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

Open to Public

Inspection

For the 2012 calendar year, or tax year beginning JUL 1. 2012 and ending JUN 30, 2013 C Name of organization D Employer identification number Check if applicable Address change Rotary Club of Salisbury Foundation, Inc 52-2238099 Doing Business As initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-PO Box 735 410-548-3901 Amende return City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-Salisbury, MD 21803 H(a) Is this a group return pending F Name and address of principal officer. Hugh C Livingston Yes X No for affiliates? 110 Covered Bridge Lane, Fruitland, MD 2182 H(b) Are all affiliates included? Yes No Tax-exempt status. \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) ___ 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.rotarysalisbury H(c) Group exemption number org K Form of organization: X Corporation Other > L Year of formation: 2000 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities Maintenance of community center Activities & Governance for use by charitable and non-profit community organizations; Check this box
If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 5 18 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 18,344. 33,447. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 25. 24. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,034. 9,773 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28.142. 43,505. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,359. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,018 Benefits paid to pr for members (Part) X, column (A), line 4) 0. 14 0. Salaries, other compensation, employee benefits Hart IX, column (A), lines 5-10) 0. 0. 16a Professional fundinising fees (Part 1X, 20 lumn (A) Jine 11e) 0. 0. b Total fundraising expenses (Part IX, column (D)) (ifie 25) Other expenses (Part-IX, column (A), lines 14a-11d, 11f-24e) <u>47,197.</u> 44,664. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 56,215. 60,023. Revenue less expenses Subtract line 18 from line 12 -28,073. <u>-16,518.</u> **Beginning of Current Year End of Year** Total assets (Part X, line 16) 20 612,120. 595,602. Total liabilities (Part X, line 26) 0 0. 120. 595,602. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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. Signature of officer Sign Hugh C Livingston, President Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid P01215286 R. Stanley Morris, CPA self-employed Preparer Firm's name Rowles & Company, Firm's EIN 52-0630619 Use Only Firm's address 1325 Mt. Hermon Rd, Ste. Phone no. 410-546-1355 Salisbury, MD 21804 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form 990 (2012)

(NI)

	1990 (2012) . Rotary Club of Salisbury Foundation, Inc 52-2238099 Page 2 rt 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.
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? Yes X No. 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
4a	(Code)(Expenses \$ 43,594. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$
4b	(Code)(Expenses \$15,359. Including grants of \$14,827.) (Revenue \$\$ Support of charitable service projects and other community charities
lc	(Code) (Expenses \$) (Revenue \$)
4 d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

			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_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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_		<u> </u>
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_		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u>-</u> .		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ė		
	Schedule D, Part III	8		х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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	110		х
đ	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	11c		
u	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 and XII	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 and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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			v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		_X_
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (2012)

Form 990 (2012)

	Check if Schedule O contains a response to any question in this Part V									
				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a C								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	1							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming								
	(gambling) winnings to prize winners?		1c	L						
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									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)								
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b							
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	_4a		<u> </u>					
b	If "Yes," enter the name of the foreign country: ▶									
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was only in the party of the	action?	5b		<u>X</u> _					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?	ne organization solicit			х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions or aifts	6a							
_	were not tax deductible?	ions or gitts	6b	- 1						
7	Organizations that may receive deductible contributions under section 170(c).									
а	a 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?									
b	and the state of t									
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required								
	to file Form 8282?	1 1	7c		<u> </u>					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			_x_					
е										
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X					
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D		7h		X					
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8							
9	Sponsoring organizations maintaining donor advised funds.	any time during the year.	-							
а	Did the organization make any taxable distributions under section 4966?		9a	İ						
	Did the 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	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ŀ						
11	Section 501(c)(12) organizations. Enter	l 1		İ						
a	Gross income from members or shareholders	11a								
þ	Gross income from other sources (Do not net amounts due or paid to other sources against									
120	amounts due or received from them)	11b	40.	;						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> 120 </u>								
	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 the									
	organization is licensed to issue qualified health plans	13b								
C	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u>X</u>					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	200						
			Form	990 (2012)					

