Fôrm 990

Department of the Treasury Internal Revenue Service Extended to May 15, 2020

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

<u>A</u>	For the	2018 calendar year, or tax year beginning JUL 1, 2018 and	ending	<u>JUN</u> 30, 2019	
В	Check if applicable	C Name of organization		D Employer identif	ication number
Г	Addres	Rotary Club of Salisbury Foundation,	Inc		
Ē	Name change	Doing business as		52-2	2238099
Ļ	return	, ,	Room/si	- · · · · · · · · · · · · · · · · · ·	
L	Final return/			410-	<u> 726-7266</u>
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	81,364.
	Ameno	Salisbury, MD 21803		H(a) Is this a group i	
L	Applic tion pendir	F Name and address of principal officer Hugh C LIVINGS CON		for subordinate	s? Yes X No
		110 Covered Bridge Lane, Fruitland, MD	21	B22 H(b) Are all subordinates	included? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 🔼 🗀	<u>927</u>	a list (see instructions)
		e: www.rotarysalisbury.org	Ų_	H(c) Group exemption	
		organization: X Corporation	LΫ	ear of formation: 2000	M State of legal domicile: MD
P	art I	Summary			<del>-                                    </del>
ø	1	Briefly describe the organization's mission or most significant activities Main			
Governance		for use by charitable and non-profit com			
ē	2	Check this box   If the organization discontinued its operations or dispose	sed of m	nore than 25% of its net a	1 -
ģ	3	Number of voting members of the governing body (Part VI, line 1a)	1	3	8
98	~	Number of independent voting members of the governing body (Part VI, line 1b)	- 1 -	RECEIVED 4	8
Activities &	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	121	_5_	0
ξį	1	Total number of volunteers (estimate if necessary)	18		0
Ä		Total unrelated business revenue from Part VIII, column (C), line 12	14	JUL 1 3 2020 7a	1 . 1
	D	Net unrelated business taxable income from Form 990-T, line 38	1 -		1.)
		Contributions and surveys (Dark VIII time 4 le)	L	OG ProrNeat IT	Current Year
ī		Contributions and grants (Part VIII, line 1h)	ŀ	03,344.	45,927.
Revenue	1	Program service revenue (Part VIII, line 2g)	ŀ	1,043.	50.
æ	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	14,529.	14,023.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ŀ	98,894.	
_	<del>                                     </del>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		37,043.	36,434.
		Benefits paid to or for members (Part IX, column (A), line 4)	ļ	0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ł	0.	0.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ì	0.	0.
Expenses	,	Total fundraising expenses (Part IX, column (D), line 25)	0.		<u> </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>- , ,</del>	55,424.	47,466.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	İ	92,467.	83,900.
	19	Revenue less expenses Subtract line 18 from line 12	ı	6,427.	
289				Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	ĺ	510,499.	486,598.
A B	21	Total liabilities (Part X, line 26)	İ	0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		510,499.	486,598.
Pá	art II	Signature Block			
Und	lei pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and sta	tements, and to the best of n	ry knowledge and belief, it is
true	, correc	t, and complete. Deplaration of preparer other than officer) is based on all information of wh	nich prep	arer has any knowledge.	
			<u> </u>	1-15-2	920
Sig	n	Signature of britter		Date	
Her	·e	Hugh C Livingston, President			
		Type or print name and title		TD-t-	DI DEIN
	.	Print/Type preparer's name Preparer's signature	<b>.</b> .	Date Check [	PTIN
Paid	- 1		84	12/30/19 self-emplo	
		Firm's name R. Stanley Morris, CPA, P.C.		Firm's EIN	32-0446322
Use	Only	Firm's address 1325 Mt. Hermon Road, Ste. 10A			0 546 4055
		Salisbury, MD 21804		Phone no. <b>41</b>	0-546-1355
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No

	n 990 (2018) Rotary Club of Salisbury Foundation, Inc 52-2238099 Pag	e <b>2</b>
Рa	rt III Statement of Program Service Accomplishments	
	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.	<del></del>
	charitable service projects.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	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?	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	
4a	46 120	
70	(Code) (Expenses \$ 46,139. including grants of \$) (Revenue \$)  Maintenance of a community center to be used solely for non-profit and	<b>—</b> '
	charitable numbered to be used solely for non-profit and	
	charitable purposes to benefit surrounding communities	
46	76 A2A \ (	<del></del>
4b	(Code) (Expenses \$36,434.   Including grants of \$36,434.   (Revenue \$36,434.	_ )
	Support of charitable service projects and other community charities	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	_ )
		_
		—
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 82,573.	
	Form <b>990</b> (20	)18)

