

Extended to May 15, 2020

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

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/Form990EZ for instructions and the latest information.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Rotary Club of Salisbury, Maryland, USA, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 735 City or town, state or province, country, and ZIP or foreign postal code Salisbury, MD 21803
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	D Employer identification number 52-2238562
I Website: ▶ portal.clubrunner.ca/4350	E Telephone number 443-359-0571
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Group Exemption Number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 83,918.	

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,000.
	2	Program service revenue including government fees and contracts	2	3,282.
	3	Membership dues and assessments	3	34,826.
	4	Investment income	4	27.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	26,640.
	6b	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)	6b	18,143.
	6c	Less: direct expenses from gaming and fundraising events	6c	11,500.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	33,283.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	72,418.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	39,927.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	22,618.
	17	Total expenses. Add lines 10 through 16	17	62,545.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,873.
	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)	19	22,351.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	32,224.

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

Form **990-EZ** (2018)

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	22,351.	32,224.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	22,351.	32,224.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,351.	32,224.

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

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

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

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

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

28 Support of senior citizens, handicapped and other charitable services and programs in community		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	30,720.
29 Scholarships for community high school seniors and colleges		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,000.
30 Support of youth athletic, scout and educational programs in community		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,207.
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	39,927.

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
Mark Granger President	10.00	0.	0.	0.
Chris Layton President Elect	7.00	0.	0.	0.
Robin Evans Secretary	5.00	0.	0.	0.
Amanda Brumfield Treasurer	5.00	0.	0.	0.
Dan Williams Immediate Past President	3.00	0.	0.	0.
Allen Brown Director	1.00	0.	0.	0.
Ernie Colburn Director	1.00	0.	0.	0.
Hank Engster Director	1.00	0.	0.	0.
Greg Ferrier Director	1.00	0.	0.	0.
Roger Follebout Director	1.00	0.	0.	0.
Greg Ferrier Director	1.00	0.	0.	0.
Roger Follebout Director	1.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
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	N/A	
c Was the organization a section 501(c)(1), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed MD		
42a The organization's books are in care of Amanda Brumfield Telephone no. 443-783-5019 Located at 27619 Appaloosa Drive, Salisbury, MD ZIP + 4 21801		
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)?		X
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: X		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year 13 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		

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

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

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

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

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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

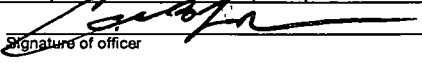
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

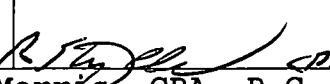
d Total number of other independent contractors each receiving over \$100,000

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  **Chris Layton, President**
 Signature of officer Date 5-11-2020
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	R. Stanley Morris, CPA		5/12/2020		P01215286
	Firm's name	Firm's EIN		Phone no.	
	R. Stanley Morris, CPA, P.C.	32-0446322		410-546-1355	
	Firm's address		Salisbury, MD 21804		

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

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Rotary Club of Salisbury, Maryland,
USA, Inc.

Employer identification number
52-2238562

Part I

Fundraising Activities.

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

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

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

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

☐ Yes ☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

Rotary Club of Salisbury, Maryland,

Schedule G (Form 990 or 990-EZ) 2018 **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 Dinners and Fundraising special even- Basketball (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	11,130.	7,013.	18,143.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	11,130.	7,013.	18,143.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			18,143.

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue			26,640.	26,640.
	2 Cash prizes			11,500.	11,500.
	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) ▶				15,140.	

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) 2018 **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:
- | | | | |
|----------|-----------------------------|------------|----------|
| a | The organization's facility | 13a | 100.00 % |
| b | An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Joseph Stefursky

Address ▶ 3896 Five Friars Road - Salisbury, MD 21804

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV:	Supplemental Information <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Rotary Club of Salisbury, Maryland,
USA, Inc.

Employer identification number

52-2238562

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

Description of Property:

Amount:

Interest income

27.

Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:

Activity Classification: Community Concerns

Grantee Name: Rotary Club of Salisbury Foundation

Grantee Address: 1715 Riverside Drive Salisbury, MD 21804

Amount Given:

7,467.

