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Form 990

SCANNED NFC 2 3 2015

Department of the Treasury Internal Revenue Service

Extended to February 16, 2016

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.lrs.gov/form990.

Open to Public Inspection

<u> </u>	or the	2014 calendar year, or tax year beginning JUL 1, 2014 and	ت ending	<u>UN 30, 2015</u>	
B c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres: change	Rotary Club of Salisbury Foundation, 1	Inc	+	
	Name change			52-2	238099
느	Initial return	1 '	Room/suite	E Telephone number	
Ш	Final return/ termin-	PO Box 735			572-5571
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	78,501.
\vdash	⊒return ∃Applica	Salisbury, MD 21803		H(a) Is this a group re	
_	⊒tiòn pending	IF name and address of principal officer Terrance Greenwood	210	for subordinates	
	ax-exe	mpt status: X 501(c)(3)		H(b) Are all subordinates in	list. (see instructions)
	_	e: ▶ www.rotarysalisbury.org	<u> </u>	H(c) Group exemption	,
		organization: X Corporation Trust Association Other	L Year		State of legal domicile; MD
		Summary	1		, otato or rogal dormono, 122
e	1 E	Briefly describe the organization's mission or most significant activities. Maint	tenand	ce of commun	ity center
Activities & Governance		for use by charitable and non-profit comm			
ern	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	6
& (Number of independent voting members of the governing body (Part VI, line 1b)		4	6
ties		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
tivi		Total number of volunteers (estimate if necessary)		6	0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	ВГ	Net unrelated business taxable income from Form 990-T, line 34		7b Prior Year	0.
	8 (Contributions and grants (Part VIII, line 1h)		30,802.	Current Year 46,628.
Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.
eVe.		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	30.	34.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,406.	10,767.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,238.	57,429.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,786.	43,437.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u>0.</u>
ğ		Total fundraising expenses (Part IX, column (D), line 25)	0.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,088.	43,194.
		Total expenses. Add lines 13-17 (must.equal Part-IX-column-(A), line 25)		62,874.	86,631.
S	_19 F	Revenue less expenses. Subtract line 18 from line 12		-20,636.	-29,202.
ance	20 7	Fotal assets (Part X, line 16)	Be	eginning of Current Year 574,966.	End of Year 545, 764.
t Assets or I		Fotal liabilities (Part X, line 26). DEC 3 7 2015		0.	<u> </u>
- Set		Net assets or fund balances Subtract line 21 from line 20		574,966.	545,764.
Pa	rt II	Signature Block	.	3/1/3000	31377011
Unde	er penal	ties of perjury, I declare that I have-examined this return, including accompanying schedules	s and staten	nents, and to the best of m	knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare	r has any knowledge.	· · · · · · · · · · · · · · · · · · ·
		Janan Thum		12/	3/15
Sigr	ו ו	Signature of officer		Date	
Her	e	Terrance Greenwood, President			
		Type or print name and title		Data Tay C	DTIN
D=:-4		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	F	R. Stanley Morris, CPA	PA	setf-employe	
Prep Use	F	Firm's name R. Stanley Morris, CPA P.C.		Firm's EIN	32-0446322
- oc	J.11.3	Firm's address 1325 Mt. Hermon Road, Ste. 10A Salisbury, MD 21804		Dhone no A1	0-546-1355
—— Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		T FILLION HO. 4.1	Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014) 1-07-14 LHA For Paperwork Reduction Act Notice, see the separate Instructions.