Rotary Club of Salisbury Foundation, Inc Form 990 (2018) Part IV Checklist of Required Schedules

			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_	X	
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	_		٦,
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		۱,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		i	٠,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		<u></u>	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	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
	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	44.		7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			37
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.5
40	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			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
<b>30</b> -	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	_X	

Fai	TO IV   Checklist of Required Schedules (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١.,
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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	056		x
ne .	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		^
26	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	20		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,
	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			x
22	Schedule N, Part II	32		^
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<b>J</b>	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			_ــــ
_		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable  1a 0	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ı

832004 12-31-18

(gambling) winnings to prize winners?

		-	Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	<b>.</b> .		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		٠
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		17
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country:			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Λ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- SC		
Va	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-05		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	_	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders  11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X_
	If "Yes," see instructions and file Form 4720, Schedule N	1	.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16_		X
	If "Yes," complete Form 4720, Schedule O			
		Form	gan	/2018\

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	•			X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a   8	3	103	110
-	If there are material differences in voting rights among members of the governing body, or if the governing	<u>'''                                  </u>	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
h	Enter the number of voting members included in line 1a, above, who are independent	1b 8	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		4		
_	officer, director, trustee, or key employee?	with any other		-	- V
3	Did the organization delegate control over management duties customarily performed by or under the	direct concentration	2		X
3	of officers, directors, or trustees, or key employees to a management company or other person?	direct supervision	١,		37
4		10aa £la d0	3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 99		4		X
6	Did the organization become aware during the year of a significant diversion of the organization's asserbid the organization have members or stockholders?	ers /	_5		X
			_6		X
<i>1</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or	1_		3.5
_	more members of the governing body?		7a	-	X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ocknolders, or	l		
_	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:		- <u>-</u>	-
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the	1 _		
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>jec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code )		<u> </u>	
100	Did the organization have local chapters, branches, or affiliates?		40.	Yes	No
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	antoro offiliatos	10a		<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	ipters, armates,	40h		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	hafara filina tha form?	10b	-	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	before mility the form?	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		120	<del>-</del>	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	n conflicte?	12a 12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes		120		
Ŭ	in Schedule O how this was done	s, describe	12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?			-	X
15	Did the process for determining compensation of the following persons include a review and approval	by independent	14		21
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
9	The organization's CEO, Executive Director, or top management official		45-	-	X
	Other officers or key employees of the organization		15a		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		_15b		Λ
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ant with a			
	taxable entity during the year?	SHE WILL &	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its participation	IUa		<u> </u>
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		100		• •
17	List the states with which a copy of this Form 990 is required to be filed ▶MD				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	990-T (Section 501/c)/3	)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply	, =====================================	, . <del> ,</del> ,		
	Own website Another's website X Upon request Other (explain in	Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	,	d finan	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 book	s and records			
	R Stanley Morris, CPA - 410-546-1355				
	1325 Mt. Hermon Rd, Ste. 10A, Salisbury, MD 21804				

Form 990 (2018)	Rotary	Club	<u>ot</u>	Salisbury	Foundation,	<u>Inc</u>	<u>52-2238099</u>	Page
Part VII Componenti	an of Officer	n Diroci		Trustana Kaul	Employage Highs	- A -		

## 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	box	not c	Pos heck ss pe	more rson	npei than is bot or/trus	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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) Bill Cropper	2.00									-
Director		X				<u> </u>		0.	0.	C
(2) BJ Summers	2.00	4								
Director		X						0.	0.	
(3) Allen Brown	2.00	-						_		
Director		X						. 0.	0.	C
(4) Steve Capelli	2.00	1								
Director		X						0.	0.	
(5) Terry Greenwood	2.00	┨						_	_	•
Director		X						0.	0.	
(6) Ernie Coulburn	2.00	1						_	_	
Director		X						0.	0.	C
(7) Hugh Livingston	7.00	-						_	_	_
President		₩		Х				0.	0.	0
(8) Dan Williams	2.00	-								_
Treasurer		—	_	Х		_		0.	0.	C
		<u> </u>								
										-
									<u> </u>	
				-						
								- "		

