

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047 2013 Open to Public Inspection

Inter	nal Revenu	ue Service		<u> </u>	Information abo	out Form 9	90 and its instruction	ns is at www.	irs.gov/form990.		Inspection
Α	For the	2013 caler	ndar year, or t	ax year b	eginning 07	//01/2	L3 , and ending	06/30	/14		
В	Check if ap	oplicable C N	lame of organizatio	n S	ALISBURY-	ROWAN	ECONOMIC			D Employ	er identification number
$\bar{\sqcap}$	Address ch	· •		D	EVELOPMEN	T COM	ISSION				
H		· F	Doing Business As							56-	1442745
Ш	Name chan	nge 📖		or P.O. box ii	mail is not delivere	d to street ad	dress)		Room/suite		one number
$\prod$	Initial return	n							1		
H	Tammatad		204 EAST						J	/04	-637-5526
닏	Terminated		-		ountry, and ZIP or fo	_					
Ш	Amended r		SALISBURY			NC :	28144			G Gross rece	pts\$ 514,400
	Application	n pendina F N	lame and address	of principal of	ficer				letal la thia a an		bordinates? Yes X No
		,,,,,,,,							H(a) Is this a gr	oup return for su	tbordinates? Yes X No
									H(b) Are ail sul	bordinates indu	uded? Yes No
		ŀ							If "No.	" attach a list (	see instructions)
_	Tax-exem	not atatus	501(c)(3)	<b>X</b> 501(c	(4) ((	incort no \	4947(a)(1) or	527			
÷					ANWORKS.		4947(a)(1) 0i	327	——————————————————————————————————————		
<u></u>	Website		٦			<b>K</b> Other ▶	COMMISSIC	NRT .	H(c) Group exe	984	
K	Form of or		Corporation	Trust	Association	Other	COMMISSIC	IN IL	Year of formation	.704	M State of legal domicile NC
1 4	Part I	Sumi									<del></del>
	1 B	•	•		ssion or most s	•					
ø	1	TO PRO	MOTE ECOI	NOMIC	AND INDUS	TRIAL	DEVELOPMENT	' IN ROW	AN COUNTY,	NC.	
2	1										
3											
ě			ر بر السا								
င္ဟ	2 0			-			ations or disposed o	of more than	25% of its net as		4.4
ď	3 N	Number of vo	oting members	of the go	verning body (f	Part VI, lin	e 1a)			3	10
es	4 N	Number of in	dependent vot	ing memb	ers of the gove	erning bod	y (Part VI, line 1b)			4	10
Activities & Governance	5 T	Total numbe	r of individuals	employed	d in calendar ye	ear 2013 (I	Part V, line 2a)			5	4
둉	6 T	Total numbe	r of volunteers	(estimate	If necessary)					6	0
•		Total unrelat	ed business re	venue fro	m Part VIII, col	umn (C), I	ine 12			7a	0
					ne from Form 9	, ,.				7b	0
_	<del>  •</del>	ver difficiates	a business taxe	abic iricor	iic iioiii i oiiii c	750 1, mic	<u> </u>		Prior Ye		Current Year
	8 0	Contributions	s and grants (F	Part VIII li	ne 1h)					7,018	510,698
ž	9 F		• ,		•					.,	00
Revenue	1 40 5	J	ervice revenue (Part VIII, line 2g) it income (Part VIII, column (A), lines 3, 4, and 7d)							3,712	1,395
æ	10 11		•		` '	•	144.5			761	
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								2,307
							column (A), line 12)		53	1,491	514,400
	13 0	Grants and s	ıjmılar amounts	s paid (Pa	rt IX, column (A	4), lines 1-	-3)				20,000
	14 E	Benefits paid	is paid to or for members (Part IX, column (A), line 4)								0
Ş	15 S	Salaries, oth	er compensati	on, emplo	yee benef <sub>i</sub> t <del>e (F</del>	art X eq	uppro (A) Ziligas 5-10	Ŋ,	30	9,604	335,194
nses	16a F				K, column (A), l		C				0
<u>5</u> 20	. I ьт				column (D) lin		17 2014 G	₹ <b>1</b> 0			
Ĭ	17 (				, lines 11a-15		17 2014	<u>الم</u>	16	2,982	212,783
	10 7				ust equal Part		(A) line 25)	割		2,586	567,977
务	10 1				1	, column		_		8,905	-53,577
Ħ.	<u>၂၂၅ F</u>	revenue les	s expenses S	ubtract iin	e 18 from line	<del>" OG</del>	DEN, UT	<u></u>	Beginning of Cu		End of Year
ASSESSED NEW EXPE	일 20 T	Fotal accets	(Dort V. line 1)	۵۱	<u></u>					2,573	428,996
_%			(Part X, line 1)							2,3/3	420,990
	EI .		es (Part X, line	•					40	2 = 2	400 006
22 Net assets or fund balances Subtract line 21 from line 20 482,									4,5/3	428,996	
X1	Part II		ature Block								
											owledge and belief, it is
2	rue, corre	ect, and comp	lete Declaration	of prepare	or other than offi	cer) is base	d on all information of	which prepare	er has any knowled	ge	
			N carr	~ L	Dress	<u> </u>	_				
Si	gn	Signa	ture of officer	1,00		Λ.	•			Date	
	ere		DIANNE	ي ٪ (ج	areene	Cha	uman			/	1-14-14
• • •		Type	or print name and t		<del>,</del>	, ,,,,,		-		<del></del>	
_		Print/Type pre	narer's name	_		Preparer's	signature -		Date	Tasaa	nt PTIN
Pa	id						, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-10m		Check	□"
			iscoll, Jr.		1 6 7 1		riscoll, Jr	<b>)</b>	1	)/14 self-em	proyed
	eparer	Firm's name			.1 & Smi	τn, C	PAS PA			Firm's EIN	<u>-</u>
Us	e Only			Вож					7		
_		Firm's addres	s → Sa	lisbu	ry, NC	<u> 2814</u>	5-1327			Phone no	704-636-5211
Ma	ay the IR	RS discuss t	nis return with	the prepa	rer shown abov	e? (see in	structions)				X Yes No
		vork Reducti	on Act Notice,	see the se	parate instruction	ons.				,	Form 990 (2013)
DA	Α										D.C.