See Schedule O for Organization Mission Statement Continuation

Porm	990 (2014) Rotary Club of Salisbury Foundation, Inc 52-2238099 Page 2 t III Statement of Program Service Accomplishments
rai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	To provide a community center for charitable purposes; and to support
	charitable service projects.
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4 a	(Code) (Expenses \$ 42,086. including grants of \$) (Revenue \$) (Revenue \$)
	Maintenance of a community center to be used solely for non-profit and charitable purposes to benefit surrounding communities
	charitable purposes to benefit surrounding communities
4h	/o
4b	(Code) (Expenses \$43,437. including grants of \$43,437.) (Revenue \$) Support of charitable service projects and other community charities
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4b	Support of charitable service projects and other community charities
	Support of charitable service projects and other community charities
	Support of charitable service projects and other community charities
	Support of charitable service projects and other community charities
	Support of charitable service projects and other community charities
4c	Support of charitable service projects and other community charities (Code)(Expenses \$

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng 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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, 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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,		3.5	
_	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		X
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		Λ_
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> X</u>
U	in 195 to line 20a, did the organization attach a copy of its addited illiancial statements to this fetum?	20b Form	990	2014\
				_ U 1 → }

	t ·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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 "Yes,"			
	complete Schedule L, Part II	26		X
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	1		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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_		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(001.1)
		⊢orm	ッサ ∪ ((2014)

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

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

Form 990 (2014)

X

12a

13a

14a

14b

11b

12b

13b

13c

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

	Check if Schedule O contains a response or note to any line in this Part VI				LX.					
<u>Sec</u>	tion A. Governing Body and Management									
		1 1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a (<u>5</u>							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5							
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		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5_		Х					
6	Did the organization have members or stockholders?		6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint 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	ar by the following:								
а	The governing body?		8a	X						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached 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 F	Revenue Code)								
				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 of	hapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	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					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe								
	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 approve	-								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision)								
а	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>					
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 arrange	ment with a								
	taxable entity during the year?		16a		_X_					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	inization's								
<u></u>	exempt status with respect to such arrangements?		16b							
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MD	T (01 504) \(\frac{1}{2} \)								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (Section 501(c)(3)s only)	availab)I O						
	for public inspection. Indicate how you made these available. Check all that apply	o in Oakarti (= O)								
40		n in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	omiliet of interest policy, ar	id tinan	cial						
~	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's be	DOKS and records.	_							
	R Stanley Morris, CPA - 410-546-1355									
	- 1979 MIL DEFINION BUT STELL THE SHILL BUTTY MILL FIXUA	4								

orm 990 (2014)	Rotary	Club of	Salisbury	Foundation,	Inc	52-2238099	Page 7
Part VII Componentio							

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than on			l than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or direction institutional trustee Officer Key employee Highest compensated employee Former	the organization (W-2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) Hugh Livingston	2.00								_	_
Director	0.00	X						0.	0.	0
(2) Marie Calafiura	2.00	ł						•		
Director		X						0.	0.	0
(3) Gordon Gladden	2.00		!					0		•
Director	2.00	X				 -		0.	0.	0
(4) Jack Heath	2.00	. ,								•
Director	7 00	X	\vdash			-		0.	0.	0
(5) Terry Greenwood	7.00	┨		x				•	•	•
President	4.00			Λ				. 0.	0.	0
(6) Michael Bloxham Secretary/Treasurer	4.00	┨		x				0.	0.	.0