Form **990** (2018)

60,000

Total. Add lines 11a-11d

Total revenue See instructions

	Check if Schedule O contains a respon				
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	36,434.	36,434.		
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				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	·			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,100.		1,100.	
đ	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	007			
13	Office expenses	227.		227.	
14	Information technology				
15	Royalties	10 551	10 551		<del></del>
16	Occupancy	18,551.	18,551.		
17	Travel	-			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials  Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,588.	27,588.		<del></del>
23	Insurance	27,3001	27,300.		·
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 O.)				
а	amount list line 24e expenses on schedule 0.)				
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,900.	82,573.	1,327.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Га	<u> </u>	Balarice Sileet	<u> </u>			
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		38,630.	1	42,317.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		, , , , , , , , , , , , , , , , , , , ,	4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees Complete		_	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			,
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	-
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				,
	l	basis Complete Part VI of Schedule D	10a 900,942.		_	l
	Ь	Less. accumulated depreciation	10b 456,661.	471,869.	10c	444,281.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line 1	1		13	
	14	intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16_	Total assets. Add lines 1 through 15 (must equa	ıl lıne 34)	510,499.	16	486,598.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	•
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	art IV of Schedule D		21	
ě	22	Loans and other payables to current and former	officers, directors, trustees,			,
Liabilities		key employees, highest compensated employee	s, and disqualified persons	<del></del>		
iab		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations Iliat follow SFAS 117 (ASC 958)	*			1
Ses		complete lines 27 through 29, and lines 33 and	d 34.			
au	27	Unrestricted net assets		• • • •	27	
Bal	28	Temporarily restricted net assets			28	
<u>n</u>	29	Permanently restricted net assets	. 🙃		29	
Ē		Organizations that do not follow SFAS 117 (AS	SC 958), check here ▶ LX.			
Net Assets or Fund Balances		and complete lines 30 through 34.				,
set	30	Capital stock or trust principal, or current funds		0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equ		10 221	31	0.
Net	32	Retained earnings, endowment, accumulated inc	come, or other funds	-18,221. 510,499	32	-23,900.
_	33	Total net assets or fund balances		510,499. 510,499.	33	486,598. 486,598.
	34	Total liabilities and net assets/fund balances		コエひ,439。	34	400.098

Form **990** (2018)

	Rotary Club of Salisbury Foundation, Inc	<u>52-223</u>	8099	Page 12
Ра	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	Г Г		X
1	Total revenue (must equal Part VIII, column (A), line 12)		60	,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,900.
3	Revenue less expenses. Subtract line 2 from line 1	3		,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,499.
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		-1.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	486	,598.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_	
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	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	•		Ì
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 separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	<b>90</b> (2018)