om 990 (2013) <b>S</b>	ALISBURY-ROWAN	ECONOMIC	56-1	1442745	Page 2
	tement of Program Services of School 19 Contain			Port III	
	eck if Schedule O contain	s a response or not	e to any line in this i	Part III	
	e the organization's mission.  TE ECONOMIC AND	INDUSTRIAL	DEVELOPMENT	IN ROWAN COUNTY,	NC.
prior Form 990	zation undertake any significan or 990-EZ? ibe these new services on Sch		g the year which were no	ot listed on the	Yes X No
3 Did the organiz	zation cease conducting, or ma	ke significant changes in	n how it conducts, any pr	ogram	Yes X No
4 Describe the o	organization's program service a	accomplishments for eac ganizations are required	to report the amount of	gram services, as measured by grants and allocations to others,	
4a (Code: ECONOMIC	) (Expenses \$ 5		grants of \$ IN ROWAN CO	20,000 ) (Revenue \$ UNTY, NC.	)
4b (Code.	) (Expenses \$	including	grants of \$	) (Revenue \$	)
		- <del></del>			
4c (Code	) (Expenses \$	ıncluding	g grants of \$	) (Revenue \$	)
` 					
	n services (Describe in Schedi				
(Expenses \$ 4e Total program	in service expenses ►	cluding grants of \$ 567,977	)	(Revenue \$	)

### Form 990 (2013) SALISBURY-ROWAN ECONOMIC 56-1442745 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, Х 5 Part III 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 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 14a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X

X

19

20a

If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

#### Form 990 (2013) SALISBURY-ROWAN ECONOMIC 56-1442745 Page 4 **Checklist of Required Schedules (continued)** Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 X 22 on Part IX, 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 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 disqualified persons? If so, complete Schedule L, Part II 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 X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 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, Parts II, III, 34 or IV, and Part V, line 1 34 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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

8 X Form **990** (2013)

37

X

37

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	-					
	Check if Schedule O contains a response or note to any line in this Part	V					
		1				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	_	<u>4</u>	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	L	0	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1				Ì
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ref	ums?			2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	e O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r author	rıty			1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other	inancial	I			ŀ	
	account)?				4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country. ▶				- 1		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financi	al Accou	unt	3.			- <u></u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	<del>                                     </del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?			5b_	├	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c	<del> </del>	· · ·
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the					
	organization solicit any contributions that were not tax deductible as charitable contributions?				<u>6a</u>	<del>                                     </del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or			6		1
_	gifts were not tax deductible?				6b	<u> </u>	-
7	Organizations that may receive deductible contributions under section 170(c).	r aaada			× 4'>		'
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	i goous	•		7a	>	
	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		1
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	wae .			'B	<del>                                     </del>	<del>                                     </del>
·	required to file Form 8282?	1443			7c	j	ł
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1.0		<b>†</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?		7e		**************************************
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file		399	as required?	7g		i
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supportin	3					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorii	ıg					<u></u>
	organization, have excess business holdings at any time during the year?				8		ļ
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		ļ
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	$\overline{}$		_	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	上		_		
11	Section 501(c)(12) organizations. Enter	ı	1				
а	Gross income from members or shareholders	11a	4		4		
þ	Gross income from other sources (Do not net amounts due or paid to other sources	İ					
	against amounts due or received from them )	11b			<del></del>	-	}
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	- 1			12a	<del> </del>	+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ц	<del> </del>	$\dashv$		ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				10-	<del> </del>	+-
а	Is the organization licensed to issue qualified health plans in more than one state?				13a	<del> </del>	+
_	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	125	, i				1
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13b	$\neg$	<u> </u>	$\dashv$		1
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	130	<u>.                                    </u>	<del></del> .	14a	+	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O			14b	+	+
		<del></del>				1	

