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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

| A F | or the 2 | 2013 calendar year, or tax year beginning JUL 1, 2013 and en | nding J | UN 30, 2014 | |
|-----------------------------|-------------------------------|---|-------------------------|-----------------------------------|-----------------------------|
| B c | heck if pplicable | C Name of organization | | D Employer identific | ation number |
| | Address change Name | | nc | F2 2 | 238099 |
| 누 | Johange Tinitial | Doing Business As | | 436099 | |
| - | _return Termin- | Number and street (or P.0. box if mail is not delivered to street address) PO Box 735 | E Telephone number | 548-3901 | |
| - | –ated Amended | | G Gross receipts \$ | 62,636. | |
| \vdash | ⊒return]Applica- Ition | Salisbury, MD 21803 | H(a) Is this a group re | | |
| | pending | F Name and address of principal officer. Terrance Greenwood | _ | for subordinates' | |
| | | 27202 Hitching Post Lane, Salisbury, MD | 218 | H(b) Are all subordinates in | cluded? Yes No |
| IT | ax-exen | npt status: X 501(c)(3) | 527 | If "No," attach a l | ist (see instructions) |
| | | ▶ www.rotarysalisbury.org | | H(c) Group exemption | number 🕨 |
| K F | orm of o | rganization: X Corporation Trust Association Other | L Year | of formation: 2000 M | State of legal domicile: MD |
| Pa | | Summary | | | |
| φ | | riefly describe the organization's mission or most significant activities Mainte | | | |
| Activities & Governance | _ | or use by charitable and non-profit comm | | | |
| ern | | heck this box if the organization discontinued its operations or dispose | ed of more | I _ I | |
| Š | | umber of voting members of the governing body (Part VI, line 1a) | | 3 | 6 |
| 8 | 1 | umber of independent voting members of the governing body (Part VI, line 1b) | | 4 | <u>6</u> 0 |
| ties | l | otal number of individuals employed in calendar year 2013 (Part V, line 2a) | | 5 | 0 |
| ξį | 1 | otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| Å | i . | et unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | D IN | et différated business taxable income nont form 555-1, inte 54 | | Prior Year | Current Year |
| | 8 C | ontributions and grants (Part VIII, line 1h) | | 33,447. | 30,802. |
| Revenue | | rogram service revenue (Part VIII, line 2g) | | 0. | 0. |
| eve | l | estment income (Part VIII, column (A), lines 3, 4, and 7d) | | 24. | 30. |
| ď | 1 | ther revenue (Part VIII, column (A), lines 5, 6d 8c 9c, 10c and 14e) | | 10,034. | 11,406. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 43,505. | 42,238. |
| | 13 G | rants and similar amounts paid (Part IX column (A), lines 1·3) | | 15,359. | <u> 16,786.</u> |
| | | enefits paid to or for members (Part IX Columb (A) Infe 4) 2014 [Q | | 0. | 0. |
| S | 15 S | alaries, other compensation, employee benefits (Part IX, column (A), Iffes 5-10) | | 0. | <u> </u> |
| Expenses | | rofessional fundraising fees (Part IX, column (A);-line 1.1e) | . L | 0. | 0. |
| ă X | | | <u>o. </u> | 14 554 | 46.000 |
| υ ш | 1 | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | <u> </u> | 44,664. | 46,088. |
| | | otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | - | 60,023. | 62,874. -20,636. |
| <u> </u> | 19 R | evenue less expenses Subtract line 18 from line 12 | 0.0 | -16,518. | |
| Net Assets or Fund Balances | 20 T | otal accets (Part V. line 16) | Ве | ginning of Current Year 595, 602. | End of Year 574,966. |
| ASS | 20 T | otal assets (Part X, line 16) otal liabilities (Part X, line 26) | | 0. | <u> </u> |
| Set | 22 N | let assets or fund balances Subtract line 21 from line 20 | | 595,602. | 574,966. |
| Pa | art II | Signature Block | | <u> </u> | |
| Und | er penalt | ies of perjury, I declare that I have examined this return, including accompanying schedules | and statem | nents, and to the best of my | knowledge and belief, it is |
| | | and complete. Declaration of preparer (other than officer) is based on all information of which | | | |
| | | Jonane Sturwood | | | |
| Sig | n | Signature of officer | | Date 16 | 1. 1.1 |
| Her | ·e | Terrance Greenwood, President | | | 71 /17 |
| | | Type or print name and title | | Doto T | TI DTIM |
| | | Print/Type preparer's name Preparer's signature | į' | Date Check | PTIN |
| Paid | | | PA | 1/2 14 self-employe</td <td></td> | |
| | · - | Firm's name R. Stanley Morris, CPA P.C. | | Fırm's EIN ▶ | 32-0446322 |
| USE | Only | Firm's address 1325 Mt. Hermon Road, Ste. 10A | | Dhone no A1 | 0-546-1355 |
| <u></u> | v tha ID | Salisbury, MD 21804 Significantly discuss this return with the preparer shown above? (see instructions) | | Phone no. 4 1 | Yes |
| ivia | y trie IM | 5 discuss this return with the preparer shown above? (see instructions) | ns | | Form 990 (2013) |

| Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 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-E2? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes \(\textbf{X} \) No If 'Yes,' describe these new 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 (Coos |
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| 4C (Code) (Expenses \$ |
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| 4d Other program services (Describe in Schedule O) |
| (Expenses \$ including grants of \$) (Revenue \$) |
| 4e Total program service expenses ► 61,737. |

| | | | Yes | No_ |
|--------|---|--------|--|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | x | |
| 2 | If "Yes," complete Schedule A | 2 | X | |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 3 | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| 7 | 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 | | | |
| • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 | | 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 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u>X</u> |
| 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 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | i |
| | 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, | | 7,7 | |
| | 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 | a a la | | X |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 11c | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 | 110 | | |
| a | | 11d | | _x_ |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX 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 superior and the control of the | 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | ١ | | |
| | or for foreign individuals? 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, | | | v |
| 46 | 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 | 10 | | x |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ^ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 19 | | х |
| 20- | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | T | † |
| | 11 100 to mio 200, die trie organization attaur a copy or to dedited manifest statements to trie rotation | | , ggn | (2012) |

| 0.4 | Did the experience and more than \$5,000 of greate or other accustomes to any demantic experience or | | Yes | No |
|-------------|--|----------------|--------------|-------------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 21 | | X |
| ^^ | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, | 22 | | х |
| റാ | column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 240 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 2.0 | | |
| 2 4a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| · | any tax-exempt bonds? | 24c | | |
| ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | . – | _ |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| Lou | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| h | is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| _ | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | _ | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | ٠,, |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | x |
| | If "Yes," complete Schedule N, Part I | 31 | | ^ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 20 | | x |
| 00 | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | X |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| 34 | Part V, line 1 | 34 | | Х |
| 35a | | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | - | | |
| U | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| - | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 1 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | ļ |
| - | Note. All Form 990 filers are required to complete Schedule O | 38 | <u>x</u> _ | |
| | | | 000 | |

Part V

| | Check it Schedule O contains a response or note to any line in this Part V | | | |
|----------|---|---------------|--|--------------|
| | 1 1 - | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| þ | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | Ì |
| | (gambling) winnings to prize winners? | 1c | | <u> </u> |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return . 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b_ | | <u> </u> |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | • |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 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. | _ | | v |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | A |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | ₆₀ | | x |
| _ | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a | | |
| D | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 00 | | |
| '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? | 7a | | x |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| Ū | to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | 1 | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8_ | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | 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 | 1 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | - | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of receives on head | 1 | l | |
| C 140 | Enter the amount of reserves on hand Did the arganization receive any naviments for indeer tanging services during the tax year? | 44- | | X |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14a | | ├ ^ |
| <u>Q</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | 1 |

| | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | NO I | espon | se |
|--------|--|----------|-------|----------|
| | 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 or note to any line 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 6 | 4 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 6 | 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | v |
| | 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 | | | 77 |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u> </u> |
| 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 | | |
| /a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 7a | | x |
| L | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | /a | | |
| D | persons other than the governing body? | 7b | | х |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 10 | | - 21 |
| 8 | The governing body? | 8a | x | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| ь 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 05 | | |
| 9 | 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.) | <u> </u> | | |
| | The cooling Proposition and Pr | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| _ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | 1 |
| | ın Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 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 | | | 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 | ļ | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | 1 |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | 1 |
| | exempt status with respect to such arrangements? | 16b | | |
| _ | tion C. Disclosure | | | |

