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Extended to February 15, 2017

## Short Form

OMB No 1545-1150

Form 990-EZ

## Return of Organization Exempt From Income Tax

2015

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](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

**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**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO Box 735**

**E** Telephone number  
**410-548-9700**

City or town, state or province, country, and ZIP or foreign postal code  
**Salisbury, MD 21803**

**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 **▶ \$ 87,982.**

**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				
Revenue	1	Contributions, gifts, 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																															
	5b	Less: cost or other basis and sales expenses																															
	5c	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																															
	7b	Less: cost of goods sold																															
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
	8	Other revenue (describe in Schedule O)																															
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
Expenses	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	<b>Total expenses.</b> 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	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																																

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

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**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	18,296.	22 23,897.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	18,296.	25 23,897.
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)	18,296.	27 23,897.

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

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	19,806.
29 Scholarships for community high school seniors and colleges		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,000.
30 Support of youth athletic, scout and educational programs in community		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,454.
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	31,260.

**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
Audrey Orr				
President	10.00	0.	0.	0.
Marie Califiura				
President Elect	7.00	0.	0.	0.
Barbara Leonard				
Secretary	2.00	0.	0.	0.
Joe Stefursky				
Treasurer	5.00	0.	0.	0.
Jack Heath				
Sergeant-at-Arms	3.00	0.	0.	0.
Ernie Colburn				
Assistant Secretary	2.00	0.	0.	0.
Phil Whitman				
Assistant Treasurer	3.00	0.	0.	0.
Ruth Jones				
Director	1.00	0.	0.	0.
Ford Waggoner				
Director	1.00	0.	0.	0.
Donnie Cooper				
Director	1.00	0.	0.	0.
David Downes				
Director	1.00	0.	0.	0.
Kurt Schuster				
Director	1.00	0.	0.	0.

**Rotary Club of Salisbury, Maryland,  
USA, Inc.**

Form 990-EZ (2015)

52-2238562

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**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 ☒ **X**

		Yes	No
<b>33</b> 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	<b>33</b>		<b>X</b>
<b>34</b> 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)	<b>34</b>		<b>X</b>
<b>35a</b> 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)?	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<b>35b</b>	<b>N/A</b>	
<b>c</b> 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	<b>35c</b>		<b>X</b>
<b>36</b> 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	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> 0.</span>			
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		<b>X</b>
<b>38a</b> 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?	<b>38a</b>		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38b</b> N/A</span>			
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39a</b> N/A</span>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39b</b> N/A</span>			
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <b>N/A</b> ; section 4912 ▶ <b>N/A</b> ; section 4955 ▶ <b>N/A</b>			
<b>b</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	<b>40b</b>		<b>X</b>
<b>c</b> 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 <span style="float:right">▶ 0.</span>			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>			
<b>e</b> 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	<b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <span style="float:right">▶ <b>MD</b></span>			
<b>42a</b> The organization's books are in care of <span style="float:right">▶ <b>Marie Califiura</b></span> Telephone no. <span style="float:right">▶ <b>410-543-0182</b></span>			
Located at <span style="float:right">▶ <b>4361 Sturbridge Drive, Salisbury, MD</b></span> ZIP + 4 <span style="float:right">▶ <b>21804</b></span>			
<b>b</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)?	<b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span>			
and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>43</b> N/A</span>			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>		<b>X</b>
<b>b</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	<b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>		<b>X</b>
<b>b</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)	<b>45b</b>		

Form 990-EZ (2015)

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

Yes No

46

X

If "Yes," complete Schedule C, Part I

**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 ☐

Yes No

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

47

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

48

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

49a

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

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

Marie Califiura, President

Type or print name and title

Date

12/02/2016

Paid Preparer Use Only

Print/Type preparer's name

R. Stanley Morris, CPA

Preparer's signature

Date

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 (2015)

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

Employer identification number  
52-2238562

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

- 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

[illegible]**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) 2015 **USA, Inc.**

**52-2238562** Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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))
		<b>Dinners</b> (event type)	<b>Fundraising</b> (event type)	<b>None</b> (total number)	
Revenue	1 Gross receipts	11,105.	2,925.		14,030.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	11,105.	2,925.		14,030.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11,226.			11,226.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,226.
	11 Net income summary. Subtract line 10 from line 3, column (d)				2,804.

**Part III Gaming.** Complete if the organization answered "Yes" on 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			38,020.	38,020.
	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)				26,520.

