

# Application for Recognition of Exemption

## Under Section 501(c)(3) of the Internal Revenue Code

For Paperwork Reduction Act Notice, see page 1 of the instructions.

OMB No. 1545-0056  
 Expires May 31, 1984

To be filed in the key district for the area in which the organization has its principal office or place of business.

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) The organization must have an organizing instrument (see Part II) before this application may be filed.

### Part I—Identification

1 Full name of organization Salisbury Regional Community Foundation, Inc.		2 Employer identification number (If none, attach Form SS-4) 52-1326014	
3(a) Address (number and street) Suite 518, One Plaza East, PO Box 156		Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f)	
3(b) City or town, State, and ZIP code Salisbury, Maryland 21801		4 Name and phone number of person to be contacted Robert W. Cook (301) 742-5161	
5 Month the annual accounting period ends August	6 Date incorporated or formed April 10, 1984	7 Activity codes 903	
8(a) Has the organization filed Federal income tax returns? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue office where filed ▶			
8(b) Has the organization filed exempt organization information returns? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue office where filed ▶			

### Part II.—Type of Entity and Organizational Documents (see instructions)

Check the applicable entity box below and attach a conformed copy of the organization's organizing and operational documents as indicated for each entity. See Exhibits A & B  
 Corporation—Articles of incorporation, bylaws.  Trust—Trust indenture.  Other—Constitution or articles, bylaws.

### Part III.—Activities and Operational Information

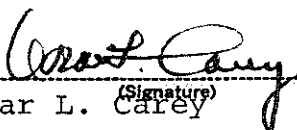
1 What are or will be the organization's sources of financial support? List in order of magnitude. If a part of the receipts is or will be derived from the earnings of patents, copyrights, or other assets (excluding stock, bonds, etc.), identify the item as a separate source of receipts. Attach representative copies of solicitations for financial support.

The Foundation plans to seek gifts and bequests from a wide range of the public in the community served within a 50-mile radius of Salisbury, Maryland, and to seek support from governmental sources and grants from other public charities.

2 Describe the organization's fund-raising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as selective mailings, formation of fund-raising committees, use of professional fund raisers, etc.)

The Foundation has just been formed and has not started any fund raising. It plans to primarily seek bequests but will also seek lifetime gifts from the general public. Its program will include contacting donors through trust departments of banks and attorneys and accountants. It will call attention to its activities and its potential to receive and administer gifts and bequests for the benefit of the community served by direct mail, by publication and wide distribution of its annual report, and by publicizing its grants and distribution in the local media.

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct, and complete.

  
 Oscar L. Carey (Signature)

President  
 (Title or authority of signer)

April 10, 1984  
 (Date)

Part III.—Activities and Operational Information (Continued)

4 (c) Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? . . . . .  Yes  No  
If "Yes," name those persons and explain the basis of their selection or appointment.

(d) Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons?" (See specific instruction 4(d).) . . . . .  Yes  No  
If "Yes," explain.

(e) Have any members of the organization's governing body assigned income or assets to the organization? . . . . .  Yes  No  
If "Yes," attach a copy of assignment(s) and a list of items assigned.

(f) Is it anticipated that any current or future member of the organization's governing body will assign income or assets to the organization? . . . . .  Yes  No  
If "Yes," explain fully on an attached sheet. It is anticipated that directors may make periodic gifts to the foundation as a part of their regular support of community charities.

5 Does the organization control or is it controlled by any other organization? . . . . .  Yes  No  
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors? . . . . .  Yes  No  
If either of these questions is answered "Yes," explain.

6 Is the organization financially accountable to any other organization? . . . . .  Yes  No  
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

7 (a) What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken.

None

(b) To what extent have you used, or do you plan to use contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities? To the extent allowed by the terms of gifts and bequests, we plan to use contributions primarily as an endowment fund.

8 (a) What benefits, services, or products will the organization provide that are related to its exempt function?

Grants for charitable purposes.

Statement of Support, Revenue, and Expenses for period ending \_\_\_\_\_, 19\_\_\_\_\_.