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sec	e instr	uction	
	Check if Schedule O contains a response or note to any line in this Part VI			_ X _
Sec.	tion A. Governing Body and Management	— т		
	Enter the number of voting members of the governing body at the end of the tax year   1a   10	$\vdash$	Yes	No
1a	,	i i		į
	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  Enter the number of voting members included in line 1a, above, who are independent  1b 10			
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>x</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	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	X	
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
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>de.)</u>		
			Yes	No
10a	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, 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	X	<del> </del> ;
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	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,"	100	x	
40	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	х	
14	Did the process for determining compensation of the following persons include a review and approval by	14	45	
15	independent 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	<del></del>
_	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		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		l	
	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 ▶ None			
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 • Organization			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VII	Compensation of Officers, Director	s, Trustees, Key Employees	, Highest Compensate	d Employees, and
	Independent Contractors			

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

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

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

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both a	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DIANNE GREENE	0.50									
VICE CHAIRMAN	0.00	x		х		;		o	0	0
(2) STEPHEN KIDD	0.00	^	├─	_	<u> </u>	<del>                                     </del>				
(2) 5 1 2 1 1 2 1 1 2 1	0.50									
ľ	0.00	x						o	0	0
(3) PAUL A BROWN		Ť				H			,, ,	<del> </del>
`´	0.50	1								
	0.00	x						0	0	0
(4) PETE TEAGUE										
	0.50					1				
CHAIRMAN	0.00	X		X				0	0	0
(5) BRUCE D. JONES										
	0.50									
	0.00	X				$\sqcup$		0	0	0
(6) JAMES C GREENE						1				
	0.50							_	_	
TREASURER	0.00	X	_	X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$			0	0	0
(7) JOHN F LEATHERM					1	<b>!</b>				
	0.50	l								
	0.00	X	$\vdash$	_	_	$\vdash \vdash$		0	0	0
(8) CAROL S SPALDING										
CECDEMARY	0.50	x		x				_		
SECRETARY (9) DARLENE P BLOUNT	0.00	╀	╁	^	$\vdash$	+-+		0	0	0
(a) DWCTERE & DICON.	0.50									
	0.00	x						0	l	o
(10) JOHN H REEVES	0.00	<b>├</b>	$\vdash$	$\vdash$	$\vdash$	+		<u> </u>	<del>                                     </del>	
(10)COINT II ICELTED	0.50		l	İ						
	0.00	x						0	l	0
(11)		†	$t^-$	1		<del>                                     </del>				† <del>-</del>
DAA			•		•			·	<u> </u>	5orm 990 (2012)

