		x				0.	•		
Secretary Dan Williams	4.00	-	 	^		<u> </u>		0.	0.	0	
Treasurer	4.00			X				0.	0.	0	
ireasurer	4.00			A					0.	0	
		-			_						
		<u> </u>			-		_				
		-					_			_	
		-	_						-		
			<u> </u>	-			_				
			1	1	1						

032007 12-21-10

	,	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1 a	Federated campaigns .	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
is, c	С	Fundraising events	1c					
ar git	d	Related organizations	1d					
Ş.E	е	Government grants (contribut	ions) 1e					
ig s	f	All other contributions, gifts, gran	ts, and					
들칅		sımılar amounts not ıncluded abo	ve 1f	19,676.				
E 5	g	Noncash contributions included in lines	1a-1f \$					
<u>0 g</u>	<u>h</u>	Total. Add lines 1a-1f		, > _	19,676.			<u> </u>
				Business Code				
<u>8</u>	2 a							
e C	b							ļ
n S	С							
e a	d							
Program Service Revenue	е							
۱ ۵	f	, ,	enue					-
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)						
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<u> </u>				
	_		(i) Real	(ii) Personal				
	6 a			 				
	b	•		ļ				
1	С		L	1				
		Net rental income or (loss)		(2.00)				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less cost or other basis						
	_	and sales expenses	-					
1		Gain or (loss) Net gain or (loss)						
		Gross income from fundraisin	a avanta (nat					
Je	0 a	including \$	of					
Other Reven		contributions reported on line						
æ		Part IV, line 18	a a					
E E	h	Less direct expenses	b					
Ò		Net income or (loss) from fund		•				
ŀ		Gross income from gaming a	_					
		Part IV, line 19	а					
	b	Less direct expenses	b		1			
		Net income or (loss) from gan	ning activities	•				
		Gross sales of inventory, less	-		-			
		and allowances	а	27,773.				
İ	b	Less: cost of goods sold	b	4				
		Net income or (loss) from sale	es of inventory		10,008.			10,008.
Ī		Miscellaneous Revenu		Business Code				
ľ	11 a							
	b							
	С							
	d	All other revenue					-	
	е	Total. Add lines 11a-11d	•					
	12	Total revenue See instructions.		>	29,684.	0.	0	 _
03200	19							Form 990 (2010)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)									
	not include amounts reported on lines 6b, 8b, 9b, 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 governments and		•	_						
	organizations in the U.S. See Part IV, line 21	4,247.	4,247.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	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									
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal									
С	Accounting	1,000.		1,000.	·					
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion	•								
13	Office expenses	91.		91.						
14	Information technology									
15	Royalties									
16	Occupancy	10,850.	10,850.							
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials		<u></u>							
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	29,147.	29,147.							
23	Insurance	4,159.	4,159.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)									
а			-	-						
b										
С										
d										
е										
f	All other expenses									
<u>25</u>	Total functional expenses Add lines 1 through 24f	49,494.	48,403.	1,091.	0.					
26	Joint costs. Check here 🕨 🔲 If following SOP									
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	10,222.	1	17,405.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
-	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	· · · · · · · · · · · · · · · · · · ·		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
2 7	Notes and loans receivable, net		7	
stesset 7	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 872,546.			
1 1	Less accumulated depreciation 10b 249,759.	649,780.	10c	622,787
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 34)	660,002.	16	640,192
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ຕູ 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u> </u>	Payables to current and former officers, directors, trustees, key employees,			
21 22 22 22 23 24 25 25 25 25 25 25 25	highest compensated employees, and disqualified persons. Complete Part II			
ے ا	of Schedule L		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. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
- 1	Organizations that follow SFAS 117, check here and complete			
မ	lines 27 through 29, and lines 33 and 34.			
ဋ 27	Unrestricted net assets		27	
<u> </u>	Temporarily restricted net assets		28	
<u> </u>	Permanently restricted net assets		29	
፻	Organizations that do not follow SFAS 117, check here X and			
ō	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0
ဖို့ 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
z 33	Total net assets or fund balances	660,002.	33	640,192

640,192. Form **990** (2010)