Support and Revenue	1	Gross contributions, gifts, grants, and similar amounts received . . . . .	1	
	2	Gross dues and assessments of members . . . . .	2	
	3	(a) Gross amounts derived from activities related to organization's exempt purpose . . . . .	3	
		(b) Minus cost of sales . . . . .		
	4	(a) Gross amounts from unrelated business activities . . . . .	4	
		(b) Minus cost of sales . . . . .		
	5	(a) Gross amount received from sale of assets, excluding inventory items (attach schedule) . . . . .	5	
	(b) Minus cost or other basis and sales expenses of assets sold . . . . .			
	6	Investment income (see instructions) . . . . .	6	
	7	<b>Total support and revenue</b> . . . . .	7	None
Expenses	8	Fund raising expenses . . . . .	8	
	9	Contributions, gifts, grants, and similar amounts paid (attach schedule) . . . . .	9	
	10	Disbursements to or for benefit of members (attach schedule) . . . . .	10	
	11	Compensation of officers, directors, and trustees (attach schedule) . . . . .	11	
	12	Other salaries and wages . . . . .	12	
	13	Interest . . . . .	13	
	14	Rent . . . . .	14	
	15	Depreciation and depletion . . . . .	15	
	16	Other (attach schedule) . . . . .	16	
	17	<b>Total expenses</b> . . . . .	17	None
	18	Excess of support and revenue over expenses (line 7 minus line 17) . . . . .	18	None

Balance Sheets		Enter dates ▶	Beginning date	Ending date
<b>Assets</b>				
19	Cash (a) Interest bearing accounts . . . . .	19		
	(b) Other . . . . .			
20	Accounts receivable, net . . . . .	20		
21	Inventories . . . . .	21		
22	Bonds and notes (attach schedule) . . . . .	22		
23	Corporate stocks (attach schedule) . . . . .	23		
24	Mortgage loans (attach schedule) . . . . .	24		
25	Other investments (attach schedule) . . . . .	25		
26	Depreciable and depletable assets (attach schedule) . . . . .	26		
27	Land . . . . .	27		
28	Other assets (attach schedule) . . . . .	28		
29	<b>Total assets</b> . . . . .	29		None
<b>Liabilities</b>				
30	Accounts payable . . . . .	30		
31	Contributions, gifts, grants, etc., payable . . . . .	31		
32	Mortgages and notes payable (attach schedule) . . . . .	32		
33	Other liabilities (attach schedules) . . . . .	33		
34	<b>Total liabilities</b> . . . . .	34		None
<b>Fund Balances or Net Worth</b>				
35	<b>Total fund balances or net worth</b> . . . . .	35		None
36	<b>Total liabilities and fund balances or net worth</b> (line 34 plus line 35) . . . . .	36		None

Has there been any substantial change in any aspect of your financial activities since the period ending date shown above? . . . . . N/A . . .  Yes  No  
 If "Yes," attach a detailed explanation.

Part VI.—Required Schedules for Special Activities

	If "Yes," check here;	And, complete schedule—
1	Is the organization, or any part of it, a school? . . . . .	A
2	Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . .	B
3	Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . .	C
4	Is the organization, or any part of it, a hospital or a medical research organization? . . . . .	D
5	Is the organization, or any part of it, a home for the aged? . . . . .	E
6	Is the organization, or any part of it, a litigating organization (public interest law firm or similar organization)? . . . .	F
7	Is the organization, or any part of it, formed to promote amateur sports competition? . . . . .	G

Part VII.—Non-Private Foundation Status (Definitive ruling only) (Continued)

B.—Analysis of Financial Support (Continued)

13 If the organization's non-private foundation status is based on:

- (a) Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the entire period were more than the amount shown on line 11.
(b) Section 509(a)(2).—For each of the years included on lines 1, 2, and 3, attach a list showing the name of and amount received from each person who is a "disqualified person."

For each of the years on line 3, attach a list showing the name of and amount received from each payor (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payor" includes but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any government agency or bureau.

C.—Supplemental Information Concerning Organizations Claiming Non-Private Foundation Status Under Section 509(a)(3)

Table with 2 columns: '1 Organizations supported by applicant organization:' and 'Has the supported organization received a ruling or determination letter that it is not a private foundation by reason of section 509(a)(1) or (2)?'. Includes rows for 'Name and address of supported organization' and checkboxes for 'Yes' and 'No'.

2 To what extent are the members of your governing board elected or appointed by the supported organization(s)?

3 What is the extent of common supervision or control that you and the supported organization(s) share?

4 To what extent do(es) the supported organization(s) have a significant voice in your investment policies, the making and timing of grants, and in otherwise directing the use of your income or assets?