2 Total number of independent contractors (including but not limited to those listed above) who	<u>Par</u>	(A) Name and title	(B) Average hours per week (list any	(do	o not o	Pos check ess pe	C) ition more erson i	than o	ne an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
(15)  (16)  (17)  (18)  (19)  (19)  (19)  (19)  (19)  (10)  (10)  (10)  (10)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (10)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (19)  (19)  (10)  (10)  (10)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (17)  (18)  (19)  (10)  (10)  (10)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (17)  (18)  (19)  (10)			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	organization and related
(16)  (17)  (18)  (19)  (19)  (19)  (19)  (19)  (19)  (10)  (10)  (10)  (10)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (18)  (19)  (19)  (19)  (19)  (10)  (10)  (10)  (11)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (19)  (19)  (10)	(12)											
(15)  (16)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (10)  (11)  (10)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (18)  (19)  (19)  (10)  (10)  (10)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (18)  (19)  (19)  (10)  (10)  (10)  (11)  (10)  (11)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (14)  (15)  (16)  (17)  (17)  (18)  (19)  (10)  (10)  (10)  (10)  (11)  (10)  (11)  (11)  (11)  (11)  (11)  (12)  (11)  (12)  (13)  (14)  (14)  (15)  (16)  (17)  (17)  (18)  (19)  (10)  (10)  (11)  (10)  (11)  (10)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (14)  (15)  (16)  (17)  (17)  (17)  (18)  (19)  (19)  (10)	(13)					:						
(16)  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total makes of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 1  3 Did the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1at II **Pres*, 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 and related organizations greater than \$150,000? If *Yes," complete Schedule J for such individual for services rendered to the organization? If *Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this stable for your live highest compensation from any unrelated organization or individual for services rendered to the organization? If *Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this stable for your live highest compensation from the organization or individual for services rendered to the organization? If *Yes," complete Schedule J for such person  (A)  Name and business addess  (C)  Name and business addess  2 Total number of independent contractors (including but not limited to those listed above) who	(14)											
(19)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines to and tc)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   1 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of individual   3 Total number of independent Contractors greater than \$150,000? If "Yes," complete Schedule J for such individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors of individual   3 Total number of independent Contractors (including but not limited to those listed above) who	(15)							<u> </u>				
16   Sub-total   C   Total from continuation sheets to Part VII, Section A	(16)											
15   Sub-total	(17)				-							
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from 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 steed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual so person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors 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)  Name and business address  Description of services  Compensation from the organization of independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year  (C)  Compensation from the organization of independent contractors that received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization's tax year  (A)  Description of services  Compensation from the organization of independent contractors (including but not limited to those listed above) who	(18)											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1  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 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 rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  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  (C)  Name and business address  Description of services  Compensation from the organization of independent contractors that received more than \$100,000 of compensation from the organization and or within the organization of services.  Compensation from the organization of services or compensation for the calendar year ending with or within the organization's tax year  (C)  Compensation from the organization of independent contractors (including but not limited to those listed above) who	(19)						<u> </u>					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1    Yes   Y	c	Total from continuation she	eets to Part VII,	Sect	ion .	 A	<u> </u>	<u> </u>	<b>&gt; &gt; &gt;</b>			
Bection B. Independent Contractors  Complete this table for your five highest compensation from the organization sendence to the organization of the calendar year ending with or within the organization's tax year  Total number of independent contractors (including but not limited to those listed above) who		Total number of individuals (ii				thos	se lis	sted a	abov	ve) who received more than	\$100,000 in	Yes No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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) Name and business address  (C) Compensation  Total number of independent contractors (including but not limited to those listed above) who		employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	" complete Sche	edule of re	J fo	r suc table	ch in	dıvidı npen	ual satıc	on and other compensation	from the	3 X
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)  Name and business address  Description of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who		Did any person listed on line for services rendered to the o	organization? If "	crue Yes,	com	pens nplet	satio te Sc	n froi chedu	m ar ule J	ny unrelated organization o I for such person	r ındıvıdual	
2 Total number of independent contractors (including but not limited to those listed above) who		Complete this table for your f compensation from the organ	ive highest comp	pensa	ated ens	ınde	pen for	dent the c	cont alen	dar year ending with or with	nin the organization's tax ye	
2 Total number of independent contractors (including but not limited to those listed above) who		Name an	(A) d business address						+	Descri	(B) otion of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who						•						
2 Total number of independent contractors (including but not limited to those listed above) who												
2 Total number of independent contractors (including but not limited to those listed above) who			<del></del>	_					-		· · · · · · · · · · · · · · · · · · ·	
	2	Total number of independent received more than \$100,000	t contractors (inc	ludin	g bu	t not	l limi gani	ited to zatio	tho	ose listed above) who	0	Form <b>990</b> (2013)