Total liabilities and net assets/fund balances

660,002. 34

	990 (2010) Rotary Club of Salisbury Foundation, Inc	52-	223809	9	Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>49</u>	<u>, 49</u>	94.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	<u> 19</u>	, 81	<u> 10.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	660,002		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6	40	, 19	92.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Y	es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		-		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2	b		<u>X</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Au	dıt			
	Act and OMB Circular A-133?		3	a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	ь		
			For	m 9 9	90 (2	2010)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

Employer identification number

Dist.	Danam	Rotary	Club of Sali	sbury	Foun	datio	n, In	<u>c </u>	52	2-2238099
Part I			ity Status (All organiz			• •		ructions		
			because it is: (For lines 1	_		=				
1 =			s, or association of churc		ibea in se	ction 170	(b)(1)(A)(i)	•		
2			0(b)(1)(A)(ii). (Attach Scl			4=0// 1/41/				
3	· ·	,	tal service organization of					/L\/4\/A\/:::	\ Entorth	na baanital'a nama
4 📖		_	pperated in conjunction	with a nos	pital descr	ibea in se	ction 170	(D)(T)(A)(III). Enter tr	ne nospitai s name,
5 🗀	City, and state		benefit of a college or ur	awaresty ov	wood or on	orated by	2 COVORD	montal unit	describe	ud in
э Ш		(b)(1)(A)(iv). (Comple	-	iiveisity ov	viied of op	lerated by	a governi	nemai um	uescribe	iu iii
c 🖂				· daaambaa	مندمم صرا	- 470/L\/4	WAV.			
6 L			ent or governmental unit				,, ,, ,	r from the	goporal n	while described in
,		b)(1)(A)(vi). (Comple	eives a substantial part (te Part II)	oi its supp	ort iroin a	governine	intai unit o	i iioiii tiie	general p	dollo described in
8 🗀			ection 170(b)(1)(A)(vi). ((Complete	Part II \					
9 🗓			eives: (1) more than 33 1			rom contril	butions m	embershii	n fees an	d gross receipts from
•	•	•	nctions - subject to certa							•
		•	axable income (less sect	•		•				*
		509(a)(2), (Complete	•		,			, 3		•
10	An organizati	on organized and op	erated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	1).		
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the	purposes of one or
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	n 509(a)(2) See sec	ction 509(a	a)(3). Che	ck the box that
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.				
	a Type i	ь	Type II c	: Тур	e III - Func	tionally int	egrated		d 📖	Type III - Other
e	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one o	r more disc	qualified p	persons other than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	(a)(1) or s	section 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check th							_	
g	_		rganization accepted an			_				<u> </u>
			rectly controls, either ale	one or tog	ether with	persons d	lescribed	ın (ii) and (i	ii) below,	Yes No
	_		upported organization?	,						11g(i)
		· ·	n described in (i) above?							11g(ii)
h		· ·	person described in (i) o	• •						11g(iii)
h	Flovide tile i	ollowing information	about the supported org	garnzanom	(5).					
/i) Nama	of ounported	/::\ EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	ı notify the	(vi) Is	the	(vii) Amount of
	of supported anization	(ii) EIN	organization		sted in your			Lorganizatio	on in col. i	support
			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organiz U.S	,2	
			(see instructions))	Yes	No	Yes	No	Yes	No	
							_			
		_		ļ						· · · · · · · · · · · · · · · · · · ·
			<u> </u>	-					:	-
								<u> </u>		
									ļ İ	
				 	 		 		 	
Total										
	Paperwork Re	eduction Act Notice	, see the Instructions f	or			•	Schedul	e A (Forn	n 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

