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Extended to February 16, 2016
Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

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-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Rotary Club of Salisbury, Maryland, USA, Inc.

D Employer identification number
52-2238562

E Telephone number
410-548-9700

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.rotarysalisbury.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**4**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

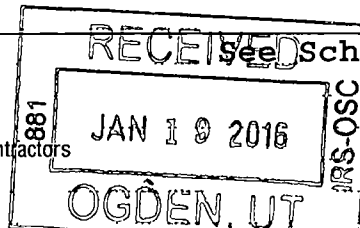
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **99,134.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1 Contributions, gifts, grants, and similar amounts received																												
2 Program service revenue including government fees and contracts																												
3 Membership dues and assessments																												
4 Investment income																												
5a Gross amount from sale of assets other than inventory																												
b Less: cost or other basis and sales expenses																												
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
6 Gaming and fundraising events																												
a Gross income from gaming (attach Schedule G if greater than \$15,000)																												
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
c Less: direct expenses from gaming and fundraising events																												
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a Gross sales of inventory, less returns and allowances																												
b Less: cost of goods sold																												
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8 Other revenue (describe in Schedule O)																												
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																												
10 Grants and similar amounts paid (list in Schedule O)																												
11 Benefits paid to or for members																												
12 Salaries, other compensation, and employee benefits																												
13 Professional fees and other payments to independent contractors																												
14 Occupancy, rent, utilities, and maintenance																												
15 Printing, publications, postage, and shipping																												
16 Other expenses (describe in Schedule O)																												
17 Total expenses. Add lines 10 through 16																												
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																												
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
20 Other changes in net assets or fund balances (explain in Schedule O)																												
21 Net assets or fund balances at end of year. Combine lines 18 through 20																												



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

G16

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	12,650.	22	18,296.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	12,650.	25	18,296.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,650.	27	18,296.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Support of senior citizens, handicapped and other charitable services and programs in community		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	17,362.
29 Scholarships for community high school seniors and colleges		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,750.
30 Support of youth athletic, scout and educational programs in community		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,036.
31 Other program services (describe in Schedule O) <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	30,148.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
George Whitehead				
Immediate Past President	2.00	0.	0.	0.
Dan Williams				
President	10.00	0.	0.	0.
Ira Harris				
Director	2.00	0.	0.	0.
Phil Whitman				
Secretary	3.00	0.	0.	0.
Audrey Orr				
President Elect	7.00	0.	0.	0.
Marie Califiura				
Treasurer	5.00	0.	0.	0.
Donnie Cooper				
Sergeant-at-Arms	3.00	0.	0.	0.
Allen Brown				
Director	1.00	0.	0.	0.
Robert Brown				
Director	1.00	0.	0.	0.
Roger Follebout				
Director	1.00	0.	0.	0.
Terrance Greenwood				
Director	1.00	0.	0.	0.
Ruth Jones				
Director	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	MD	
42a The organization's books are in care of Marie Califiura Telephone no. 410-543-0182 Located at 4361 Sturbridge Drive, Salisbury, MD ZIP + 4 21804		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A
☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

Aubrey Orr President Elect
Type or print name and title

12/31/2015

Paid
Preparer
Use Only

Print/Type preparer's name

R. Stanley Morris,
CPA

Preparer's signature



Date

12/31/15

Check ☐ if
self-employed

PTIN

P01215286

Firm's name ▶ R. Stanley Morris, CPA, P.C.

Firm's EIN ▶ 32-0446322

Firm's address ▶ 1325 Mt. Hermon Rd, Ste. 10A
Salisbury, MD 21804

Phone no. 410-546-1355

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Form 990-EZ (2014)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number
52-2238562

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Rotary Club of Salisbury, Maryland,

Schedule G (Form 990 or 990-EZ) 2014 **USA, Inc.**

52-2238562 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		Dinners (event type)	Fundraising (event type)	None (total number)	
Revenue	1 Gross receipts	25,109.	2,918.		28,027.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	25,109.	2,918.		28,027.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	20,364.			20,364.
	8 Entertainment				
	9 Other direct expenses		24.		24.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,388.
	11 Net income summary. Subtract line 10 from line 3, column (d)				7,639.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			33,930.	33,930.
	2 Cash prizes			11,500.	11,500.
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				11,500.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				22,430.

9 Enter the state(s) in which the organization conducts gaming activities: MD

a Is the organization licensed to conduct gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2014 **USA, Inc.**

52-2238562 Page 3

- | | | | |
|--|-----|------------------------------|--|
| 11 Does the organization conduct gaming activities with nonmembers? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity conducted in: | | | |
| a The organization's facility | 13a | 100.00 | % |
| b An outside facility | 13b | | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |

Name ► Marie Califiura

Address ► 4361 Sturbridge Drive - Salisbury, MD 21804

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party

Name

Address 

16 Gaming manager information.

Name

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

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Rotary Club of Salisbury, Maryland,
USA, Inc.

Employer identification number

52-2238562

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:

Amount:

Interest income

21.