_	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
е	Government grants (contribut	ions) 1e	<u>-</u>				
f	All other contributions, gifts, gran	its, and					
	similar amounts not included abo	ve 1f	46,628.				
g	Noncash contributions included in lines	1a-1f \$:	
<u>h</u>	Total. Add lines 1a-1f		<u> </u>	46,628.			
			Business Code				
2 a							
b							
С							
d							
е							
f	All other program service reve	enue		· ==			
	Total. Add lines 2a-2f		>				
3	Investment income (including	aiviaenas, inter		34.			34.
	other similar amounts)	v avamnt band i	araaaada 🕨	34.			34.
4	Income from investment of ta	x-exempt bond p	broceeds				
5	Royalties	(ı) Real	(ii) Personal				
6 a	Gross rents	(i) Neai	(ii) Fersonai				
b			 				
c	D (1		 				
	Net rental income or (loss)	L					
	Gross amount from sales of	(i) Securities	(II) Other				
	assets other than inventory	(7	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ь	Less cost or other basis						
	and sales expenses					!	
С	Gain or (loss)						
d	Net gain or (loss)		•				
8 a	Gross income from fundraisin including \$	g events (not of					
	contributions reported on line	1c). See					
	Part IV, line 18	a					
b	Less direct expenses	b					
	Net income or (loss) from fund	-	>				
9 a	Gross income from gaming a	ctivities. See					
	Part IV, line 19	а	·				
	Less. direct expenses	b	· L				
	Net income or (loss) from gan	-	<u> </u>				
10 a	Gross sales of inventory, less						
	and allowances	a					
	Less cost of goods sold	b	21,072.	10 565			10 565
С	Net income or (loss) from sale	-		10,767.			10,767.
	Miscellaneous Revenu		Business Code				
11 a				<u> </u>			
b			-				
C	All other revenue		-				
_	Total. Add lines 11a-11d						
	Total revenue See instructions.			57,429.	0.	0.	10,801.
12 9 -14	TOTAL TEACHING SEC HISH DEHOLIS.			JI,443.	<u> </u>		Form 990 (2014)

<u>-omi 99</u> 0 (2014)	
Dod IV	Chahar	

Part IX Statement of Functional Expense	S
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<u> </u>	Check if Schedule O contains a respons			прівсе соштіп (А)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	43,437.	43,437.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management				
b	Legal				
C	Accounting	1,000.		1,000.	
d	Lobbying	•		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	108.		108.	
14	Information technology				
15	Royalties	1 - 1 - 1			
16	Occupancy	17,273.	17,273.		
17	Travel				
18	Payments of travel or entertainment expenses				
4.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	24,813.	24,813.		
23	Insurance	24,013.	24,013.		
24	Other expenses. Itemize expenses not covered				
	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.)				
a				-	
b					
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	86,631.	85,523.	1,108.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization		<u> </u>		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 31,044. 26,655. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment, cost or other 872,546. basis. Complete Part VI of Schedule D 10a 353,437. b Less, accumulated depreciation 10b 543,922. 10c 519,109. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 574,966. 545,764 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 0. 0. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. 0. 32 Retained earnings, endowment, accumulated income, or other funds 32 574,966. 545,764. 33 Total net assets or fund balances 33

> 545,764. Form 990 (2014)

Total liabilities and net assets/fund balances

574,966.

	990 (2014) Rotary Club of Salisbury Foundation, Inc	52-223	<u>8099</u>	Pa	ge 12
Pa	t 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> 29.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	6,6	<u>31.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>02.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>57</u>	<u>4,9</u>	<u>66.</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	54	5,7	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Щ</u>
				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 Schedule	0			
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 reviewed	a no t			
	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 separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		{

432012 11-07-14

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Rotary Club of Salisbury Foundation. 52-2238099 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) \mathbf{x} An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1.9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	!					
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to		1				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	-		•	<u> </u>	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4				1		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			İ			
	business is regularly carried on						
10	Other income Do not include gain						•
	or loss from the sale of capital			1			
	assets (Explain in Part VI.)					İ	
11	Total support. Add lines 7 through 10						-
	Gross receipts from related activities,	etc. (see instruct	ions)	•	•	12	
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax year as a secti		
	organization, check this box and stor	here			•	,	▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	livided by line 11,	column (f))		14	
15	Public support percentage from 2013	Schedule A, Part	t II, line 14			15	
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatioi	n			►□
b	33 1/3% support test - 2013. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	% or more, check tl	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the orc	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop i	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2013. If the orç	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	ımstances" test, c	heck this box and	stop here. Expla	in in Part VI how the	•
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s >
					Sch	edule A (Form 990	or 990-EZ) 20