	n 990 (2012) . Rotary Club of Salisbury Foundation, Inc 52-2238 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	099 "No" r	espon	age 6 ise
				[
Sec	Check if Schedule O contains a response to any question in this Part VI			X
	Alon A. doverning body and Management		.	T
12	Enter the number of voting members of the governing body at the end of the tax year 6		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing		•	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
_	officer, director, trustee, or key employee?	2		X
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	Did the organization have members or stockholders?	6		X
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		X
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		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	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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.)			
			Yes	-
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		7.
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			v
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
·	in Schedule O how this was done	40-		
13	Did the organization have a written whistleblower policy?	12c 13		x
14	Did 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	17		1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	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)			
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		_	<u> </u>
	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		
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 (Section 501(c)(3)s only) a	vailab	le	
	, , , , , , , , , , , , , , , , , , ,			
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

R Stanley Morris CPA - 410-546-1355

R Stanley Morris, CPA - 410-546-1355 1325 Mt. Hermon Rd, Ste. 10A, Salisbury,

Form **990** (2012)

21804

Form 990 (2012)	Rotary C	lub of	Salisbury	Foundation,	Inc	52-2238099	Page 7
Part VII Compensation	on of Officers,	Directors,	Trustees, Key	Employees, Highes	st Com	pensated	

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.

(A) Name and Title	(B)	compensation compensation (C) Position						(D)	(E)	(F)
Name and Title	Average hours per		(do not check more than box, unless person is bot			Reportable compensation	Reportable	Estimated amount of		
	week	offic	cer an	nd a d	recto	or/trus	n an tee)	from	compensation from related	other
	(list any	director				l		the	organizations	compensation
	hours for	die				Ē		organization	(W-2/1099-MISC)	from the
	related	ste	ruste			Bensa		(W·2/1099-MISC)		organization
	organizations below	F F	onali		ploye	8 C				and related
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Mike Bloxham	2.00	_	_	Ĭ	_	= -				
Director		X						0.	0.	0.
(2) Kathleen McLain	2.00									
Director		X						0.	0.	0.
(3) Kurt Schuster	2.00									
Director		X	ļ					0.	0.	0.
(4) George A. Vickers	2.00									
Director		X	ļ	L_		<u> </u>		0.	0.	0.
(5) Dan Williams	7.00									
President				X		_		0.	0.	0 .
(6) Terry Greenwood	4.00]				ļ		_		
Secretary/Treasurer				X				0.	0.	0,
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(A) Name and title Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related	
Name and title Average hours per week (list any) Average hours per box, unless person is both an officer and a director/trustee) Average hours per box, unless person is both an officer and a director/trustee) Fig. Position (do not check more than one box, unless person is both an officer and a director/trustee) Fig. Reportable compensation compensation from from related organizations compensation compensation officer and a director/trustee)	
below line) Individual II	er sation the ation
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0. 0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes	0 s No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	<u> </u>
rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors	<u> </u>
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C) Name and business address NONE Description of services Compensate	on
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 Form 990	(2012)

Form	1 990 rt VI	(2012) . Rotary II Statement of Revenue	<u>Club of Salisb</u>	ury Founda	tion, Inc	52-2238	3099 Page 9
- 4			s a response to any question	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	c d e	Membership dues					
nd O	-	Noncash contributions included in lines 1a-		22 447			
Program Service C Revenue	2 a b c			33,447.			
Progra	e f						
	3 4 5	Investment income (including divother similar amounts) Income from investment of tax-ex Royalties	dends, interest, and empt bond proceeds	24.			24.
	С	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real (ii) Personal				
	7 a	` ´) Securities (II) Other				
	d	Gain or (loss) Net gain or (loss)	parts (set				
Other Revenue		Gross income from fundraising exincluding \$ contributions reported on line 1c) Part IV, line 18 Less: direct expenses	of				
	9 a	Net income or (loss) from fundrais Gross income from gaming activity Part IV, line 19 Less direct expenses	· · · · · · · · · · · · · · · · · · ·				
	10 a b	Net income or (loss) from gaming Gross sales of inventory, less retu and allowances Less cost of goods sold	a 30,502. b 20,468.	10.034			10.004
	11 a		Business Code	10,034.			10,034.
	c d	All other revenue					
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.	>	43,505.	0.	0.	10,058.
232001 12-10-	12						Form 990 (2012)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

<u>595,602.</u> Form **990** (2012)

595,602.