| 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) available |
| | 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 |
| | 1325 Mt. Hermon Rd, Ste. 10A, Salisbury, MD 21804 |

| Form 990 (2013) | Rotary | Club of | Salisbury | Foundation, | Inc | 52-2238099 | Page 7 |
|-----------------|----------------------|--------------|-----------------|--------------------|---------|------------|--------|
| Part VII Compe | ensation of Officers | , Directors, | , Trustees, Key | / Employees, Highe | st Comp | pensated | - |

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

Employees, and Independent Contractors

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

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

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

| (A) | (B) | ed organization compensat | | | | | | (D) | (E) | (F) |
|---------------------|-------------------|--|---|--|--------------|---|--------------|---|----------------------------------|--------------------------|
| Name and Title | Average | (do | Position do not check more | | ore than one | | Reportable | Reportable | Estimated | |
| | hours per | box, | , unless person is both an cer and a director/trustee) | | | is bot | h an | compensation | compensation | amount of |
| | week | \vdash | - Or all | uau | 1 0010 | 1 | | from | from related | other |
| | (list any | iect | | | | _ | | the | organizations (W-2/1099-MISC) | compensation from the |
| | hours for related | 000 | 霆 | | | sated | | organization (W-2/1099-MISC) | (44-2/1099-141130) | organization |
| | organizations | ast | 置 | | 8 | E E | | (***271033*********************************** | | and related |
| | below | dualt | tho na | _ | 윹 | st co | | | | organizations |
| | line) | individual bustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | - 3 . |
| (1) Michael Bloxham | 2.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (2) Marie Calafiura | 2.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (3) Gordon Gladden | 2.00 | | | l | | | ŀ | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (4) Jack Heath | 2.00 | | | | | | | | | |
| Director | | X | | | _ | <u> </u> | | 0. | 0. | 0. |
| (5) Kurt Schuster | 2.00 | | | | l | | ļ | _ | | |
| Director | | X | | | | | _ | 0. | 0. | 0. |
| (6) Hugh Livingston | 7.00 | | | | | | | | | |
| President | | \vdash | | X | | | | 0. | _0. | 0. |
| (7) Terry Greenwood | 4.00 | - | | | | | | | | |
| Secretary/Treasurer | | | _ | X | - | - | | 0. | 0. | 0. |
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| | 990 (2013) Rotary C | lub of S | [a] | lis | bı | ıry | 7 I | <u>'01</u> | undation, In | c 52-22 | <u> 380</u> | 99 | Pa | ge 8 |
|--|--|-------------------|-------|-------|-------|-------------------------------|-------|---------------|--|---|-------------|-------|-------|-------------|
| rar | Part VII Section A. Officers, Directors, Trustees, Key Em (A) Name and title Average hours per week | | | | | C) Ition more rson i | | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | | other | | of |
| | (list any hours for related organizations below line) Solution Complete organizations Com | | | | | | | froi orgai | m the nızatı relate | on ed | | | | |
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| | Sub-total | | | | l | | | | 0. | | 0. | | | 0. |
| С | Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | | 0. | | | 0. |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but r | not limited to th | ose | liste | ed a | bov | e) wl | no r | | 0,000 of reportable | | | _ | |
| | compensation from the organization | | | | | | | | | | | , | Yes | No No |
| 3 | Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | | ıste | e, ke | ey er | nplo | oyee | , or | highest compensated e | mployee on | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the si and related organizations greater than \$15 | | | | | | | | | the organization | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | accrue compei | nsat | ion 1 | from | any | y uni | | | ridual for services | | 5 | | x |
| | tion B. Independent Contractors | | | | | | | | | 4100 000 / | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | • | - | | | | | | | | pensa | | | |
| (A) Name and business address NONE (B) Description of services Com | | | | | | | | (C) mpen | | 1 | | | | |
| | | | | | | | | | | | | | | |
| | - | | · | | | | | | | | • | | | |
| - | | | | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| | . | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | (including but r | ot li | ımıte | d to | tho | se li | stec | d above) who received i | nore than | | | | |
| | \$100,000 of compensation from the organ | ization > | | | | | 0 | | | | F | orm 9 | 90 (2 | 2013) |