Schedule A (Form 990 or 990 EZ) 2014 Rotary Club of Salisbury Foundation, Inc52-2238099 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	19,676.	18,344.	33,447.	30,802.	46,628.	148,897.
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	10,008.	9,773.	10,034.	11,406.	10,767.	
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	29,684.	28,117.	43,481.	42,208.	57,395.	200,885.
78	Amounts included on lines 1, 2, and	1		į			
	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)						200,885.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	29,684.	28,117.	43,481.	42,208.	57,395.	200,885.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		25.	24.	30.	34.	113.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		25.	24.	30.	34.	113.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	29,684.	28,142.	43,505.	42,238.	57,429.	200,998.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	ation,
_	check this box and stop here						>
Se	ction C. Computation of Publ	<u>ic Support Per</u>	rcentage				
15	Public support percentage for 2014 (olumn (f))		15	<u>99.94 %</u>
16						16	<u>99.95 %</u>
Se	ction D. Computation of Inves						
17	, ,	•	• • •	e 13, column (f))		17	.06 %
18	,					18	.05 %
19	a 33 1/3% support tests - 2014. If the	_				<u>-</u>	
ŧ	more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						P -
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	ı, or 19b, check th	is box and see ins	tructions	▶∟

Schedule A (Form 990 or 990-EZ) 2014 Rotary Club of Salisbury Foundation, Inc52-2238099 Page 4 Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A.	All S	Supporting	Organizations
------------	-------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4 a		
70		
4b		
4c_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		L <u></u>
10b	0 53	
 90 or 99	いーヒムト	ZU14

	edule A (Form 990 or 990-EZ) 2014 Rotary Club of Salisbury Foundation, Inc52-22	<u> 3809</u>	9 _Pa	ige 5
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		I I	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations		,,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	<u>) </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		- _		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Sche Par	dule A (Form 990 or 990 EZ) 2014 Rotary Club of Salisbur tV Type III Non-Functionally Integrated 509(a)(3) Supporting			52-2238099 Page 6
<u> </u>	Check here if the organization satisfied the Integral Part Test as a qualifying			
1	other Type III non-functionally integrated supporting organizations must co			Ictions. All
Sect	ion A - Adjusted Net Income	inpiete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount	_19	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	- -	•	
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	-	
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	, -		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
-	emergency temporary reduction (see instructions)	اءا		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990 EZ) 2014 Rotary Club of Salisbury Foundation, Inc52-2238099 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014. а b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c 8 Breakdown of line 7 b d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-E	<u>Z) 2014 Rotary</u>	Club of	Salisbury	Foundation	, Inc52-223	8099 Page 8
Part VI	Supplemental .	Information. Pro	vide the explanat	tions required by Pa	art II, line 10, Part II, lir	ne 17a or 17b, and Part	III, line 12.
	. Also complete this	part for any additiona	al information (Se	ee instructions).			
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		 ;					· · · · · · · · · · · · · · · · · · ·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047 Open to Public