0.

0.

31

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

0.

0.

612,120.

612,120

31

32

Form	990 (2012) Rotary Club of Salisbury Foundation, Inc	52-2238	<u> 3099</u>	Pag	_{1e} 12				
Pa	t 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		3,5					
2	Total expenses (must equal Part IX, column (A), line 25)	2			23. 18.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8	_						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	59	5,6	<u>02.</u>				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>				
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1	1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	∍ O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1						
	separate basis, consolidated basis, or both:			•					
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	1 .				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	1 1						
	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 the second	ne 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 in Sci								
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	ured audit							
	or guidite, explain why in Schodule O and describe any stone taken to undergo such audite		26	- 1	1				

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			Rotary	Club of Sali	sbury	Four	datio	n, In	ıc	5	2-2238	<u> 1099</u>	
Pa	ırt I	Reason	for Public Cha	rity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions				
'nе	organ	zation is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1		A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2				70(b)(1)(A)(ii). (Attach Sc									
3				oital service organization		n section	170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(i	ii). Enter	the hospita	l's name) .
		city, and stat	<u>-</u>	,		•				•	•		•
5		•		benefit of a college or ur	niversity ov	wned or o	perated by	a govern	mental un	t describ	ed in		
-			(b)(1)(A)(iv). (Comp	-	,			3					
6				nent or governmental uni	t describer	d in section	n 170(h)(·	1VAVv)					
7	一			ceives a substantial part					r from the	neneral	nublic desc	ribed in	ı
•		_	(b)(1)(A)(vi). (Comple	•	or no oupp	ort morn d	governin	ornia armi c		gonorai	pablic dosc		
8				section 170(b)(1)(A)(vi).	(Complete	Part II)							
	$\overline{\mathbf{x}}$			ceives (1) more than 33 1			rom contri	ibutione n	ambarehi	n foos a	nd arose re	cointe fi	rom
•		-		unctions - subject to certa						•	•	•	
			•	taxable income (less sect	•		•				_		
			509(a)(2). (Complet	•	liononita	x, 110111 bc	1311103303 (acquired b	y trie orga	inzation	arter surie c	,, 137C	,
10				perated exclusively to te	et for nubl	c safety S	Saa caatia	n 500(a)(11				
11	一	_	=	perated exclusively for the	-	•			•	v out the	nurnosas (of one o	r
•		_	-	ations described in section		-				•			
		-		organization and comple		-		.). Occ se (, tion 509(адол. Оп	OCK IIIO DOX	· triat	
		a Type	· · · · · · · · · · · · · · · · · · ·		ype III - Fui	_			Typ	e III - No	n-functional	lly integr	rated
۵				at the organization is not		-	-					-	
Ĭ				than one or more publicly									
f			_	itten determination from t		•				. (-)(-)		(-,(-,	
		_	rganization, check t					, , ,					
g			_	organization accepted ar	nv aift or co	ontribution	from anv	of the foll	owina per	sons?			
Ŭ				directly controls, either al			-					Yes	No
		• • •	-	supported organization?			•		• • • • • • • • • • • • • • • • • • • •		11g(i)		
		(ii) A family	member of a perso	on described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	a person described in (i) o	or (ii) above	€?					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization((s)							
			•										
(1)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) ls organizatii	the .	(vii) Amoun	t of mone	etarv
۱۰,		nization	(11) 2.11	(described on lines 1-9	in col. (i) lis	sted in your	organizat	tion in col.	organizatii (i) organiz	on in col. ed in the		port	, i.i.
	_			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	,		
				(see instructions))	Yes	No	Yes	No	Yes	No			
									:				
								-					
								ļ					
					<u> </u>								
					<u> </u>								
ota	ał												