| | 990 (| (2013) Rotar | y Club c | of Salisbu | ury Founda | tion, Inc | 52-2238 | 3099 Page 9 |
|--|-------------------|---|------------------------|------------------------|---------------------|--|---|--|
| Га | , VIII | | | or note to any line | o in this Dort VIII | | | |
| | | Check if Schedule O cont | ans a response | or note to any line | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts | b c c d e f f g h | Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f | ts, and ve 1f 1a-11 \$ | 30,802. Business Code | 30,802. | | | |
| 4 | f a | All other program service reve Total. Add lines 2a-2f | enue | | | | | - |
| Other Revenue | 3 4 5 | Investment income (including other similar amounts) Income from investment of tal Royalties | | • | 30. | | | 30. |
| | 6 a | Less: rental expenses | | > | | | | |
| | | a Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss) | (i) Securities | (ii) Other | | | | |
| | | Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 | of | > | | | | |
| ð | c | Less: direct expenses Net income or (loss) from fund | = | | · · | | | |
| | t | a Gross income from gaming an Part IV, line 19 Less: direct expenses Net income or (loss) from gan | a b | | | | | |
| | 10 a | a Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale | returns a | 31,804. 20,398. | 11,406. | | | 11,406. |
| | 11 a | Miscellaneous Revenu | 16 | Business Code | | | | |
| | 1 | | | | | 1 | | i |

42,238.

0.

11,436. Form **990** (2013)

0.

d All other revenuee Total. Add lines 11a-11d

| <u> </u> | | 110041 | ~~~~ |
|----------|-----------|---------------|--------|
| Part IX | Statement | of Functional | Expens |

| Secu | on 501(c)(3) and 501(c)(4) organizations must comp | | | тріете соіштіп (А) | |
|----------|--|-----------------------------|--------------------|---------------------------------|--------------------|
| Do | Check if Schedule O contains a respons | se or note to any line in t | his Part IX (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service | Management and general expenses | (D) Fundraising |
| 1 | Grants and other assistance to governments and | | expenses | general expenses | expenses |
| • | organizations in the United States. See Part IV, line 21 | 16,786. | 16,786. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | - | | |
| | organizations, and individuals outside the | | | | |
| | United States 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 accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | - | | | |
| b | Legal | 1,000. | | 1,000. | |
| c d | Accounting Lobbying | 1,000. | | 1,000. | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | · |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 137. | | 137. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 20,138. | 20,138. | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 24 012 | 24 012 | | |
| 22 | Depreciation, depletion, and amortization | 24,813. | 24,813. | | |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | | | | |
| 24 | above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | amount not mile 246 expenses on Solieune o.) | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 62,874. | 61,737. | 1,137. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

-20,636.

574,966.

0. 32

33

34

595,602

595,602.

32

33

| | 990 (2013) Rotary Club of Salisbury Foundation, Inc | <u> 52-223</u> | <u>8099</u> | Pag | _{le} 12 |
|----|---|----------------|-------------|--------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u> 38</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 62 | , 8' | <u>74.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | , 6: | <u>36.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | <u>595</u> | ,6 | <u>02.</u> |
| 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 | <u> 574</u> | <u>, 9</u> (| <u>66.</u> |
| Pa | rt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u> </u> |
| | | | \ | ⁄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 | • O. | | - 1 | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | _X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | ŀ | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 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 separa | e basis, | | ļ. | |
| | 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 | ie 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 Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | | <u> X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | iired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form 9 | 90 (| 2013) |