Employer identification number

Inspection

	Rotary Club of Sal	<u>lisbury</u>	Found	<u>ation, </u>	Inc		<u>52-223</u>	<u>8099 </u>
Par	t I Organizations Maintaining Donor Advis	ed Funds o	or Other	Similar Fun	ds or A	ccou	nts. Complete i	f the
	organization answered "Yes" to Form 990, Part IV, III	ne 6						
		(a) D	onor advis	ed funds	(b) Fund	ds and other acc	counts
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	wating that th	he assets h	eld in donor ad	vised fun	de		
_	are the organization's property, subject to the organization's				11000 1011	uo	Yes	□ No
6	Did the organization inform all grantees, donors, and donor	_			na usad d	nhv	res	140
•	for charitable purposes and not for the benefit of the donor		-			-		
	impermissible private benefit?	or dorior advis	301, 01 101 6	my other purpos	se comen	ıııy	Yes	☐ No
Par		raanization an	swered "V	e" to Form 990	Part IV	lino 7	Tes	NO
1	Purpose(s) of conservation easements held by the organiza			-	, raitiv,	III IC 7.		
•	Preservation of land for public use (e.g., recreation or				otomooll.		tant land aven	
	Protection of natural habitat	education		servation of a hi				
	Preservation of open space		Pie	servation of a co	ertinea ni	Storic s	structure	
•		L&						
2	Complete lines 2a through 2d if the organization held a qua	lified conserva	ition contri	oution in the for	m of a co	nserva	ition easement o	n the last
	day of the tax year					l I		
_	Total mumber of approximation approximate						Held at the End o	the lax Year
a	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements					2b		
C	Number of conservation easements on a certified historic st		` '			2c		
d	Number of conservation easements included in (c) acquired	aπer 8/17/06	, and not o	n a historic stru	cture			
_	listed in the National Register					2d		
3	Number of conservation easements modified, transferred, re	eleased, exting	guisnea, or	terminated by t	the organ	iization	during the tax	
	year >							
4	Number of states where property subject to conservation e		_		-			
5	Does the organization have a written policy regarding the pe		ring, inspe	xion, nandling o	ΣŤ		г 	
	violations, and enforcement of the conservation easements					L	Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting, and		•		•	• .		
7 8		_			•	-	₱	
0	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	ove satisty trie	requireme	its of section i	/U(N)(4)(B	5)(1)		
9	In Part XIII, describe how the organization reports conserva	tion againment	ta in ita rai	anua and aveau			Yes	No L
9	include, if applicable, the text of the footnote to the organization							
	conservation easements	ation 5 illancia	ai Statemer	its that describe	es the org	garıızan	ion's accounting	, IOI
Par	t III Organizations Maintaining Collections	of Art. Hist	orical Tr	easures, or	Other !	Simil	ar Assets	
	Complete if the organization answered "Yes" to Form				•	J		
1a	If the organization elected, as permitted under SFAS 116 (A			its revenue stat	ement ar	nd hala	unce cheet works	of art
	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that desc					public	Service, provide	, iii ait Xiii,
b	If the organization elected, as permitted under SFAS 116 (A			evenue statemo	ent and h	alanca	sheet works of	art historical
-	treasures, or other similar assets held for public exhibition,							
	relating to these items	oudoution, or t	00001011111	iditiloraries of p	Jubile 361	vice, p	orde the follow	anounts
	(i) Revenue included in Form 990, Part Vill, line 1					_	ž.	
	(ii) Assets included in Form 990, Part X						\$ \$	
2	If the organization received or held works of art, historical tr	easures or of	her similar	assets for finan	rial dain			
~	the following amounts required to be reported under SFAS				Jan yani,	provide	U	
а	Revenue included in Form 990, Part VIII, line 1		, . oldaling to			•	\$	
	Assets included in Form 990, Part X						\$ \$	
				•		-	"	

_		Club of Sal									ige 2
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following tha	t are a sı	gnıficant u	ise of its o	collection	ı item:	s
	(check all that apply):		_								
а	Public exhibition	d	٠Щ١	oan or exc	hange progra	ıms					
b	Scholarly research	е		Other	_						. <u></u> _
C	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	: XIII		
5	During the year, did the organization solicit o					er sımılar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organızatıo	n answered '	'Yes" to	Form 990,	Part IV, I	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for o	contribution	s or other as	sets not	ıncluded		_	_	,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing t	able:							
									Amount	<u>i</u>	
	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabil	ıty?		Yes] No
<u>b</u>	If "Yes," explain the arrangement in Part XIII										<u>] </u>
Par	t V Endowment Funds. Complete r	f the organization ans	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0				
	į	(a) Current year	(b) Pi	rior year	(c) Two year	s back	(d) Three ye	ears back	(e) Four	years	back_
1a	Beginning of year balance										
b	Contributions								i .		
C	Net investment earnings, gains, and losses										
d	Grants or scholarships			_							
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance			_							
2	Provide the estimated percentage of the curi	rent year end balance	e (line 1	g, column (a	ı)) held as						
а	Board designated or quasi-endowment	·	%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	 %									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
За	Are there endowment funds not in the posse		tion tha	t are held a	nd administe	red for tl	ne organiz	ation			
	by.	•					J		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the	-									
Pai	t VI Land, Buildings, and Equipm	ent.					_				
	Complete if the organization answere	d "Yes" to Form 990,	Part IV,	line 11a S	ee Form 990	, Part X,	line 10				
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) A	cumulate	d	(d) Bool	k valu	—— Э
		basis (investm			(other)		preciation				
	Land			9	4,327.				9,	4,3	$\overline{27}$.
	Buildings				8,168.		130,37	72.		7,7	
	Leasehold improvements				<u>, </u>	•					
	Equipment				_						
e	Other			28	0,051.		223,06	55.	5	6,9	86.
	Add lines 1a through 1a (Calumn (d) must a		V1							0 1	