5 Does the mentioning of the supported organization(s) in your governing instrument make you a trust that the supported organization(s) can enforce under State law and compel to make an accounting? . . . . . [ ] Yes [ ] No
If "Yes," explain.

6 What portion of your income do you pay to each supported organization and how significant is the support to each?

7 To what extent do you conduct activities which would otherwise be carried out by the supported organization(s)? Explain why these activities would otherwise be carried on by the supported organization(s).

8 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization which is not described in section 509(a)(1) or (2)? . . . . . [ ] Yes [ ] No
If "Yes," explain.

**SCHEDULE A.—Schools, Colleges, and Universities**

1 Is the organization an instrumentality of a State or political subdivision of a State? . . . . .  Yes  No  
If "Yes," document this in Part III and do not complete items 2 through 8 of this schedule. (See instructions for Schedule A.)

2 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:  
(a) Admissions? . . . . .  Yes  No  
(b) Use of facilities or exercise of student privileges? . . . . .  Yes  No  
(c) Faculty or administrative staff? . . . . .  Yes  No  
(d) Scholarship or loan program? . . . . .  Yes  No  
If "Yes," for any of the above, explain.

3 Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? . . . . .  Yes  No  
Attach whatever corporate resolutions or other official statements the organization has made on this subject.

4 (a) Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community which it serves? . . . . .  Yes  No  
If "Yes," describe how these policies have been publicized and state the frequency with which relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.

(b) If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogues dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of your programs.

5 Attach a numerical schedule showing the racial composition, as of the current academic year, and projected as far as may be feasible for the next academic year, of: (a) the student body, (b) the faculty and administrative staff.

6 Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

7 (a) Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.  
(b) State whether any of the organizations listed in (a) have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in (a) are officers or active members of such organizations.

8 Indicate the public school district and county in which the organization is located.

**SCHEDULE B.—Organizations Providing Scholarship Benefits, Student Aid, etc. to Individuals**

1 (a) Describe the nature of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and the amount. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires or will require of individuals to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study or other similar purposes are required to obtain advance approval of scholarship procedures. See sections 53.4945-4(c) and (d) of the regulations.)

(b) If you want this application considered as a request for approval of grant procedures in the event we determine that you are a private foundation, check here . . . . .

SCHEDULE C.—Successors to "For Profit" Institutions (Continued)

5 Has any property or equipment formerly used by the predecessor organization been rented to the applicant organization or will any such property be rented? . . . . .  Yes  No
If "Yes," explain and attach copies of all leases and contracts.

6 Is the organization leasing or will it lease or otherwise make available any space or equipment to the owners, principal stockholders, or principal employees of the predecessor organization? . . . . .  Yes  No
If "Yes," explain and attach a list of these tenants and a copy of the lease for each such tenant.

7 Were any new operating policies initiated as a result of the transfer of assets from a profit-making organization to a nonprofit organization? . . . . .  Yes  No
If "Yes," explain.

SCHEDULE D.—Hospitals and Medical Research Organizations

- Check here if you are claiming to be a hospital and complete the questions in Part I of this Schedule and write "N/A" in Part II.
 Check here if you are claiming to be a medical research organization operated in conjunction with a hospital and complete the questions in Part II of this Schedule and write "N/A" in Part I.

Part I.—Hospitals

1 (a) How many doctors are on the hospital's courtesy staff? . . . . .
(b) Do these doctors include all the doctors in the community? . . . . .  Yes  No
If "No," give the reasons why and explain how the courtesy staff is selected.

2 Composition of board of directors or trustees. (If more space is needed, attach schedule.)

Table with 2 columns: Name and address, Occupation. Multiple rows for listing board members.

3 (a) Does the hospital maintain a full-time emergency room? . . . . .  Yes  No
(b) What is the hospital's policy on administering emergency services to persons without apparent means to pay?

(c) Does the hospital have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? . . . . .  Yes  No
Explain.

**SCHEDULE E.—Homes for Aged**

**1** What are the requirements for admission to residency? Explain fully and attach promotional literature and application forms.

**2** Does or will the home charge an entrance or founder's fee? . . . . .  Yes  No  
If "Yes," explain.

**3** What periodic fees or maintenance charges are or will be required of its residents?

**4 (a)** What established policy does the home have concerning residents who become unable to pay their regular charges?