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection

ame of the organization
• • • • • • • • • • • • • • • • • • •

**Employer identification number** 

		Rota	<u>ry Club of</u>	<u>Salisbury F</u>	<u>'ounda</u>	ition,	Inc	5	<u>2-2238099                                   </u>		
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	ns part ) Se	e instruction	s.			
he (	organi	zation is not a private found									
1		A church, convention of ch		_	_			$\triangle \Box$			
2	$\sqcap$	A school described in secti					1	$\mathcal{M}$			
3	一						(	ノし			
4	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	ш	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									
5				llege or university owner	d or opera	ited by a g	overnmental	unit describ	oed in		
	$\overline{}$	section 170(b)(1)(A)(iv). (C	•								
6	닏	A federal, state, or local government	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).				
7	Ш	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental/	unit or from	the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II)								
8	Ш	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operat	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g									
		university		,							
10	$\overline{\mathbf{x}}$	An organization that norma	Ilv receives (1) more	than 33 1/3% of its sur	port from	contributi	ons member	shin fees a	and aross receints from	— m	
-		activities related to its exem							-		
		income and unrelated busin							-	111	
		See section 509(a)(2). (Cor		(less section 511 tax) in	om busine	sses acqu	illed by the o	i yanızanon	aitei Julie 30, 1973		
				walv to toot for public or	datu Caa		20/-1/41				
11	=	An organization organized a									
12		An organization organized a		=				-	•		
		more publicly supported or							Sheck the box in		
	_	lines 12a through 12d that				•		J			
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	•	• • •		•		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting		
	_	organization You must c	complete Part IV, Se	ections A and B.							
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	ving		
		control or management of	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	illy integrate	ed with,		
		its supported organization	n(s) (see instructions	) You must complete i	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	guirement an	d an attent	iveness		
		requirement (see instructi			-		•				
e		Check this box if the orga						II. Type III			
-		functionally integrated, or					, p = ., . , p =	, . , , ,			
f	Ente	the number of supported of		inany intogration copposit							
		de the following information	_	d organization(s)					<b>.</b> .	_	
3		Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	_	
		organization		(described on lines 1-10	Yes	No	support (see II	nstructions)	support (see instruction	าร)	
				above (see instructions))							
			<del>-</del>							—	
					•						
										—	
					-					_	
										_	

Sch Pa	edule A (Form 990 or 990 EZ) 2018 Rart II Support Schedule for	Organizations	s Described in	Sections 170	0(b)(1)(A)(iv) an	d 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 )								
Se	ction A. Public Support				<del></del>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	,				/			
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,								
	column (f)				/				
	Public support. Subtract line 5 from line 4					<u>_</u>			
Sec	ction B. Total Support		<del>-</del> -		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4			/					
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								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI)				,				
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc (see instruction	ons)			12	<del></del>		
13	First five years. If the Form 990 is for	the organization!	first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)			
	organization, check this box and stor	here /					▶□		
Sec	ction C. Computation of Publ	ic Support <sub></sub> /Pe	rcentage						
14	Public support percentage for 2018 (I	ine 6, column (f) d	vided by line 11, o	column (f))		14	%		
	Public support percentage from 2017	/	•			15	%		
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organization	1		•	ightharpoons		
b	33 1/3% support test - 2017. If the c	N	=		d line 15 is 33 1/3%	6 or more, check t	his box		
	and stop here. The organization quali	ifies as a publicly s	supported organization	ation			▶□		
17a	10% -facts-and-circumstances test	2018. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"					•	▶□		
b	10% -facts-and-circumstances/test					17a, and line 15 is	10% or		
	more, and if the organization meets th								
	organization meets the "facts-and-circ								
18	Private foundation. If the organization		_		• • •		ns 声		
							0 or 990-EZ) 2018		
					55.1		,		

## Schedule A (Form 990 or 990 EZ) 2018 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 10 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)