Schedule D (Form 990) 2014

(b) Book value	(c) Method of Va	aluation. Cost or end-	of-year market value
			<u> </u>
			.
	 		
		<u>. </u>	
<u> </u>	_		
		•	-
to Form 990, Part IV,	line 11c See Form 990, F	Part X, line 13.	
(b) Book value			of-year market value
·			
· ·			
-			
		·	
		· -	
to Form 990, Part IV,	line 11d. See Form 990, F	Part X, line 15.	
Description	· · · · · · · · · · · · · · · · · · ·	T	(b) Book value
			_
·	. <u>-</u>		
	,		
	·		
			
45)			
9 15.)			
to Form 990 Part IV	line 11e or 11f See Form	990 Part Y line 25	
10 1 01111 330, 1 arc 14,		330, 1 art X, iii e 23	
	· ,		
_			
≥ 25) ▶			
the text of the feets	ata ta tha arganization's f	nanajal statamenta ti	ant ranged tha
	to Form 990, Part IV, (b) Book value to Form 990, Part IV, Description 9 15.) to Form 990, Part IV,	to Form 990, Part IV, line 11c See Form 990, Part IV, line 11d. Se	to Form 990, Part IV, line 11c See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end- to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Description to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (b) Book value

	edule D (Form 990) 2014 Rotary Club of Salisbury	Foundation, I	nc 52-2238099 i	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	_4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expense	es per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b	<u> </u>	
b	Other (Describe in Part Alli)	<u> 40 </u>		
C	Add lines 4a and 4b	(40)	4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	(40	4c 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	Part IV, lines 1b and 2b; Part	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b; Part	5	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. ▶ Attach to Form 990.

2014

OMB No 1545-0047

Open to Public Inspection

% X **Employer identification number** 52-2238099 fember contributions to (h) Purpose of grant or assistance ☐ Yes Endowment Fund Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Rotary Club of Salisbury Foundation, Inc recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 25,100 cash grant (c) IRC section if applicable General Information on Grants and Assistance 52-1326014 (p) EIN criteria used to award the grants or assistance? Eastern Shore, Inc. - 1324 Belmont 1 (a) Name and address of organization Avenue, Ste. 401 - Salisbury, MD Community Foundation of the or government Name of the organization Part Part 21804

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2014)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 52-2238099 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2014) Rotary Club of Salisbury Foundation, Inc

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 432102 10-15-14 Part IV

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization Rotary Club of Salisbury Foundation, Inc	Employer identification number 52-2238099
Form 990, Part I, Line 1, Description of Organization Mis	sion:
support of charitable service projects and other communit	y charities;
function as affiliate of Rotary Club of Salisbury.	
Form 990, Part VI, Section B, line 11:	
The return is submitted to Board President and Treasurer	for approval and
signature before filing.	
Form 990, Part VI, Section C, Line 18:	
Upon_request	
Form 990, Part VI, Section C, Line 19:	
Upon request	
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