**(b)** What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining those residents?

**5** What arrangements does or will the home have to provide for the health needs of its residents?

**6** In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious, and similar needs of the aged?

**7** Has the home established or will it establish any reserves for future expenditures? . . . . .  Yes  No  
If "Yes," state the source of such reserves and explain how they will be used.

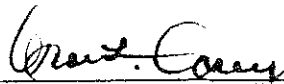
**8** Attach a sample copy of the contract or agreement the organization makes with or requires of its residents.

E X H I B I T    A  
to Form 1023  
dated April 10, 1984

Salisbury Regional Community Foundation, Inc.  
Suite 518, One Plaza East, PO Box 156  
Salisbury, Maryland 21801

*(Articles of Incorporation attached)*

I hereby certify that the attached Articles of Incorporation of Salisbury Regional Community Foundation, Inc., is a complete and accurate copy of the original.

  
Oscar L. Carey, President



STATE OF MARYLAND

# State Department of Assessments and Taxation

SALISBURY REGIONAL COMMUNITY FOUNDATION, INC.

THE

ARTICLES OF INCORPORATION

OF

SALISBURY REGIONAL COMMUNITY FOUNDATION, INC.

HAVE BEEN RECEIVED AND APPROVED BY THE STATE DEPARTMENT OF ASSESSMENTS  
AND TAXATION THIS 2ND DAY OF MAY, 1984, AT 10:12 A.M.  
AND WILL BE RECORDED.

DEAN W. KITCHEN  
By: CORPORATE ADMINISTRATOR.....

<u>FEE PAID</u>	<u>FEE CODE</u>	<u>AMOUNT</u>	<u>CO. CODE</u>	<u>DOCUMENT REFERENCE</u>
RECORDING FEE	61	22	72	
BONUS TAX	20	20		

E X H I B I T    B

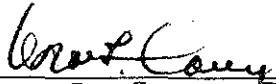
to Form 1023

dated April 10, 1984

Salisbury Regional Community Foundation, Inc.  
Suite 518, One Plaza East, PO Box 156  
Salisbury, Maryland 21801

*(By-laws attached)*

I hereby certify that the attached By-Laws of Salisbury Regional Community Foundation, Inc., is a complete and accurate copy of the original.

  
Oscar L. Carey, President

E X H I B I T C  
to Form 1023  
dated April 10, 1984

SALISBURY REGIONAL  
COMMUNITY FOUNDATION, INC.

BOARD OF DIRECTORS

SUITE 518, ONE PLAZA EAST  
P.O. BOX 156  
SALISBURY, MARYLAND 21801  
(301) 742-6181

Mr. Oscar L. Carey, President  
c/o Larmar Corporation  
P. O. Box 647  
Salisbury, Maryland 21801

Mr. Frank H. Morris, Vice President  
c/o Shore Distributors  
P. O. Box 2017  
Salisbury, Maryland 21801

Mr. W. Howard Hayman, Secretary/Treasurer  
c/o First National Bank  
P. O. Box 1657  
Salisbury, Maryland 21801

Mr. Herbert H. Fincher  
c/o Peninsula Roofing Company  
P. O. Box 1955  
Salisbury, Maryland 21801

Mr. Richard A. Henson  
c/o Henson Aviation  
Salisbury/Wicomico Airport  
Salisbury, Maryland 21801

Mr. W. Thomas Hershey  
c/o Delmarby  
Robinhood Drive  
Salisbury, Maryland 21801

Mr. John E. Hess  
c/o Hess Apparel  
P. O. Box 1699  
Salisbury, Maryland 21801

Mrs. Marianna R. Holloway (Mrs. W. Richard)  
1311 Woodland Road  
Salisbury, Maryland 21801

Mrs. Virginia H. Korff (Mrs. Harry O.)  
Tony Tank Lane  
Salisbury, Maryland 21801

Mr. Richard S. Wootten  
c/o Wootten Welding, Inc.  
P. O. Box 2347  
Salisbury, Maryland 21801

OFFICERS & DIRECTORS.