pport						
beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
tions, and						
eived (Do not						
grants ")	46,628.	45,671.	27,048.	52,477.	L	171,824.
services per- rnished in ated to the	10 767	7 710	15 225	14 410		40 104
	TU,/6/.	/,/12•	15,235.	14,410.		48,124.
rade or bus-						
ither paid to						
mental unit to		:				
ough 5	57,395.	53,383.	42,283.	66,887.		219,948.
lines 1, 2, and	-					
alified persons						0.
ersons that or 1% of the						0.
						0.
t line 7c from line 6 )				•		219,948.
			•		•	
beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	57,395.	53,383.	42,283.	66,887.		219,948.
received on , royalties,	2.4	20	20			
	34.	30.	30.	43.		137.
from businesses						
1	3.1	3.0	3.0	13	<del></del>	137.
lated business in line 10b,	34.	30.	30.			157.
f capital						
), 10c, 11, and 12)	57,429.			<u>66,930.</u>		<u>  220,085.</u>
	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization,
			<del></del>			<u> </u>
		<del>-</del>	column (f))			99.94 %
					16	99.94 %
					T T	06
•	- •	,,,	ne 13, column (f))			.06 %
<u>-</u>			lmo 14 1	1E io mare the - C		.06 %
	•				•	1/ is not
ts - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%	, and
			•		•	
	beginning in) tons, and enved (Do not grants ") dmissions, services per- rushed in ated to the mpt purpose ctivities that rade or bus- 13 or the organ- ither paid to shalf for facilities mental unit to but charge bugh 5 lines 1, 2, and alified persons and 3 received dersons that for 1% of the from businesses are sources are sources in line 10b, siness is include gain of capital (VI) form 990 is for the form of Publication of Publication of Investigation (In the first of the first o	tions, and eved (Do not grants ")  displayed (Do not grants ")  ated to the mpt purpose civivities that rade or bushalf or facilities mental unit to out charge ough 5 lines 1, 2, and alifted persons that or 1% of the resons that or 1% of the resons that or 1% of the received on royalities, ar sources ole income from businesses ground (a) 2014  57,395.  lated business in line 10b, siness is include gain of capital (a) (VI)  5,10c, 11, and 12)  Form 990 is for the organization's other etion of Public Support Person that grow the properties of the propert	beginning in) (a) 2014 (b) 2015  tions, and eved (Do not grants ")  dmissions, services permisshed in atted to the mpt purpose citivities that rade or bushalf or facilities mental unit to but charge bushalf or 1% of the grants and a received erasons that or 1% of the grants and a received erasons that or 1% of the grants are sources and a received erasons that or 1% of the grants are sources and a received erasons that or 1% of the grants are sources are sou	beginning in) (a) 2014 (b) 2015 (c) 2016 trons, and awed (Do not grants ")  drissions, services permitted to the mpt purpose citivities that rade or bushalf or facilities mental unit to ut charge bushalf or facilities mental unit to ut charge bushalf or facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge bushalf or 1% of the facilities mental unit to ut charge facilities and the faciliti	Deginning in	beginning in tons, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dide of table (Do not sprants ') dide of table (Do not sprants ') dide of table (Do not sprants ') dide of table (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dmissions, and swied (Do not sprants ') dwied (Do n

## Schedule A (Form 990 or 990-EZ) 2018 Rotary Club of Salisbury Foundation, Inc52-2238099 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C if you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

1	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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
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-	3b		
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90	10b		2018

Sche	dule A (Form 990 or 990 EZ) 2018 Rotary Club of Salisbury Foundation, Inc52-22	<u> 23809</u>	9 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			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		
b	A family member of a person described in (a) above?	11b		
С	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			
			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			ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	İ	
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	2	l	<u> </u>
	don of Type it oupporting organizations		V	
4	Word a majority of the exampleation's directors of triptees during the tay year also a majority of the directors		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			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		ı	<del></del>
			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's	1		l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard	3		<u> </u>
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 yeatsee instructions	s).		
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	structions	;)	
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			
		- 20	-	-
_	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			ĺ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	-
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		-
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del></del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018 Rotary Club of Salisbury Foundation, Inc52-2238099 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) 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 **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e 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 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4

🔟 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) 2018

5

Income tax imposed in prior year

instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 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) Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3; and 4c. 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Part VI	(Form 990 of 990 EZ) 2018 ROCary Club of Salisbury Foundation, Inc52-2238099 Page 8
rait VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	(See instructions )
	•
	•
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	Rotary Club of Sal				2-2238099
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Otl	ner Similar Funds	or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.			
		(a) Donor a	dvised funds	(b) Funds an	d other accounts
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	writing that the ass	ets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_			Yes No
6	Did the organization inform all grantees, donors, and donor a	-		used only	
_	for charitable purposes and not for the benefit of the donor of	_	<del>-</del>	·	
	impermissible private benefit?		ioi airy ourior parpodo i	oomoning	Yes No
Pa		nanization answered	1 "Yes" on Form 990. F	Part IV line 7	163
1	Purpose(s) of conservation easements held by the organization			ure re, into r	
•	Preservation of land for public use (e.g., recreation or e	· —	Preservation of a histo	vically important l	and area
	Protection of natural habitat		Preservation of a certi	• •	
	Preservation of open space	L	rieservation of a certi	ned historic struct	uie
•	• •	f.a.d		- <b>.</b>	
2	Complete lines 2a through 2d if the organization held a quality of the towards	ned conservation co	ontribution in the form of		
_	day of the tax year				at the End of the Tax Year
a	Total number of conservation easements			2a	
þ	Total acreage restricted by conservation easements			2b	
С.	Number of conservation easements on a certified historic str	•	•	_2c	
đ	Number of conservation easements included in (c) acquired	after 7/25/06, and r	iot on a historic structu		
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguishe	d, or terminated by the	organization durir	ng the tax
_	year ▶				
4	Number of states where property subject to conservation ea		<u> </u>		
5	Does the organization have a written policy regarding the per	•	spection, handling of		
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violatio	ns, and enforcing cons	ervation easemen	ts during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, a	nd enforcing conservat	ion easements du	ring the year
_	<b>\$</b>				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the require	ements of section 170(	h)(4)(B)(ı)	
_	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati		•		
	include, if applicable, the text of the footnote to the organization	tion's financial state	ments that describes t	he organization's	accounting for
Do	conservation easements.	4 Art Historias	Transuras ar Ot	han Cimilan A	
Fa	t III Organizations Maintaining Collections o			iner Similar A	ssets.
	Complete if the organization answered "Yes" on Form				
та	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ext		or research in furtherar	ice of public service	ce, provide, in Part XIII,
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed	ducation, or researd	h in furtherance of pub	olic service, provid	e the following amounts
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1			<b>\$</b>	
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$	
2	If the organization received or held works of art, historical tre-	asures, or other sım	ılar assets for fınancıal	gaın, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relatir	ig to these items		
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$	
<u>b</u>	Assets included in Form 990, Part X			▶ \$	