Pa	rt VI	Statement of Rev Check if Schedule	enue O cor	ntains a	response o	r note to any line i	in this Part VIII		П
				12010		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t ts	1a	Federated campaigns	1a			-	Tevendo		5,251,
	b	Membership dues	1b						
۵۶۱	-	Fundraising events	1c						
E A	4	Related organizations	1d						
2	e	· · · · · · · · · · · · · · · · · · ·	1e		503,198				
Sig	f				999,120				, i
풀힐	•	and similar amounts not included above	1f		7,500				
콥팅	q	Noncash contributions included in lines		\$	.,,,,,				
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f		Ψ	<b>•</b>	510,698			
e					Busn. Code		a contract with the		
<u> </u>	2a								
» Re	b								
ξį	C								
Ser	d								
ᇤ	е					_			
ğ	f	All other program service rev	/enue						
<u>=</u>		Total. Add lines 2a-2f			<b>•</b>				
	3	Investment income (includin	g dıvıde	nds, intere	est,				
		and other similar amounts)			▶	1,395			1,395
	4	Income from investment of t	ах-ехеп	pt bond p	oroceeds ►		·		
	5	Royalties		,	<u> </u>				
		(ı) Real		(11)	Personal				
	6a	Gross rents							
	b	Less rental exps		ļ					
	С	Rental inc. or (loss)		<u> </u>					managanana sama at an ann ann an an
	_d	d Net rental income or (loss)  7a Gross amount from (i) Securities (ii) Other sales of assets							
	/a								
		other than inventory		1					
	b	Less cost or other				·			
		basis & sales exps		<u> </u>					
	С	Gain or (loss)		l				<del></del>	
	d	• , ,			<b>•</b>				
<u>o</u>	8a	Gross income from fundraising e	vents		i				
en .		(not including \$		1					
ě	l	of contributions reported on line	1c)						
Ē		See Part IV, line 18	а	<b></b>					
Other Revenue		Less: direct expenses	b						
Ū		Net income or (loss) from fu		ig events	<b>•</b>				
	9a	Gross income from gaming activ	ities						
	ļ	See Part IV, line 19	а						
		Less. direct expenses	b					*	
		Net income or (loss) from ga		ctivities	<u> </u>		<u> </u>		
	10a	Gross sales of inventory, les							
		returns and allowances	a						
	1	Less. cost of goods sold	b						†
	⊢ <u>c</u>	Net income or (loss) from sa Miscellaneous Reveni		nventory	Busn, Code				
	-		ne		Busn. Code	1,247	1,247		
	11a	_				630			1
	b		come		<del></del>	430	<del> </del>		<del>                                     </del>
	C					430	430		
	d				<b></b>	2,307			<del>                                     </del>
	12	Total. Add lines 11a-11d  Total revenue. See instruc	tions			514,400		-0	1,395
	12	TOTAL LANGUAGE DESTRUCTION	แบบร			314,400	2,307	<u> </u>	<u> </u>

Part IX | Statement of Functional Expenses

Do no	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	20,000	20,000		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				~
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
e	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	250,067	250,067	<del></del>	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	23,759	23,759		
9	Other employee benefits	38,820	38,820		
10	Payroll taxes	22,548	22,548		
11	Fees for services (non-employees):				
а	Management				
b	Legal	4 705			
С	Accounting	4,725	4,725		
d	Lobbying		, .		
e	Professional fundraising services. See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees				
g	Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,479	12,479		
12	Advertising and promotion	74,461	74,461		
13	Office expenses	6,530	6,530		
14	Information technology	•			
15	Royalties				
16	Occupancy	19,933	19,933		
17	Travel	13,807	13,807		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40.000	12.000		
19	Conferences, conventions, and meetings	13,099	13,099		
20	Interest "Interest				<u> </u>
21	Payments to affiliates	2 057	3,857		-
22	Depreciation, depletion, and amortization	3,857 4,871	4,871		<del> </del> -
23 24	Insurance Other expenses Itemize expenses not covered		3,0/1		
47	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				<u></u>
а	Duke Site Development exp	37,510	37,510		
b	Communication expense	11,662	11,662		
c	Country Club expense	3,341	3,341		
d	Membership dues	1,756	1,756		
е	All other expenses	4,752	4,752		ļ
25	Total functional expenses. Add lines 1 through 24e	567,977	567,977	<u>0</u>	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)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 22,740 68,393 Cash-non-interest bearing 452,674 354,037 2 Savings and temporary cash investments 3 3 Piedges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 105,635 other basis. Complete Part VI of Schedule D 10a 7,159 6,566 99,069 10b 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 482,573 428,996 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Fund Balances complete lines 27 through 29, and lines 33 and 34. 226,971 211,548 27 Unrestricted net assets 255,602 217,448 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ Assets or complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Net 32 Retained earnings, endowment, accumulated income, or other funds 32 482,573 428,996 33 33 Total net assets or fund balances 482,573 428,996 Total liabilities and net assets/fund balances

Form **990** (2013)

Form	990 (2013) <b>SALISBURY-ROWAN ECONOMIC</b> 56-1442745			Pa	ge <b>12</b>					
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)				400					
2	Total expenses (must equal Part IX, column (A), line 25)	2			977					
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>53,</u>	<u>577</u>					
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								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1								
	33, column (B))	10	4	<u>28,</u>	996					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII			_						
				Yes	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			ž . ~	1					
	Schedule O			<u> </u>						
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		Į.	,						
	reviewed on a 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	ļ					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	ļ					
	separate basis, consolidated basis, or both		. * .	. ,	Ç >					
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>					
	If the organization changed either its oversight process or selection process during the tax year, explain in		3,4	>	¥ *					
	Schedule O									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1							
	the Single 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									
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1					

Form **990** (2013)

## **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

56-1442745

Department of the Treasury Internal Revenue Service

▶ Information about Schedule C (Form 990 or 990-EZ) and its ➤ See separate instructions.

instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

DEVELOPMENT COMMISSION

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4	), (5), or (6) organizations. Complete Part III.	 
Name of organization	SALISBURY-ROWAN ECONOMIC	Employer identification number

Par	t I-A Complete if the organization is exem			n 527 organizatio	n.
1 2	Provide a description of the organization's direct and indirect Political expenditures	ct political campaign activities i	in Part IV.	<b>▶</b> \$	
3	Volunteer hours				
Par	t I-B Complete if the organization is exem	pt under section 501(c)	(3).	·-····································	
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exem			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt func	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu-	ted to other organizations for s	ection	<b>.</b>	
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2 Ent	er here and on Form 1120-PO	<b>L</b> ,	<b>.</b> .	
	line 17b	0		▶ \$	□ Vac □ No
4	Did the filing organization file Form 1120-POL for this year			and the subschibe filing	Yes No
5	Enter the names, addresses and employer identification nu				
	organization made payments For each organization listed,				
	the amount of political contributions received that were pro as a separate segregated fund or a political action commit				
			(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)			<del> </del>		- ·
(')				ł	
(2)		·			
(-)					
(3)					
			<u> </u>		<u> </u>
(4)					
(5)					
(6)					
For I	Paperwork Reduction Act Notice, see the Instructions for Form	1 990 or 990-EZ.		Schedule C (Fo	l orm 990 or 990-EZ) 2013

	obbying Expendit	ures During 4-Year	<b>Averaging Period</b>	<del> </del>	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d)</b> 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

_	(election under section 501(h)).	1	3)		(b)		
or o	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	<u>'</u>	"		(6)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of	_					
а	Volunteers?						,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
ŀ	Other activities?						
j	Total Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				·····		
þ	If "Yes," enter the amount of any tax incurred under section 4912		`~				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			>			
<u>Pa</u>	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	501(c)(5),	or se	ection			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less:				2	X	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?	_			3	Х	X
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B   Complete if the organization is exempt under section 501(c)(4), section 5				3		Х
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		х
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."				3		X
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No				3		x
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."		) Par		3		x
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Ne answered "Yes."  Dues, assessments and similar amounts from members		) Par		3		X
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B Complete if the organization is exempt under section 501(c)(4), section 5  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		) Par		3		Х
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		) Par		3		х
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		) Par 1 2a 2b 2c		3		х
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Neanswered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		) Par		3		х
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Ne answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year		) Par 1 2a 2b 2c		3		x
2 3 Pa 1 2	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Neanswered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		) Par 1 2a 2b 2c 3		3		<b>x</b>
2 3 Pa 1 2	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Ne answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		) Par 1 2a 2b 2c 3		3		<b>x</b>
2 3 Pa 1 2 2 3 4	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Neanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		) Par 1 2a 2b 2c 3		3		

Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2013

SALISBURY-ROWAN ECONOMIC

56-1442745

Page 4

Part IV Supplemental Information (continued)

# SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

2013 Open to Public

Inspection

OMB No 1545-0047

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

lame of the or	·		Employer identifica	ation number
	SBURY-ROWAN ECONOMIC		56-1442	745
Part I	OPMENT COMMISSION Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to			<i>1 = J</i>
	Complete ii the organization anowords 100 kg	(a) Donor advised funds	(b) Funds	and other accounts
1 Total	number at end of year			
	egate contributions to (during year)			
-	egate grants from (during year)			
•	egate value at end of year			
	ne organization inform all donors and donor advisors in writing	that the assets held in donor advised		
	are the organization's property, subject to the organization's			Yes No
	ne organization inform all grantees, donors, and donor advisors			
only f	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose		
confe	erring impermissible private benefit?	·······		Yes No
Part II				
	Complete if the organization answered "Yes" to	<del></del>		
	ose(s) of conservation easements held by the organization (ch			
<b>—</b>	Preservation of land for public use (e.g., recreation or education			1
$\vdash$	Protection of natural habitat	Preservation of a certified histo	oric structure	
	Preservation of open space	the form of the second second		
	plete lines 2a through 2d if the organization held a qualified coi	nservation contribution in the form of a con		A the End of the Tay Yes
	ment on the last day of the tax year.		<del>- 1</del>	t the End of the Tax Yea
	number of conservation easements		2a   2b	
	acreage restricted by conservation easements	uncluded in (a)	2c	<del></del>
	ber of conservation easements on a certified historic structure	• •	20	
	ber of conservation easements included in (c) acquired after 8/ ric structure listed in the National Register	17700, and not on a	2d	
	ber of conservation easements modified, transferred, released	extinguished or terminated by the organi		
	ear	, oxtinguished, or terminated by the organi	Lation daming the	
•	ber of states where property subject to conservation easement	t is located >		
	s the organization have a written policy regarding the periodic n			
	tions, and enforcement of the conservation easements it holds			Yes No
	and volunteer hours devoted to monitoring, inspecting, and en		e year	
<b>•</b>	<b>3</b> , , <b>3</b> ,	, and the second		
7 Amo	unt of expenses incurred in monitoring, inspecting, and enforci	ng conservation easements during the yea	ır	
▶\$		•		
8 Does	s each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170(h)(4)(E	3)	
(ı) ar	nd section 170(h)(4)(B)(ii)?			Yes No
9 In Pa	art XIII, describe how the organization reports conservation eas	sements in its revenue and expense staten	nent, and	
balar	nce sheet, and include, if applicable, the text of the footnote to	the organization's financial statements tha	t describes the	
	nization's accounting for conservation easements		0: :: 4	
Part III	Organizations Maintaining Collections of A Complete if the organization answered "Yes" to		r Similar Asse	ets. 
1a If the	e organization elected, as permitted under SFAS 116 (ASC 958	3), not to report in its revenue statement ar	d balance sheet	
work	s of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of	
publi	ic service, provide, in Part XIII, the text of the footnote to its final	ancial statements that describes these item	ns.	
<b>b</b> If the	e organization elected, as permitted under SFAS 116 (ASC 958	3), to report in its revenue statement and b	alance sheet	
work	s of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of	
publi	ic service, provide the following amounts relating to these item	s.		
(i) I	Revenues included in Form 990, Part VIII, line 1		▶ \$	
(ii) <i>i</i>	Assets included in Form 990, Part X		▶ \$	
2 If the	e organization received or held works of art, historical treasures	s, or other similar assets for financial gain,	provide the	
follo	wing amounts required to be reported under SFAS 116 (ASC 9	958) relating to these items:		
a Reve	enues included in Form 990, Part VIII, line 1		▶ \$	

3a(i)	
3a(ii)	
3b	

#### Part VI Land, Buildings, and Equipment.

Complete ir the organiza	tion answered "Yes" to Fo	in 990, Fait IV, line I i	ia. See Fuilli 990, Fai	LA, IIIIE IU.
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depredation	
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		22,000	22,000	
d Equipment		83,635	77,069	6,566
e Other				
Total. Add lines 1a through 1e (Column (d) m	ust equal Form 990, Part X, colu	ımn (B), line 10(c) )	<b>•</b>	6,566

DAA

Schedule D (Form 990) 2013

Part VII	Investments—Other Securities.		50-1442/45	Page :
	Complete if the organization answered "Ye			
•	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
1) Financial d	derivatives			
2) Closely-he	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12.)			·
Part VIII	Investments—Program Related.	•		
	Complete if the organization answered "Ye			
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				·
(2)				
(3)				
(4)				
(5)			_	
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.  Complete if the organization answered "Yes	es" to Form 990, Part IV, lir	ne 11d. See Form 990, Pa	art X, line 15.
	(a) Descrip			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.  Complete if the organization answered "Ye line 25.	es" to Form 990, Part IV, li	ne 11e or 11f. See Form	990, Part X,
1.	(a) Description of hability	(b) Book value		
	Income taxes	1-7-5511225	┥	
	Thicome taxes		<del></del>	
(2)			$\dashv$	
(4)			$\dashv$	
			-	
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)			-	
(9)	(h)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	the feetnate to the construction	o financial statements that same	eta tho
•	r uncertain tax positions. In Part XIII, provide the text of			
organization's	s liability for uncertain tax positions under FIN 48 (ASC	140). Offect here if the text of th	e roomote nas been provided in	I FAIL AIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2013 SALISBURY-ROWAN ECONOMIC

56-1442745

Page 5

Part XIII Supplemental Information (continued)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

**Opén to Public** 2013 Inspection

Employer identification number \* ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. SALISBURY-ROWAN ECONOMIC Department of the Treasury Internal Revenue Service Name of the organization (Form 990)

DEVELOPMENT COMMISSION	SION					26	56-1442745	
Part I General Information on Grants and Assistance	Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ne amount of the g nce? nitoring the use of	rants or ass prant funds	istance, the grantees'	eligibility for the grant	s or assistance, an	ַם	Yes	No No
CG .	vernments an	<b>d Organi</b> han \$5,00	zations in the Un	ited States. Com	plete if the orgaional space is n	anization answ ieeded.	Organizations in the United States. Complete if the organization answered "Yes" to Form 990, an \$5,000. Part II can be duplicated if additional space is needed.	. '066
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	tu
(1) UFP Atlantic Division, LLC 358 Woodmill Rd SALISBURY NC 28147			10,000				Duke Energy Grant	ant
se II, LLC g Meadow Dr NC			10,000	3			Duke Energy Grant	ant
(4)								
(5)								
(9)								•
ω				:				•
(8)								
(6)								
2 Enter total number of section 501(c)(3) and government organizations listed	organizations lister	In the line 1 table	1 table			: :	•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule ! (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2013) SALISBURY-ROWAN ECONOMIC Part III