Pa	rt II Support Schedule for							
•	(Complete only if you checke				on failed to qualify	under F	art III. If the	organization
<u></u>	fails to qualify under the tests	listed below, plea	ase complete Part	III)	<u> </u>			
	ction A. Public Support	<u> </u>	<u> </u>	T	1	Τ		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and					ŀ		1
	membership fees received. (Do not							1
_	include any "unusual grants.")				+	1		
2	Tax revenues levied for the organ-							1
	ization's benefit and either paid to							
_	or expended on its behalf				 	<u> </u>		
3	The value of services or facilities					1		
	furnished by a governmental unit to the organization without charge							
	•							
4	Total. Add lines 1 through 3				<u> </u>	 		· -
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		İ	1				I
	amount shown on line 11,							ļ
	column (f)							
6	• •			· · · · · · · · · · · · · · · · · · ·	·			
	Public support. Subtract line 5 from line 4 ction B. Total Support		<u></u>	1	1			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	16	2010	(f) Total
7	Amounts from line 4	(a) 2000	(6) 2001	(0) 2000	(u) 2003		12010	(1) 10141
8	Gross income from interest,					1		
Ū	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				1			
10	Other income Do not include gain							
	or loss from the sale of capital					İ		
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10			1				
	Gross receipts from related activities,	, etc. (see instructi	ions)			12		
	First five years. If the Form 990 is for			rd, fourth, or fifth	tax year as a secti		c)(3)	
	organization, check this box and stop							▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2010 (line 6, column (f) d	livided by line 11,	column (f))		14		
15	Public support percentage from 2009	Schedule A, Part	t II, line 14			15		
16	33 1/3% support test - 2010.If the o	rganization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or i	nore, cl	neck this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatioi	า				▶□
ŀ	33 1/3% support test - 2009. If the c	organization did no	ot check a box on l	ine 13 or 16a, and	d line 15 is 33 1/3%	6 or mo	re, check th	is box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation				►□
17:	a 10% -facts-and-circumstances tes	t - 2010. If the org	anization did not o	heck a box on lin	e 13, 16a, or 16b,	and line	14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop	here. Explain in P	art IV ho	w the organ	nization
	meets the "facts-and-circumstances"							▶∟
1	10% -facts-and-circumstances tes	it - 2009. If the org	janization did not d	heck a box on lin	ie 13, 16a, 16b, or	17a, an	d line 15 is	10% or
	more and if the organization meets t	he "facts and oras	imetancee" test o	back this boy and	d atam bara Evala	ın ın Pa	rt IV/ how the	^

Schedule A (Form 990 or 990-EZ) 2010

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2010 Rotary Club of Salisbury Foundation, Inc52-2238099 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	ınclude any "unusual grants.")	58,508.	83,081.	_28,183.	6,211.	19,676.	195,659 <u>.</u>				
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 bus- iness under section 513				_						
4	Tax revenues levied for the organ-										
	ization'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	58,508.	83,081.	28,183.	6,211.	19,676.	195,659.				
78	Amounts included on lines 1, 2, and										
	3 received from disqualified persons						0.				
ŀ	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						0.				
	Add lines 7a and 7b						0.				
8	8 Public support (Subtract line 7c from line 6)										
Se	ction B. Total Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
9	Amounts from line 6	58,508.	83,081.	28,183.	6,211.	19,676.	195,659.				
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
ŀ	Unrelated business taxable income				i						
	(less section 511 taxes) from businesses acquired after June 30, 1975										
	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13	Total support (Add lines 9, 10c, 11, and 12)	58,508.	83,081.	28,183.	6,211.	19,676.	195,659.				
	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	zation,				
	check this box and stop here					·	▶□				
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage								
15	Public support percentage for 2010 (line 8, column (f) di	vided by line 13, c	olumn (f))		15	100.00 %				
<u>16</u>	: -: -: -: -: -: -: -: -: -: -: -: -: -					16	100.00 %				
<u>Se</u>	ction D. Computation of Inve	stment Income	e Percentage			·-					
17	Investment income percentage for 20)10 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.00 %				
18	Investment income percentage from	•				18	%				
19	a 33 1/3% support tests - 2010. If the	-		•		•					
1	more than 33 1/3%, check this box a 5 33 1/3% support tests - 2009. If the	•	•	, ,	• •		. ►X				
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□				
20	Private foundation. If the organization	on did not check a	<u>box on line 14, 19</u>	a, or 19b, check th	is box and see ins	structions	▶□				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