832051 10-29-18

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

Schedule D (Form 990) 2018

		Club of Sa								
Pa	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that	it are a sig	nıfıcant	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	•	╸╚	Loan or exc	change progra	ams				
b	Scholarly research	•	₽ L	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın how t	hey further t	the organizati	on's exem	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		lete if the	e organizatio	on answered	"Yes" on F	orm 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21					_			
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not II	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			~
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabilit	y?		Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V   Endowment Funds. Complete	f the organization ar	nswered	"Yes" on F	orm 990, Parl				<del>,</del>	
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (c	t) Three y	ears back	(e) Four y	<u>ears back</u>
1a	Beginning of year balance				ļ <u>-</u>					
b	Contributions				<del> </del>					
	Net investment earnings, gains, and losses				ļ					
	Grants or scholarships		<u> </u>							"
е	Other expenditures for facilities				İ					
	and programs				ļ				ļ	
f	Administrative expenses				ļ					
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland	•	ig, column (a	a)) held as					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	· ·								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	red for the	organiz	zation	_	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	-
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	tunds						
rai			0 0-4 1		2 F 000	. D- 4 V I	40			
	Complete if the organization answere	1		1	Т				400	
	Description of property	(a) Cost or o		, , ,	t or other		cumulate	- 1	(d) Book	value
		basis (investi	nent)		(other)	aepr	eciation		~ ^ 4	207
	Land				4,327.	1	01 4	<u> </u>		,327.
	Buildings	-		49	8,168.	1	81,4	04.	210	<u>,704.</u>
	Leasehold improvements									
	Equipment		_	20	0 447	2	75 1	07	2.2	250
	Other  Add lines 1a through 1e. (Column (d) must e	gual Form 000, Co-	V colum		08,447.		75,1	<del>"/</del> ·		,250. ,281.
rotal	<u>. Add intes ta utilougit te. [Coluitiii (u) Must e</u>	yuai <u>ruiii 990, Part</u>	A, COIUI	mi (D), iiile i	, uc j				* * 4	, 401.