(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance ~ က ນ φ

Part IV

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection<sup>e</sup>

Internal Revenue Service Name of the organization

Department of the Treasury

SALISBURY-ROWAN ECONOMIC DEVELOPMENT COMMISSION

56-1442745

Form 990, Part VI, Line 7a - Election of Members and Their Rights Appointed by various govertmental entities which comprise the members of the organization.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Reviewed by Treasurer prior to filing

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board memebers sign agreement to disclose any confict when assume position.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Yes

Form 990, Part VI, Line 15b - Compensation Process for Officers Yes

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation On request

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No <u> 179</u>

Name(s) shown on return

SALISBURY-ROWAN ECONOMIC

Identifying number

	DEVELOR	MENT COMMI	SSION				<u> 56-</u>	<u> 144:</u>	<u> 2745                                     </u>
	ss or activity to which this form relates								
	direct Depreciati		anti Hadan Caa	No. 170					<del></del>
٢a	rt I : Election To Expen Note: If you have a	•	-		omnl	oto Part	ı		
4			, complete Part	v belole you c	Unipi	ele rail	1.	1	500,000
1	Maximum amount (see instructions	•	o inotriotional					2	
2	Total cost of section 179 property			atri intigana)				3	2,000,000
3	Threshold cost of section 179 prop Reduction in limitation Subtract lir			structions)				4	2/000/000
4 5	Dollar limitation for tax year Subtract lin			ed filing congretely	caa inct	ructions		5	
<u>5</u> 6	(a) Description		riess, enter or ir main	(b) Cost (business use			Elected cost		
<u> </u>	(4) 2001			(-) (	,,	, , ,			
				••					
7	Listed property. Enter the amount	from line 29	<u></u>		7				
8	Total elected cost of section 179 p		ts in column (c). lines	s 6 and 7		<u> </u>		8	
9	Tentative deduction Enter the sm							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Enter	•		than zero) or line	5 (see	instruction	ns)	11	
12	Section 179 expense deduction. A		•	•				12	
13	Carryover of disallowed deduction			_	13				
Note	Do not use Part II or Part III below	for listed property I	nstead, use Part V.						
Pa	rt II   Special Depreciati	on Allowance a	nd Other Depre	ciation (Do n	ot inc	lude liste	ed prope	rty. <b>)</b> (	See instructions.)
14	Special depreciation allowance for	qualified property (c	ther than listed prop	erty) placed in se	rvice				
	during the tax year (see instruction	ns)						14	
15	Property subject to section 168(f)(	1) election						15	
16	Other depreciation (including ACR							16	3,857
Pa	rt III   MACRS Depreciat	<b>ion (Do not</b> inclu			<u>iction</u> :	s.)			
			Section	n A		_			
17	MACRS deductions for assets pla	ced in service in tax	years beginning befo	ore 2013				17	
18	If you are electing to group any assets placed							<u> </u>	
	Section B—A	· · · · · · · · · · · · · · · · · · ·	rvice During 2013 T	T	1	erai Depre	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only-see instruction	use	(e) (	Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property	1							
С	7-year property	1			↓				
<u>d</u>	10-year property								
е	15-year property				-				·
f_	20-year property		-		+		-		
	25-year property			25 yrs.	1		S/L		<del></del>
h	Residential rental			27 5 yrs.	-	MM	S/L		
	property			27 5 yrs.	1	MM	S/L		
i	Nonresidential real		-	39 yrs.	<del>                                     </del>	ММ	S/L		
	property		1			MM	S/L		
	······································	sets Placed in Serv	vice During 2013 Ta	x year Using the	Altern	ative Dep	1	Syster	m
<u>20a</u>		-	<u> </u>		+		S/L		
	12-year		<del> </del>	12 yrs	+		S/L		<del></del>
	40-year	l	L	40 yrs		MM	S/L		<u> </u>
	art IV Summary (See ins							64	
21	Listed property. Enter amount from		Bass 40	shamon delta i della	. 04 -	_1		21	
22	Total. Add amounts from line 12,					nter nere			2 05
00	and on the appropriate lines of yo	•	•		1S	_		22	3,857
23	For assets shown above and place	•	me current year, ent	er me	22				
	portion of the basis attributable to	SECTION 200A COSTS			23	1			L <u>-</u>