Rotary Club of Salisbury Foundation, Inc 52-2238099

D-	Rotary Club of Sal			nc		<u>52-2238</u>					
Pa			Other Similar Fund	ds or Ad	counts	Complete if	the				
	organization answered "Yes" to Form 990, Part IV, line										
		(a) Don	or advised funds	(b) Funds a	nd other acco	unts				
1	Total number at end of year										
2	Aggregate contributions to (during year)										
3	Aggregate grants from (during year)										
4	Aggregate value at end of year										
5	Did the organization inform all donors and donor advisors in	writing that the	assets held in donor adv	vised fund	ls						
	are the organization's property, subject to the organization's	exclusive legal	control?			Yes	No No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writin	g that grant funds can b	e used o	nly						
	for charitable purposes and not for the benefit of the donor of	or donor advisor	, or for any other purpos	se conferr	ing						
	impermissible private benefit?					Yes Yes	□ No				
Pa	t II Conservation Easements. Complete if the org	ganization answ	ered "Yes" to Form 990,	, Part IV, I	ıne 7.						
1	Purpose(s) of conservation easements held by the organization	ion (check all th	at apply).								
	Preservation of land for public use (e.g., recreation or e	education) [Preservation of an h	nistorically	/ importan	nt land area					
	Protection of natural habitat	[Preservation of a ce	ertified his	toric struc	cture					
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a qualit	fied conservatio	n contribution in the fori	m of a cor	nservation	easement on	the last				
	day of the tax year			_							
					Held	d at the End of t	he Tax Year				
а	Total number of conservation easements				2a						
b	Total acreage restricted by conservation easements		2b	•							
С	Number of conservation easements on a certified historic str		2c								
d	Number of conservation easements included in (c) acquired	cture									
	listed in the National Register		2d								
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax										
	year ▶										
4	Number of states where property subject to conservation ea	sement is locate	ed 🕨	_							
5	Does the organization have a written policy regarding the pe	riodic monitorin	g, inspection, handling o	of							
	violations, and enforcement of the conservation easements in	ıt holds?				Yes	☐ No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing o	conservation easements	during th	e year 🕨						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conse	ervation easements durir	ng the yea	ar 🕨 \$		_				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the re	quirements of section 17	70(h)(4)(B))(i)						
	and section 170(h)(4)(B)(ii)?					Yes	☐ No				
9	In Part XIV, describe how the organization reports conservat	tion easements i	n its revenue and expen	se staten	nent, and h	balance sheet	, and				
	include, if applicable, the text of the footnote to the organiza	ition's financial s	tatements that describe	es the org	anızatıon's	s accounting f	or				
	conservation easements										
Pa	rt III Organizations Maintaining Collections o			Other S	Similar A	Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, Im	e 8.								
1a	If the organization elected, as permitted under SFAS 116 (AS	• •	•				•				
	historical treasures, or other similar assets held for public ext	hibition, educati	on, or research in furthe	rance of p	oublic serv	vice, provide, i	n Part XIV,				
	the text of the footnote to its financial statements that descri	ibes these items	3								
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to repo	rt in its revenue stateme	ent and ba	alance she	eet works of ar	t, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or res	earch in furtherance of p	oublic ser	vice, provi	de the followi	ng amounts				
	relating to these items:										
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$_						
	(ii) Assets included in Form 990, Part X										
2	If the organization received or held works of art, historical tre	easures, or othe	sımılar assets for fınanc	cial gain, p	orovide						
	the following amounts required to be reported under SFAS 1	116 (ASC 958) re	elating to these items:								
а	Revenues included in Form 990, Part VIII, line 1				> \$_						
b	Assets included in Form 990, Part X				> \$_						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{032051}_{\ 12\cdot20\text{-}10}$