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Inspection

Name of the organization

Employer identification number

| | | | Rotary | Club of Sali | sbury | Foun | datio | n, In | c | 5 | 2-2238 | 3099 | |
|------|-------------------------|---|---------------------------------------|--|--|---------------|-------------|---------------|---|--------------------|-------------|-------------|---------|
| Pa | rt I | Reason | for Public Char | ity Status (All organiz | ations mu: | st complet | e this par | t) See inst | tructions. | | | | |
| he (| organi | zation is not a | a private foundation | because it is: (For lines | through 1 | 11, check | only one b | ox.) | | | | | _ |
| 1 | | A church, co. | nvention of churche | s, or association of chur | ches desci | ribed in se | ction 170 | (b)(1)(A)(i) | L | | | | |
| 2 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 | 一 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | |
| • | | city, and stat | | | | p.10. 0000. | | | (2)(1)(7)(11 | ., | | | |
| 5 | | • | | benefit of a college or ur | niversity ov | vned or or | perated by | a governi | mental uni | t describ | ned in | | |
| • | | | (b)(1)(A)(iv). (Compl | | o.o.c, o. | | Jordiod Dy | u govoiiii | nontal and | . 0000112 | , OG 111 | | |
| 6 | | | | • | t describer | t in acatio | - 470/bV: | ()/A)/s.s | | | | | |
| 7 | Ħ. | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | | |
| • | | | b)(1)(A)(vi). (Comple | • | oi ita aupp | oit nom a | governme | ritai uriit C | n nom me | yenerar | public desc | Jibea III | |
| 8 | | - | | ection 170(b)(1)(A)(vi). | (Camplete | Dort II \ | | | | | | | |
| | $\overline{\mathbf{x}}$ | | | eives. (1) more than 33 | | | | hidiana m | | - f | | | |
| 3 | | | | | | | | | | | | | |
| | | | • | nctions - subject to certa | • | | • | | | | • | | |
| | | | | axable income (less sect | lion o i i ta | x) irom bu | Sillesses a | acquirea b | y ine orga | mization | arter June | 30, 1975. | |
| 10 | | | 509(a)(2). (Complete | • | at for aubli | o oofatu C | | - F00/-V/ | • | | | | |
| 14 | H | - | - | perated exclusively to te perated exclusively for the | • | - | | | • | | | of and ar | |
| • | | | | ations described in section | | | | | | | | | |
| | | | | organization and comple | | | | .) See Se(| Jeoe Hous | <i>a)</i> (3). ⊖⊓ | eck the box | (IIIai | |
| | | a Type I | · · · · · · · · · · · · · · · · · · · | | ype III - Fui | • | | | qvT 🔲 i | e III - No | n-functiona | lly integr | tod |
| _ | | | · · | at the organization is not | | • | - | | | | | , . | iteu |
| Ū | | | | han one or more publicly | | | | | | | | | |
| f | | | = | ten determination from t | | • | | | | <i>σ</i> (α)(1) Οι | occion oc | J(Q)(Z). | |
| • | | _ | rganization, check th | | | it it is a ry | po i, Typo | п, от турс | , ,,, | | | ſ | |
| g | | | • | organization accepted ar | ny aift or ca | antribution | from any | of the follo | owing ners | sons? | | | |
| 3 | | _ | | irectly controls, either al | | | - | | | | | Yes I | No |
| | | | | upported organization? | oo o. 10g | | p 0.000 | | () == (| , 55.51. | 11g(i) | | <u></u> |
| | | - | | n described in (i) above? | | | | | | | 11g(ii) | 1 1 | |
| | | | • | person described in (i) o | | e? | | | | | 11g(iii | | |
| h | | | • | about the supported or | • • | | | | | | | | |
| | | | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1-7 | | | | | | | |
| (i) | Name | of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Did you | u notify the | (vi) Is | the | (vii) Amour | t of monet | arv |
| ۱٠, | | nization | (11,7 2.11 | (described on lines 1-9 | in col. (i) listed in your organization in col | | ion in col. | | | | pport | uı y | |
| | • | | | | governing (| document? | (i) of you | r support? | Ü.S | .? | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
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| | Complete only if you checke fails to qualify under the tests | d the box on line 5 | 5, 7, or 8 of Part I o | or if the organization | | | |
|---------------|--|----------------------|------------------------|------------------------|--|---|---------------|
| Se | ction A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 201 | 3 (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | | | | | | | |
| 4 5 | Total. Add lines 1 through 3 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) | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | | |
| | ction B. Total Support | | | ı | 1 | T | |
| | endar year (or fiscal year beginning in) Amounts from line 4 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 201 | 3 (f) Total |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | 1 | | | | |
| | and income from similar sources | | | | | - | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | - | | <u> </u> | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 44 | assets (Explain in Part IV.) Total support, Add lines 7 through 10 | | | | | + | |
| | Gross receipts from related activities, | etc (see instructi | lone) | ! <u> </u> | | 12 | |
| | First five years. If the Form 990 is for | • | • | rd fourth or fifth t | av vear as a secti | | |
| | organization, check this box and stop | - | oot, 0000114, t | a, roarar, or mare | iax your ao a ooon | 011 00 1 (0)(0) | ▶□ |
| Se | ction C. Computation of Publ | | rcentage | ·· | ······································ | | |
| 14 | Public support percentage for 2013 (| line 6, column (f) d | livided by line 11, o | column (f)) | | 14 | % |
| | Public support percentage from 2012 | | • | | | 15 | % |
| 16a | a 33 1/3% support test - 2013. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or | more, check | this box and |
| | stop here. The organization qualifies | as a publicly supp | oorted organization | 1 | | | ▶□ |
| L | 33 1/3% support test - 2012. If the | • | | • | u iirie 15 is 33 i/3 | % or more, c | neck this box |
| 17- | and stop here. The organization qual a 10% -facts-and-circumstances tes | • | | | na 13 16a ar 16h | and line 14 | s 10% or more |
| 1/6 | and if the organization meets the "fac | - | - | | · | | |
| | meets the "facts-and-circumstances" | test The organiza | ation qualifies as a | publicly supporte | ed organization | | ▶ □ |
| t | 10% -facts-and-circumstances tes more, and if the organization meets ti | - | | | | | |