Schedule D (Form 990) 2018

Schedule D	(Form 990) 2018 Investments -	Rotary C. Other Securities	lub of	Salisb	ury	<u>Foundatio</u>	n, Inc	52-2238099 Page <b>3</b>
<u> </u>		anızatıon answered "		orm 990, Part IV	/, line 11	b See Form 990.	Part X, line 12	
(a) Descrip	tion of security or categ			(b) Book value				or end of year market value
(1) Financia	al derivatives							
(2) Closely	held equity interests							
(3) Other								
(A)		•						
(B)								
(C)								
(D)	<del></del>			<del></del>				
<u>(E)</u>								
<u>(F)</u>								
<u>(G)</u>				<del></del>				
(H)	->					·		
	nust equal Form 990 Investments -			<u> </u>			_	
Part VIII	<b>3</b>	-		000 Dt II	/ lima da	- 0 F 000	D=+4 V 1 40	
	(a) Description of	anization answered "		(b) Book value				or end-of-year market value
/4\	(a) Description of	mivediment	<del></del>	(b) Book value		(c) Metriod or t	aldation cost	or ond or year market value
(1)						<del></del>		
<u>(2)</u> <u>(3)</u>					-			
(4)			_		-			
(5)	<del> </del>	·····						
(6)				<del></del>		<del> </del>	·	
(7)					<u> </u>			
(8)					1			
(9)								
	o) must equal Form 990	, Part X, col. (B) line 13	.) 🖊					
Part IX	Other Assets.					<del>-</del>		
	Complete if the org	anization answered "	Yes" on Fo	orm 990, Part I\	V, line 11	d See Form 990,	Part X, line 15	
			(a) Desc	ription			<u> </u>	(b) Book value
(1)								
(2)		<del></del>			_			<u> </u>
(3)								
(4)								
(5)	·							
(6)						•		
			<u> </u>					
(8)							<del></del>	
(9) Total. (Colu Part X	mn (b) must equal Fo	s.				144 0 5	000 B. 4 V. I	<b>D</b>
		anization answered " escription of liability	res on Fo	om 990, Part N		Book value	1 990, Part X, II	ne 25.
1. (1) Foot	eral income taxes	onption of hability		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ν		1	
	erai income taxes			<u></u>			1	
(2)							1	
(4)	<del>-</del>				<u> </u>		1	
(5)				·			1	•
(6)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(7)				-			1	
(8)				-			1	
(9)						<del></del>	1	
	mn (b) must equal Fo	orm 990, Part X. col (	B) line 25.)				1	
	<del></del> -				note to t	ne organization's	financial statem	nents that reports the
=	· · · · · · · · · · · · · · · · · · ·					*		Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Rotary Club of Salisbury	Foundation, Inc	52-2238099 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per	Return.
	Complete if the organization answered "Yes" on 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	1 1	
а	Net unrealized gains (losses) on investments	2a	_
þ	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII )	2d	<b>⊣</b> 、
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	<u> </u>
_C	Add lines 4a and 4b		4c
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	manta Wish Company	5
rai	t XII Reconciliation of Expenses per Audited Financial State	·	er Heturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.		1
2	Donated services and use of facilities	ا ما	
a b	Prior year adjustments	2a	$\dashv$ $\mid$
C	Other losses	2b	
d	Other (Describe in Part XIII )	2c	┥ ┃
e	Add lines 2a through 2d		→     20
3	Subtract line 2e from line 1		2e 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	7
С	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pai	t XIII Supplemental Information.	<del></del>	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a		e 4, Part A, III e 2, Part AI,
			<del></del>

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Employer identification number

Rotary Club of Separal Information on Grants and Assistance	Rotary Club of Salisbury		Foundation, I	Inc			52-2238099
- Se	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or as	sistance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the u	ocedures for moni	toring the use of grant	use of grant funds in the United States	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	ic Governments. C	omplete if the orga	anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	tional space is need	ped			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Eleven 21, Inc ~ Epoch Dream Center - 200 N Main Street - Hebron MD 21830	46-1753777	501(c)(3)	005	C			Defeor school avocates
l							
	and government or	ganizations listed in th	ne line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
	222 222 222 222 222	200					CITY IN THE CALL THE COLUMN

(f) Description of noncash assistance 52-2238099 (e) Method of valuation (book, FMV, appraisal, other) Schedule | (Form 990) (2018) Rotary Club of Salisbury Foundation, Inc

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

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

Page 2

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Committee review Part I, Line 2:

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Schedule I (Form 990) (2018)

## SCHEDULE O

🕶 - 0 t - 📂

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 52-2238099

Rotary Club of Salisbury Foundation, Inc 52-2238099
Form 990, Part I, Line 1, Description of Organization Mission:
support of charitable service projects and other community charities;
function as affiliate of Rotary Club of Salisbury.
Form 990, Part VI, Section B, line 11b:
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
Form 990, Part XI, line 9, Changes in Net Assets:
Rounding1.
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