Schedule D (Form 990) 2010

							-2238099 Page 2						
<u> </u>	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that	are a sign	nficant use o	of its collection items						
	(check all that apply): Public exhibition		. 🗀										
a													
b													
C	c Preservation for future generations												
4	 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 												
5	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Par	t IV Escrow and Custodial Arrar				Voo" to Ec	rm 000 Por							
1 41	reported an amount on Form 990, Pa		ete ii tile organizat	ion answered	Tes lord	mi 990, Fai	t IV, little 9, Of						
	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included												
	on Form 990, Part X?		andry for continuous	no or other add		oladod	Yes No						
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.										
	ree, explain the analogoment in real rate	and complete the re	onowing table				Amount						
С	Beginning balance					1c	7 thoun						
	Additions during the year					1d	.						
	Distributions during the year		•			1e							
f	Ending balance					1f							
2a	Did the organization include an amount on F	Form 990. Part X. line	217				Yes No						
	If "Yes," explain the arrangement in Part XIV												
$\overline{}$	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.												
		(a) Current year	(b) Prior year	1	1		back (e) Four years back						
1a	Beginning of year balance		, , , , , , , , , , , , , , , , , , , ,	1-2	, ,								
b	Contributions												
С	Net investment earnings, gains, and losses					· · · · · · · · · · · · · · · · · · ·							
d	Grants or scholarships												
	Other expenditures for facilities												
	and programs				-								
f	Administrative expenses												
g	End of year balance				-								
2	Provide the estimated percentage of the year	ar end balance held	as.	•	•								
а	Board designated or quasi-endowment		%										
b	Permanent endowment	%	<u> </u>										
С	Term endowment >	%											
За	Are there endowment funds not in the poss	ession of the organiz	ation that are held	and administer	ed for the	organization	າ						
	by.						Yes No						
	(i) unrelated organizations						3a(i)						
	(ii) related organizations						3a(ii)						
b	If "Yes" to 3a(ii), are the related organization	is listed as required o	on Schedule R?				3b						
4	Describe in Part XIV the intended uses of th												
Par	t VI Land, Buildings, and Equipr	nent. See Form 99	0, Part X, line 10										
	Description of investment	(a) Cost or o	'-'	st or other		umulated	(d) Book value						
		basis (investi		s (other)	depre	eciation							
1a	Land			94,327.			94,327.						
b	Buildings .		4	98,168.		<u>79,280.</u>	418,888.						
С	Leasehold improvements												
d	* *												
	Other			<u>80,051.</u>	17	<u>70,479</u>							
Total	Add lines 1s through 1s (Column (d) must	equal Form 000 Port	V column (D) line	10(0)			622 787						

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990 Part V I	<u>ury Foundatio</u>	on, Inc 52	-2238099 Page 3
'(a) Description of security or category		me 12	(c) Method of valua	ation.
(including name of security)	(b) Book value	Co	ost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				<u> </u>
(3) Other			 	
(A)				.
(B)				
(C)				
(D)		-		
(E)(F)			 	
(G)				
(H)	-			
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	•			
Part VIII Investments - Program Related		line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
(1)				** **
(2)				
(3)				
(4)				
(5)				
(6)			 	
(7)				11.19 <u>-</u>
(8)				
(9)				
(10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,	line 15			
	(a) Description			(b) Book value
(1)	(-,			<u></u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Par				
1. (a) Description of liability	t A, iiile 23	(b) Amount	1	
(1) Federal income taxes			1	
(2)				
(3)		-] -	
(4)			_	
(5)				
(6)				
(7)			<u> </u>	
(8)			_	
(9)		-	4	
(10)			4	
(11)			4	
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. 2. FIN 48 (ASC 740)) line 25) ote to the organization's financia	statements that reports the orga	nization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740) 032053	-			· · · · · · · · · · · · · · · · · · ·

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12)
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Prior period adjustments 7 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Prior period adjustments 7 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments
5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments
6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 Amounts included on line 2 but not on Form 990, Part VIII, line 12: 2 Amounts included on line 3 but not on Form 990, Part VIII, line 12: 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 2a
8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 2a 2a
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10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 2a 2 2a
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2
Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 2a
a Net unrealized gains on investments 2a
b Donated services and use or racilities
a. Decovering of a way year and to
c Recoveries of prior year grants 2c
d Other (Describe in Part XIV.)
e Add lines 2a through 2d 2e
3 Subtract line 2e from line 1 Amounto included on Form 000, Bort VIII, Inc. 10, but not on line 4
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
1 Total expenses and losses per audited financial statements 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.
a Donated services and use of facilities 23.
b Prior year adjustments 2b
c Other losses 2c
d Other (Describe in Part XIV)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
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
b Other (Describe in Part XIV)
c Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)
Part XIV Supplemental Information
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part
X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.
_