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) 2013 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)

| Sec | ction A. Public Support | | | | | | |
|------|--|--------------------------|---------------------|------------------------|---------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | İ | | |
| | ınclude any "unusual grants ") | 6,211. | 19,676. | 18,344. | 33,447. | 30,802. | 108, <u>4</u> 80. |
| 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 | 10,097. | 10,008. | 9,773. | 10,034. | 11,406. | 51,318. |
| 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 | 16,308. | 29,684. | 28,117. | 43,481. | 42,208. | 159,798. |
| 78 | Amounts included on lines 1, 2, and | İ | | | | | |
| | 3 received from disqualified persons | | | | | | 0. |
| t | 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 | Public support (Subtract line 7c from line 6) | | | | | | 159,798. |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | 16,308. | 29,684. | 28,117. | 43,481. | 42,208. | 159,798. |
| 10 | g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 25. | 24. | 30. | 79. |
| ŧ | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | 25. | 24. | 30. | 79. |
| 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) | 16,308. | <u>29,684.</u> | 28,142. | 43,505. | 42,238. | <u> 159,877.</u> |
| 14 | First five years. If the Form 990 is fo | r the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organı | zation, |
| _ | check this box and stop here | | | | | <u> </u> | <u> </u> |
| _ | ction C. Computation of Publ | | | | | <u> </u> | 00 05 |
| | Public support percentage for 2013 (| | | column (f)) | | 15 | 99.95 % |
| | Public support percentage from 2012 | | | | | 16 | 99.97 % |
| | ction D. Computation of Inve | | | | | I .= I | 0E % |
| 17 | Investment income percentage for 20 | • | | ne 13, column (f)) | | 17 | .05 % |
| 18 | | | | | 45 | 18 | .03 % |
| 19 | a 33 1/3% support tests - 2013. If the | | | | | | 17 is not ►X |
| | more than 33 1/3%, check this box a | | | | | | • |
| | b 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | | ara <u>riot orioon a</u> | | , | | | |

| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. | | | | | | | |
|--------------|---|--|--|--|--|--|--|--|
| | Also complete this part for any additional information. (See instructions). | | | | | | | |
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization

Employer identification number

Rotary Club of Salisbury Foundation, 52-2238099 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ┌ Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

| | | Club of Sa | | | | | | | <u>38099</u> | | <u>e 2</u> |
|------|---|------------------------|-------------|-----------------|-------------------|--------------------|---------------|------------|--------------|---------------|-------------|
| | t III Organizations Maintaining C | | | • | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check | any of the | following that a | are a sıgr | nificant i | use of its | collection | ıtems | |
| | (check all that apply)· | | _ | | | | | | | | |
| а | Public exhibition | d | ' ' | oan or excl | hange program | ns | | | | | |
| b | Scholarly research | e | . [_](| Other | | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further th | he organizatior | n's exemp | ot purpo | se in Pari | XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | sımılar a | ssets | | 7 | | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | | Yes | لبيا | <u>No</u> |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered "Y | es" to Fo | orm 990 | Part IV, I | ıne 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for o | contribution | is or other asse | ets not in | cluded | _ | ٦ | | |
| | on Form 990, Part X? | | | | | | | l | 」Yes | ш | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | illowing t | able. | | | | | | | |
| | | | | | | | | | Amount | | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | — |
| _ | Distributions during the year | | | | | | <u>1e</u> | | | | — |
| f | Ending balance | 000 B 1V I | 040 | | | | 1f | | ٦,, | $\overline{}$ | <u> </u> |
| | Did the organization include an amount on F | | | | | - 4 2/11 | | <u> </u> | 」Yes | \vdash | No |
| Par | If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete | | | | | | | | | | |
| I QI | t v Endowment i dilds. Complete | _ | | | (c) Two years | | | ears back | (e) Four | eare h | |
| 4 | Degunning of year balance | (a) Current year | (6) F | rior year | (C) I WU years | Dack (d | ј писе у | cais Dack | (e) i oui | rears be | 101 |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | — |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | — |
| e | Other expenditures for facilities | | | | 1 | | | | | | |
| | and programs | | | | | | | | - | | — |
| ' | Administrative expenses | | - | | | | | | | | — |
| g | End of year balance Provide the estimated percentage of the cur | rent vear end halan | ce (line 1 | a column (s | all held as: | | • | | | | |
| 2 | Board designated or quasi-endowment | rent year end balant | % % | y, coluitiii (a | a)) Heid as | | | | | | |
| a | Permanent endowment | % | | | | | | | | | |
| | Temporarily restricted endowment | ^% % | | | | | | | | | |
| C | The percentages in lines 2a, 2b, and 2c shot | | | | | | | | | | |
| 32 | Are there endowment funds not in the posse | • | ation tha | nt are held a | ind administere | ed for the | organiz | ation | | | |
| Oa. | by. | obolon or the organiz | anon me | | aria aariminotore | 34 101 1110 | , organia | | ٦ | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| h | If "Yes" to 3a(ii), are the related organization | s listed as required o | on Sched | fule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | • | | | | | | | | | |
| | t VI Land, Buildings, and Equipn | | | | | | | | | | |
| | Complete if the organization answere | |), Part IV | , line 11a S | see Form 990, f | Part X, lin | ne 10. | | | | |
| | Description of property | (a) Cost or o | | | or other | | umulate | ed | (d) Book | value | _ |
| | | basis (investi | | | (other) | ` ' | eciation | | | | |
| 1a | Land | | | 9 | 4,327. | | | | 94 | , 32 | 7. |
| ь | Buildings | | | | 8,168. | 1: | 17,5 | 99. | | ,56 | |
| c | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| | Other | | | 28 | 0,051. | 2 | 11,0 | 25. | 69 | ,02 | 6. |
| Tota | . Add lines 1a through 1e (Column (d) must e | equal Form 990. Part | X. colun | | | | | | 543 | ,92 | 2. |