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: Community Concerns

Grantee Name: Rotary Club of Salisbury Foundation

Grantee Address: 1715 Riverside Drive Salisbury, MD 21804

Amount Given:

7,208.

Activity Classification: Community Concerns

Grantee Name: Easter Seals Camp Fairlee

Grantee Address: 22242 Bay Shore Dr Chestertown, MD 21620

Amount Given:

1,000.

Activity Classification: Community Concerns

Grantee Name: Polio Foundation

Grantee Address: 1560 Sherman Ave Evanston, IL 60201

Amount Given:

1,250.

Activity Classification: Community Concerns

Grantee Name: American Red Cross

Grantee Address: 1505 Emerson Avenue Salisbury, MD 21801

Amount Given:

500.

SCHEDULE O
(Form 990 or 990-EZ)

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Internal Revenue Service

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Name of the organization Rotary Club of Salisbury, Maryland, USA, Inc.	Employer identification number 52-2238562
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Activity Classification: Community Concerns

Grantee Name: Various organizations under \$500

Grantee Address: Various addresses Salisbury, MD 21801

Amount Given: 2,141.

Activity Classification: Scholarships

Grantee Name: Parkside High School

Grantee Address: 1015 Beaglin Park Drive Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Scholarships

Grantee Name: CTE Vo-Tech

Grantee Address: 1015 Beaglin Park Drive Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Scholarships

Grantee Name: James M Bennett High School

Grantee Address: 300 East College Avenue Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Scholarships

Grantee Name: WorWic Community College

Grantee Address: 32000 Campus Drive Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Scholarships

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Rotary Club of Salisbury, Maryland,
USA, Inc.

Employer identification number
52-2238562

Grantee Name: Mardela High School

Grantee Address: 29940 Delmar Road Mardela Springs, MD 21837

Amount Given: 1,000.

Activity Classification: Scholarships

Grantee Name: Wicomico High School

Grantee Address: 101 Long Avenue Salisbury, MD 21801

Amount Given: 1,000.

Activity Classification: Education Programs

Grantee Name: Dictionaries in Schools Wicomico County

Grantee Address: 101 Long Avenue Salisbury, MD 21804

Amount Given: 1,336.

Activity Classification: Scholarships

Grantee Name: Franklin Perdue School of Business

Grantee Address: 1101 Camden Avenue Salisbury, MD 21801

Amount Given: 750.

Activity Classification: Education Programs

Grantee Name: Wicomico County Board of Education

Grantee Address: 101 Long Avenue Salisbury, MD 21804

Amount Given: 1,600.

Activity Classification: Youth & Athletics

Grantee Name: Various organizations under \$500

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Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Name of the organization	Rotary Club of Salisbury, Maryland, USA, Inc.	Employer identification number 52-2238562
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Grantee Address: Salisbury Salisbury, MD 21801

Amount Given: 200.

Activity Classification: Community Concerns

Grantee Name: Rotary Club International

Grantee Address: 1505 Emerson Avenue Evanston, IL 60201

Amount Given: 863.

Activity Classification: Scholarships

Grantee Name: University of MD Eastern Shore

Grantee Address: Backbone Road Princess Anne, MD 21853

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Dope Help - Wic Cnty Board of Ed

Grantee Address: 101 Long Avenue Salisbury, MD 21804

Amount Given: 900.

Activity Classification: Youth & Athletics

Grantee Name: Boy Scout Troop 176

Grantee Address: 1715 Riverside Drive Salisbury, MD 21801

Amount Given: 850.

Activity Classification: Community Concerns

Grantee Name: Wheel Chair Ramps

Grantee Address: Various addresses Salisbury, MD 21801

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Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

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Rotary Club of Salisbury, Maryland,
USA, Inc.

Employer identification number

52-2238562

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Community Foundation - Womens Fund

Grantee Address: 1324 Belmont Avenue Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Education Programs

Grantee Name: Salisbury Univ Foundation

Grantee Address: 1101 Camden Avenue Salisbury, MD 21801

Amount Given: 500.

Activity Classification: Youth & Athletics

Grantee Name: Rotary Youth & Leadership

Grantee Address: 1715 Riverside Drive Salisbury, MD 21801

Amount Given: 550.

Activity Classification: Community Concerns

Grantee Name: Salvation Army

Grantee Address: Eastern Shore Dr Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Mission of Mercy - Community Foundation

Grantee Address: 1324 Belmont Avenue Salisbury, MD 21804

Amount Given: 1,000.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization	Rotary Club of Salisbury, Maryland, USA, Inc.	Employer identification number	52-2238562
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Total included on Form 990-EZ, line 10 30,148.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Meetings and related expenses	15,417.
Rotary International and District dues	11,112.
Other expenses	4,923.
Total to Form 990-EZ, line 16	31,452.

Form 990-EZ, Part III, Primary Exempt Purpose - Club involvement in and contributions to community charities, youth and educational programs to make the local community a better place to live and work.

Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:

Weekly meetings and programs to promote community involvement

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Employer identification number
52-2238562

[illegible]