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

٢٤	(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I	or if the organization			
Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(6) 2003	(0) 2010	(u) 2011	(6) 2012	(i) rotai
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u></u>		<u> </u>	
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						
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
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				ļ <u>.</u>		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				.]		<u> </u>
12	Gross receipts from related activities,	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
<u>C</u>	organization, check this box and stor			-	-		
	ction C. Computation of Publ						
14	Public support percentage for 2012 (- ·	column (f))		14	
15	., ,					15	
16a	33 1/3% support test - 2012. If the	-			14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies		-				▶∟
k	33 1/3% support test - 2011. If the	-			d line 15 is 33 1/39	% or more, check t	nis box
	and stop here. The organization qual	•					▶∟
17a	10% -facts-and-circumstances tes	`	=				
	and if the organization meets the "fac			•	•	art IV how the orga	nization
_	meets the "facts-and-circumstances"	-			•	4.	▶∟
t	10% -facts-and-circumstances tes		=				
	more, and if the organization meets the				•		e
	organization meets the "facts-and-cire	cumstances" test	. The organization	qualifies as a publ	licly supported org	ganization	▶∟

232022

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) 2012

Schedule A (Form 990 or 990 EZ) 2012 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		\exists				
	membership fees received (Do not						
	include any "unusual grants.")	28,183.	6,211.	19,676.	18,344.	33,447.	105,861.
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	9,206.	10,097.	10,008.	9,773.	10,034.	49,118.
3	Gross receipts from activities that	7,200.	10,00,	10,000.	3,113.	TO,004.	1 2,1110+
3	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	37,389.	16,308.	29,684.	28,117.	43,481.	154,979.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)			İ			154,979.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	37,389.	16,308.	29,684.	28,117.	43,481.	154,979.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				25.	24.	49.
b	Unrelated business taxable income		T				
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b				25.	24.	49.
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)	37,389.	16,308.	29,684.	28,142.	43,505.	155,028.
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						<u> </u>
	ction C. Computation of Publ						
15	Public support percentage for 2012 (ine 8, column (f) di	vided by line 13, co	olumn (f))	•	15	99.97 %
	Public support percentage from 2011 ction D. Computation of Investigation					16	99.98 %
	Investment income percentage for 20			e 13, column (f))		17	.03 %
	Investment income percentage from	•		,		18	.02 %
	33 1/3% support tests - 2012. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	fies as a publicly s	upported organiza	ation	. ▶ [X]
t	33 1/3% support tests - 2011. If the	•					and
	line 18 is not more than 33 1/3%, che						▶⊨
20	Private foundation, If the organization	n did not check a l	box on line 14, 19a	ı. or 19b. check thi	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,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Employer identification number

		isbury Foundation, Inc	52-2238099					
Pai			r Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, Iin							
		(a) Donor advised funds	(b) Funds and other accounts					
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 advised	funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	impermissible private benefit?		Yes No					
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	ically important land area					
	Protection of natural habitat	Preservation of a certified	d historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last					
	day of the tax year.							
			Held at the End of the 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	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure						
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe	<u> </u>						
	violations, and enforcement of the conservation easements i		└ Yes					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, and	-	·					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No					
9	In Part XIII, describe how the organization reports conservat							
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for					
Pai	conservation easements † III Organizations Maintaining Collections o	f Art Historical Treasures or Othe	or Similar Assats					
_ · ·	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	er Ommar Assets.					
12	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art					
ıa	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that descr		or public service, provide, arr art Am,					
ь	If the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical					
-	treasures, or other similar assets held for public exhibition, e	•						
	relating to these items:	ducation, or resourch in further area of public	de la contraction de la contra					
	(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 other similar assets for financial or						
_	the following amounts required to be reported under SFAS 1	_	any provido					
а	Revenues included in Form 990, Part VIII, line 1	v o oody rotating to triboo iterrio.	▶ \$					
b	Assets included in Form 990, Part X		► \$ ► \$					
	more and in the original of the original of the original	•						