Activity Classification: Community Concerns

Grantee Name: Easter Seals Camp Fairlee

Grantee Address: 22242 Bay Shore Dr Chestertown, MD 21620

Amount Given:

245.

Activity Classification: Community Concerns

Grantee Name: Rotary International projects

Grantee Address: 1560 Sherman Ave Evanston, IL 60201

Amount Given:

4,395.

Activity Classification: Community Concerns

Grantee Name: Destination Imagination

Grantee Address: 2424 Northgate Dr, #100 Salisbury, MD 21801

Amount Given:

1,000.

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

Grantee Name: Backpack program

Grantee Address: 500 Glen Avenue Salisbury, MD 21804

Amount Given: 1,500.

Activity Classification: Community Concerns

Grantee Name: Various organizations - smaller donations

Grantee Address: Various addresses Salisbury, MD 21801

Amount Given: 1,150.

Activity Classification: Scholarships

Grantee Name: WorWic Community College

Grantee Address: 32000 Campus Drive Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Youth & Athletics

Grantee Name: Dictionaries in Schools Wicomico County

Grantee Address: 101 Long Avenue Salisbury, MD 21804

Amount Given: 5,280.

Activity Classification: Youth & Athletics

Grantee Name: Boy Scout Troop 176

Grantee Address: 1715 Riverside Drive Salisbury, MD 21801

Amount Given: 327.

Activity Classification: Community Concerns

Grantee Name: Chesapeake Housing Mission - Wheel Chair Ramps

Grantee Address: PO Box 1061 Salisbury, MD 21802

Name of the organization	Rotary Club of Salisbury, Maryland, USA, Inc.	Employer identification number 52-2238562
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Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Community Foundation - Mission of Mercy

Grantee Address: 1324 Belmont Avenue Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Wicomico County Library

Grantee Address: 122 S Division Street Salisbury, MD 21801

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Polio Plus - Rotary International

Grantee Address: 1560 Sherman Ave Evanston, IL 60201

Amount Given: 1,950.

Activity Classification: Community Concerns

Grantee Name: Wicomico County Light of Literacy

Grantee Address: 122 S Division Street Salisbury, MD 21801

Amount Given: 750.

Activity Classification: Community Concerns

Grantee Name: Wicomico County Governor Challenge

Grantee Address: 500 Glen Avenue Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Community Concerns

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

Grantee Address: 803 N Salisbury Blvd, #2100 Salisbury, MD 21801

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Doverdale Lacrosse Program

Grantee Address: 922 Johnson Street Salisbury, MD 21804

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Wicomico County War Memorial

Grantee Address: 500 Glen Avenue Salisbury, MD 21804

Amount Given: 500.

Activity Classification: Community Concerns

Grantee Name: Lower Shore Special Olympics

Grantee Address: 3701 Commerce Drive, #103 Baltimore, MD 21227

Amount Given: 1,000.

Activity Classification: Community Concerns

Grantee Name: Off Street Performance

Grantee Address: 206 N Fruitland Blvd Fruitland, MD 21826

Amount Given: 2,573.

Activity Classification: Community Concerns

Grantee Name: Salvation Army

Grantee Address: 217 Oak Street Salisbury, MD 21804

Amount Given: 3,000.

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

Grantee Name: East Salisbury Elementary School

Grantee Address: 2424 Northgate Dr, #100 Salisbury, MD 21801

Amount Given: 1,440.

Activity Classification: Community Concerns

Grantee Name: Village of Hope

Grantee Address: 1001 Lake Street Salisbury, MD 21801

Amount Given: 250.

Activity Classification: Youth & Athletics

Grantee Name: Rotary Youth Leadership Awards

Grantee Address: 1560 Sherman Ave Evanston, IL 60201

Amount Given: 1,100.

Total included on Form 990-EZ, line 10 39,927.

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

Description of Other Expenses:	Amount:
Meetings and related expenses	6,971.
Rotary International and District dues	11,058.
Other expenses	4,589.
Total to Form 990-EZ, line 16	22,618.

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.

Name of the organization	Rotary Club of Salisbury, Maryland, USA, Inc.	Employer identification number 52-2238562
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Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:

Weekly meetings and programs to promote community involvement

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

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

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