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:

**Rotary Club of Salisbury, Maryland,**

Schedule G (Form 990 or 990-EZ) 2015 **USA, Inc.**

**52-2238562** Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ 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? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |            |               |   |
|----------|-----------------------------|------------|---------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | <b>100.00</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> |               |   |
- 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).



<b>Part IV</b>	<b>Supplemental Information</b> <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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization	Rotary Club of Salisbury, Maryland, USA, Inc.	Employer identification number	52-2238562
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Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:	Amount:
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Interest income	25.
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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:	2,599.
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Activity Classification: Community Concerns

Grantee Name: Easter Seals Camp Fairlee

Grantee Address: 22242 Bay Shore Dr Chestertown, MD 21620

Amount Given:	1,300.
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Activity Classification: Community Concerns

Grantee Name: Wicomico County Board of Education

Grantee Address: 101 Long Avenue Salisbury, MD 21804

Amount Given:	693.
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Activity Classification: Community Concerns

Grantee Name: Polio Foundation

Grantee Address: 1560 Sherman Ave Evanston, IL 60201

Amount Given:	2,511.
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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**

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OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Rotary Club of Salisbury, Maryland,  
USA, Inc.

Employer identification number

52-2238562

Activity Classification: Community Concerns

Grantee Name: American Red Cross

Grantee Address: 1505 Emerson Avenue Salisbury, MD 21801

Amount Given: 600.

Activity Classification: Community Concerns

Grantee Name: Various organizations under \$500

Grantee Address: Various addresses Salisbury, MD 21801

Amount Given: 1,598.

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

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

Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-02-15

**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.

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Open to Public  
Inspection

Name of the organization	Rotary Club of Salisbury, Maryland, USA, Inc.	Employer identification number 52-2238562
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Grantee Name: WorWic Community College

Grantee Address: 32000 Campus Drive Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Scholarships

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: 1,811.

Activity Classification: Scholarships

Grantee Name: Franklin Perdue School of Business

Grantee Address: 1101 Camden Avenue Salisbury, MD 21801

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Blind Industries of Salisbury

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Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-02-15

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**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No. 1545-0047

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Grantee Address: 2240 Northwood Drive Salisbury, MD 21801

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Fruitland Community Center

Grantee Address: 300 Morris Street Fruitland, MD 21826

Amount Given: 600.

Activity Classification: Youth & Athletics

Grantee Name: Various organizations under \$500

Grantee Address: Salisbury Salisbury, MD 21801

Amount Given: 350.

Activity Classification: Community Concerns

Grantee Name: Wheel Chair Ramps

Grantee Address: Various addresses Salisbury, MD 21801

Amount Given: 1,000.

Activity Classification: Youth & Athletics

Grantee Name: Rotary Youth & Leadership

Grantee Address: 1715 Riverside Drive Salisbury, MD 21801

Amount Given: 1,100.

Activity Classification: Community Concerns

Grantee Name: Salvation Army

Grantee Address: Eastern Shore Dr Salisbury, MD 21804

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Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Mission of Mercy - Community Foundation

Grantee Address: 1324 Belmont Avenue Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Dove Pointe Inc

Grantee Address: Mt Hermon Road Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Youth & Athletics

Grantee Name: Destination Imagination

Grantee Address: Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Rotary Centennial Project

Grantee Address: 715 Riverside Drive Salisbury, MD 21801

Amount Given: 2,098.

Activity Classification: Community Concerns

Grantee Name: One Year to Empowerment

Grantee Address: Salisbury, MD 21804

Amount Given: 500.

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Activity Classification: Community Concerns

Grantee Name: Lower Shore Parkinsons Group

Grantee Address: Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Horizons

Grantee Address: Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: HALO

Grantee Address: 701 Snow Hill Road Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Trinity ASP

Grantee Address: Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Habitat for Humanity

Grantee Address: 908 West Isabella St Salisbury, MD 21801

Amount Given: 500.

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Activity Classification: Community Concerns

Grantee Name: MAC

Grantee Address: Snow Hill Road Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Christian Shelter

Grantee Address: 334 Barclay Street Salisbury, MD 21804

Amount Given: 500.

Total included on Form 990-EZ, line 10 31,260.

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

Description of Other Expenses: Amount:

Meetings and related expenses 12,048.

Rotary International and District dues 11,382.

Other expenses 4,965.

Total to Form 990-EZ, line 16 28,395.

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:

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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]