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

Schedule D (Form 990) 2012

		<u>Club of Sa</u>								Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasures,	or Othe	<u>er Simil</u>	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a si	gnıfıcant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	ď	, <u> </u>	Loan or exc	change progr	ams				
þ	Scholarly research	6	, 📖	Other						<u>. </u>
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further t	the organizati	on's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	asures, or oth	er sımılar	assets	_	_	
-	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f		٦	
	Did the organization include an amount on Fo					5			_ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Pai	T V Endowment Funds. Complete r					-				b
	Barrier to the	(a) Current year	(b) F	Prior year	(c) Two yea	rs dack	(d) Three y	years dack	(e) Four y	ears back
	Beginning of year balance				1			·		
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships		-							
е	Other expenditures for facilities									
_	and programs					+				
	Administrative expenses					+		_		
9	End of year balance								<u> </u>	
2	Provide the estimated percentage of the curr	•	•	g, column (a)) neid as.					
	Board designated or quasi-endowment	%	_%							
	Permanent endowment	% %								
С	Temporarily restricted endowment									
20	The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posse		ation th	at are hold s	and administr	arad for th	o organi	zation		
3a		ssion or the organiz	auon in	at are rieid a	anu auministe	erea for tr	ie organi.	zation	Г	res No
	(i) unrelated organizations									es No
	(ii) related organizations								3a(i) 3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	e lietad ae raquirad (on Scha	dula B2					3b	
4	Describe in Part XIII the intended uses of the	•							30	
Pai	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		T	t or other	(c) Ac	cumulate	ed	(d) Book	value
	Becompaint of property	basis (investi			(other)		reciation	I	(u) Book	· alac
19	Land				94,327.				94	,327.
	Buildings				98,168.	1	.04,8	26-		$\frac{7327.}{342.}$
	Leasehold improvements									<u>, </u>
	Equipment									
	Other			2.8	30,051.	1	198,9	85.	81	,066.
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colu							,735.
		urt								

Schedule D (Form 990) 2012

	Investments - Other Securities. See option of security or category (including name of security)	(b) Book value		on. Cost or end-of-year market value
	al derivatives	-		
	r-held equity interests			
) Other				
(A)				
(B)		_		
(C)				
(D)			*	
(E)				
(F)				
(G)				
				
(H)				
(l)	(h) must soud Form 000 Part V sel (P) line 10)			
	(b) must equal Form 990, Part X, col. (B) line 12.)	F 000 B 177 1		
rail VIII	Investments - Program Related. See (a) Description of investment type	b Form 990, Part X, Iin (b) Book value		on Cost or end-of-year market value
_	(a) Description of investment type	(b) book value	(c) Method of Valuation	on Cost of end-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(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 1	5		
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)		·		
(5)				
(6)				
(7)			·	
(8)				
(9)		·		
(10)				
	umn (b) must equal Form 990, Part X, col (B) line	15)		D
Part X	Other Liabilities. See Form 990, Part X, Irr	ne 25		
	(a) Description of liability	10 20	(b) Book value	·
. (1) Fed	deral income taxes		(4)	
	detai income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			-	
(8)				
(9)				
(10)				
(10) (11)				

232053 12-10-12

		nue per Return
Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	
Net unrealized gains on investments		
Donated services and use of facilities	2b	
Recoveries of prior year grants	2c	
Other (Describe in Part XIII)		
Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII)	4b	
Add lines 4a and 4b		4c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
Donated services and use of facilities	2a	
Prior year adjustments	2b	
Other losses	2c	
Other (Describe in Part XIII.)	2d	
Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII.)	4b	
Add lines 4a and 4b		4c
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
XIII Supplemental Information		, ,
lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this par		
		

12-10-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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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.

Open to Public 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