| | (Form 990) 2013 Rotary Club | of Salisbur | y Foundatio | n, Inc | 52-2238099 Page 3 |
|-------------|---|-------------------------------|-------------------------|------------------|-----------------------------|
| Part VII | Investments - Other Securities. | | | | |
| | Complete if the organization answered "Yes" | | | | |
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of v | aluation: Cost | or end-of-year market value |
| (1) Financi | al derivatives | | | | |
| (2) Closely | -held equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | - | |
| (D) | | | | | |
| (E) | | _ | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| - | b) must equal Form 990, Part X, col. (B) line 12.) | · | | | |
| | Investments - Program Related. | ··· · ··· | | | |
| | Complete if the organization answered "Yes" | to Form 000 Port IV Jun | o 11a Soo Form 990 I | Part V line 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of v | aluation Cost | or end-of-year market value |
| | (a) bescription of investment | (b) Book value | (o) matrice or t | | |
| (1) | | | | - | |
| (2) | | | | | |
| (3) | · | | | | |
| (4) | | <u> </u> | - | | |
| (5) | | | . | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | <u> </u> | _ | <u>-</u> | |
| (9) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answered "Yes" | to Form 990, Part IV, III | e 11d See Form 990, | Part X, line 15. | |
| | (a) | Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | • | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | _ | |
| | umn (b) must equal Form 990, Part X, col (B) lin | ne 15) | · | | • |
| Part X | Other Liabilities. | | | ····· | |
| | Complete if the organization answered "Yes | to Form 990 Part IV Jir | e 11e or 11f See Forn | 990 Part X I | ine 25. |
| | (a) Description of liability | 10 1 01111 000,1 011 111, 111 | (b) Book value | | |
| 1. (4) 5- | | | (b) Book tailed | 1 | |
| | deral income taxes | | | 1 | |
| (2) | | | | 1 | |
| (3) | | | | - | |
| (4) | | | | { | |
| (5) | | | | ļ | |
| (6) | | | | 4 | |
| (7) | | | | 1 | |
| (8) | | | | 1 | |
| (9) | | | |] | |
| Total. (Col | umn (b) must equal Form 990, Part X, col. (B) lir | ne 25) | | | |
| | y for uncertain tax positions In Part XIII, provid | | e to the organization's | financial stater | nents that reports the |
| | zation's liability for uncertain tax positions unde | | | | |

Schedule D (Form 990) 2013

| | e D (Form 990) 2013 Rotary Club of Salisbury | / Foundation, | Inc 52-22380 | 99 Page 4 |
|------------|--|-------------------------------|---------------------------------------|------------------|
| Part 2 | [I Reconciliation of Revenue per Audited Financial Stat | ements With Reven | ue per Return. | |
| <u>'</u> | Complete if the organization answered "Yes" to Form 990, Part IV, line | 12a. | | |
| 1 To | tal revenue, gains, and other support per audited financial statements | <u>-</u> - | 1 | |
| 2 A | nounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| aN | et unrealized gains on investments | 2a | | |
| b D | onated services and use of facilities | 2b | | |
| c R | ecoveries of prior year grants | 2c | | |
| | her (Describe in Part XIII) | 2d | | |
| | ld lines 2a through 2d | | 2e | |
| | abtract line 2e from line 1 | | 3 | |
| | nounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | vestment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | her (Describe in Part XIII.) | 4b | | |
| | Id lines 4a and 4b | _ 4b | | |
| | | | 4c 5 | |
| | tal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) KII Reconciliation of Expenses per Audited Financial Sta | tements With Evner | 1 - 1 | |
| I alt | · · · · | | ises per netuin. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line | 12a. | | |
| | tal expenses and losses per audited financial statements | | <u> </u> | |
| | nounts included on line 1 but not on Form 990, Part IX, line 25 | 1 _ 1 | | |
| | nated services and use of facilities | 2a | | |
| | or year adjustments | 2b | | |
| _ | her losses | 2c | | |
| d O | her (Describe in Part XIII.) | _2d | | |
| e A | ld lines 2a through 2d | | 2e | |
| 3 S | btract line 2e from line 1 | | 3 | |
| 4 A | nounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | |
| a In | restment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b 0 | her (Describe in Part XIII.) | 4b | | |
| c A | ld lines 4a and 4b | | 4c | |
| 5 To | tal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 |) | 5 | |
| Part : | (III Supplemental Information. | | | |
| Provide | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | ; Part IV, lines 1b and 2b; F | Part V, line 4, Part X, line 2; | Part XI, |
| ines 2d | and 4b, and Part XII, lines 2d and 4b Also complete this part to provide an | y additional information | | |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Rotary Club of Salisbury Foundation, Inc. <u>52-2238099</u> 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: Explanation: The return is submitted to Board President and Treasurer for approval and signature before filing. Form 990, Part VI, Section C, Line 18: Explanation: Upon request Form 990, Part VI, Section C, Line 19: Explanation: Upon request