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.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** Rotary Club of Salisbury Foundation, Inc 52-2238099 Form 990, Part I, Line 1, Description of Organization Mission: support of charitable service projects and other community charities; function as affiliate of Rotary Club of Salisbury. Form 990, Part VI, Section B, line 11: The return is submitted to Board President and Treasurer for approval and signature before filing. Form 990, Part VI, Section C, Line 18: Upon request Form 990, Part VI, Section C, Line 19: Upon request

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No 67

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

	ary Club of Salisb									52-2238099
Par		rty Under Section 1	79 Note: If yo	ou have any lis	ted pro	perty, co	omplete Part	V be		
1 M	aximum amount (see instructions)								1	500,000.
2 T	otal cost of section 179 property plac	ed in service (see	instructions)					2	
3 T	nreshold cost of section 179 property		3	2,000,000.						
4 R	eduction in limitation. Subtract line 3		4							
5 D	ollar limitation for tax year. Subtract line 4 from line		5							
6	(a) Description of pr	operty		(b) Cost (busin	ess use o	nly)	(c) Electe	d cost		
7 L	sted property Enter the amount from	line 29				7				
8 T	otal elected cost of section 179 prope	erty Add amounts	ın column (c), lines 6 and	7				8	
9 T	entative deduction Enter the smaller	of line 5 or line 8							9	
10 C	arryover of disallowed deduction fron	n line 13 of your 20	009 Form 45	62					10	
11 B	usiness income limitation. Enter the s	maller of business	s income (no	t less than zei	o) or lir	ne 5			11	
12 S	ection 179 expense deduction. Add li	nes 9 and 10, but	do not ente	r more than lir	ne 11 _				12	
13 C	arryover of disallowed deduction to 2	011 Add lines 9 a	and 10, less	line 12	<u> </u>	13				
Note:	Do not use Part II or Part III below fo	r listed property. I	nstead, use	Part V.		_				
Par	t II Special Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	de liste	d prope	rty)			
14 S	pecial depreciation allowance for qua	lified property (oth	ner than liste	ed property) pl	aced in	service	during			
th	ne tax year								14	
15 P	roperty subject to section 168(f)(1) ele	ection							15	
16 C	ther depreciation (including ACRS)								16	
Par	t III MACRS Depreciation (Do no	t include listed pi	operty) (Se	e instructions.	.)					
		-	Se	ection A		-				-
17 M	IACRS deductions for assets placed	in service in tax ye	ears beginnii	ng before 201	0				17	28,932.
18 if	you are electing to group any assets placed in ser	vice during the tax year	into one or more	e general asset acc	ounts, ch	eck here	▶ [
	Section B - Assets						eral Depreci	atior	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(búsiness/i	or depreciation investment use instructions)		Recovery earlod	(e) Convention	(f) N	fethod	(g) Depreciation deduction
19a	3-year property									
b	5-year property	7		2,154.	5	Yrs.	HY	SL		215.
С	7-year property									
d	10-year property									·
e	15-year property									
f	20-year property									
q	25-year property				25	5 yrs		1	S/L	· · ·
	•	,				5 yrs	ММ	1 :	S/L	
h	Residential rental property	/			27	.5 yrs.	MM	1	S/L	
	- -	1			1	9 yrs.	ММ	+	 S/L	
i	Nonresidential real property	/		***		<u>, ,</u>	MM		S/L	
	Section C - Assets I	Placed in Service	Durina 201	0 Tax Year U	sina th	e Alterr				stem
 20a	Class life						Т		S/L	
<u>20a</u> b	12-year			_	11	2 yrs.			S/L	
	40-year	 	 -		1	0 yrs.	ММ		S/L	
Par	t IV Summary (See instructions)		I		1	. j.u.	141141	1	J, L.	
									24	
	usted property. Enter amount from lin		on 10 a 0	10 in column /-	, , , , , ,	line 01			21	
	otal. Add amounts from line 12, lines	•							000	20 147
	inter here and on the appropriate line	•	-		อกร - 	see insti			22	29,147.
	or assets shown above and placed in	_	e current ye	ar, enter the						
01625	ortion of the basis attributable to sec 10 LHA For Paperwork Reductio					23				Form 4562 (2010)
	10 LHA For Paperwork Reduction	II ACT NOTICE. SEE	: separate li	ISTRUCTIONS.						T UIIII 430Z (ZUTU)

F	(0040)		"	, -			_	_							_
Form 4562	(2010) Listed Proper		ary Clu										2238		Page 2
Part V	amusement)	ty (include al	Jiomobiles, ce	ertain otr	ner venic	ies, ce	ertain cor	nputers	s, and pro	perty use	ea tor er	ntertainm	nent, rec	reation, (or
·	Note: For any	vehicle for wi	hich you are u	sing the	standard	d milea	age rate d	r dedu	ctıng lease	e expens	e, comp	lete only	y 24a, 2	1b, colun	nns (a)
	through (c) of S		on section B, on and Other					inetric	tions for li	mite for i	naccono	or auton	nobiles 1		
242 Do you	have evidence to s					-	Yes	_	24b lf "Y					Yes	□ No
<u>24a</u> D0 y00		(b)	(c)	int use ci		7	res ∟ (e)		(f)	Τ΄		1 .			<u> </u>
	(a) of property hicles first)	Date placed in	Business/ investment		(d) Cost or her basis		asis for dep ousiness/inv	reciation restment	Recovery period	Met	(9) thod/ rention	Depre	h) eciation uction	Elec	cted n 179
		service	use percentag	ge o	1101 00313		use on	ly) 	Poriod	00111	1	0000	2011011	CC	st
=	depreciation all			property	placed	ın sen	vice durir	ig the t	ax year ar	d]			
	ore than 50% in										25	·			
26 Proper	ty used more tha	in 50% in a q							<u>. </u>		_	1			
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27 Proper	ty used 50% or k	ess in a quaii	r	\neg		$\overline{}$				l a #		T			
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	nounts in column		=				1, page	l			28			_	
29 Add an	nounts in column	i (i), line ∠6. E						4 \ / - 1					29	L	
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O Total bu	siness/investment	milaa driiyan d	uring the	1	a)		(b) 'ehicle	Ι,	(c) /ehicle	1 '	d)	1 .	e)	(f Veh	-
			Vehicle Vehicle		- 	remicie	Vehicle		Vehicle		ven	icie			
,	year (do not include commuting miles) 11 Total commuting miles driven during the year														
	-	_	•												
driven	ther personal (no	mcommuning) miles												
	ulaa deuraa duera	a the year		-				+		 		 			
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	es so miougii sz e vehicle availab		aluco	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
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user		Section C	- Questions 1	ior Emn	lovere M	/ha D-	ovido Va	hiolog	for Hoo b	. Their I	Employ	1	L	ļ	·
Answer the	se questions to			•	-					-			not n	oro than	504
	related persons.	determine ii	you meet an e	xceptioi	i to com	bierii i	y Section	D IOI V	erricies us	eu by ei	прюуее	s will al	re not n	ioie man	370
	maintain a writte	an nolicy etai	tement that no	obibite s	all persor	nal uca	of vehic	de inc	hidina co	mmutina	by you	ır		Yes	No
employ		en policy star	ternerit triat pi	OHIDIGS &	ılı persor	iai ust	o verile	iles, ilic	luding co	minuting	, by you	11		165	NO
	maintain a writte	en nolicy stat	toment that no	obibite r	perconal		f vehicles	evcer	ot commu	ina by	(OLIF				
-	ees? See the ins		•	•				•			/Oui				
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•	meet the require		• .						navarad w	hielee					+
Part VI	f your answer to Amortization	37, 30, 39, 4	0, 01 41 IS TE	S, 00 II	ot compi	eie Se	ection B	or trie t	covered ve	enicies					
Fait VI	(a)			(b)	Ι	(c	1		(d)	Т.	(e)			(f)	
	Description of	of costs	Date	amortization		Amorti	zable		Code		Amortiz	ation	Ą	mortization or this year	
40 Amort	zation of costs th	nat hegine di	ring your 201	begins O tay va:	ı	an 1101	unt		section		period or pe	icentage [A UNO YOU	
+2 /1110111	Lation Of Costs II	iai pegiris ut	ming your 201	c lan ye	<u> </u>					T					
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43 Amort	zation of costs th	nat henan ho	fore vour 2010) tay yer	ı							43			
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018252 12-21-10

44 Total. Add amounts in column (f) See the instructions for where to report