OSCAR L. CAREY, President  
FRANK H. MORRIS, Vice President  
W. HOWARD HAYMAN, Secretary/Treasurer  
HERBERT H. FINCHER  
RICHARDA HENSON

W. THOMAS HERSHEY  
JOHNE HESS  
MARIANNA R. HOLLOWAY  
VIRGINIA H. KORFF  
RICHARD S. WOOTTEN

EXECUTIVE DIRECTOR  
ROBERT W. COOM

E X H I B I T    D  
to Form 1023  
dated April 10, 1984

Salisbury Regional Community Foundation, Inc.  
Suite 518, One Plaza East, PO Box 156  
Salisbury, Maryland 21801

Budgeted Income Statement  
Year Ending August 31, 1984

Support and Revenue:	
Gross contributions, gifts, and grants	\$21,000
Gross dues and assessment of members	-
Gross amounts from activities-exempt purpose	-
Gross amount of unrelated business activities	-
Gross amount from sale of assets	-
Investment income	600
Total Support and Revenue	<u>\$21,600</u>
Expenses:	
Fund raising	\$ -
Gifts and grants paid	600
Disbursements to or benefit of members	-
Compensation of officers and directors	-
Other salaries, wages, and benefits	3,900
Interest	-
Rent	900
Office expense	1,200
Total Expenses	<u>\$ 6,600</u>
Excess of Support and Revenue over Expenses	<u>\$15,000</u>

Budgeted Balance Sheet - August 31, 1984

Assets: Cash - Interest Bearing	\$15,000
Liabilities:	-
Net Worth	<u>\$15,000</u>

E X H I B I T    E  
to Form 1023  
dated April 10, 1984

Salisbury Regional Community Foundation, Inc.  
Suite 518, One Plaza East, PO Box 156  
Salisbury, Maryland 21801

Budgeted Income Statement  
Year Ending August 31, 1985

Support and Revenue:	
Gross contributions, gifts, and grants	\$40,000
Gross dues and assessment of members	-
Gross amounts from activities-exempt purpose	-
Gross amount of unrelated business activities	-
Gross amount from sale of assets	-
Investment income	2,000
Total Support and Revenue	<u>\$42,000</u>
Expenses:	
Fund raising	\$ -
Gifts and grants paid	2,000
Disbursements to or benefit of members	-
Compensation of officers and directors	-
Other salaries, wages, and benefits	3,900
Interest	-
Rent	900
Office expense	1,200
Total Expenses	<u>\$ 8,000</u>
Excess of Support and Revenue over Expenses	<u>\$34,000</u>

Budgeted Balance Sheet - August 31, 1985

Assets: Cash - Interest Bearing	\$49,000
Liabilities:	-
Net Worth:	<u>\$49,000</u>

E X H I B I T F  
to Form 1023  
dated April 10, 1984

MEMBERSHIP

Page Two

Max P. Hughes  
V. V. Hughes & Sons  
P. O. Box 349  
Salisbury, MD. 21801  
742-1166

J. David Wheeler  
Dresser Industries, Inc.  
P. O. Box 1859  
Salisbury, MD. 21801  
546-6611

William P. Hytche  
University of Maryland Eastern Shore  
Princess Anne, MD. 21853  
651-3306

\*Richard S. Wootten  
Wootten Welding, Inc.  
P. O. Box 2347  
Salisbury, MD. 21801  
742-9301

\*Virginia Korff  
Tony Tank Lane  
Salisbury, MD. 21801  
742-3554

Virginia Layfield  
PGHMC  
100 Carroll St.  
Salisbury, MD. 21801  
546-6400

\* BOARD OF DIRECTORS

John R. Lerch  
Harris J. Riggins Insurance  
P. O. Box 42  
Salisbury, MD. 21801  
749-3155

EX-OFFICIO MEMBERS

The Greater Salisbury Committee

Salisbury State College

Wor-Wic Tech Community College

Peninsula General Hospital Medical Ctr.

Salisbury Ministerial Association

Salisbury Area Chamber of Commerce

United Way of Wicomico County

\*Frank H. Morris  
Shore Distributors  
P. O. Box 2017  
Salisbury, MD. 21801  
749-3121

(The above seven will be the head or  
the organization's designee.)

David Stein  
Salisbury Steel Company  
P. O. Box 1978  
Salisbury, MD. 21801  
546-1111

Samuel W. Seidel  
Peninsula Insurance Co.  
P. O. Box 108  
Salisbury, MD. 21801  
742-8166

EXHIBIT F  
to Form 1023  
dated April 10, 1984

SALISBURY REGIONAL COMMUNITY FOUNDATION, INC.

MEMBERS OF THE CORPORATION

E. Stanton Adkins E. S. Adkins Company P. O. Box 1779 Salisbury, MD. 21801 749-3171	Gordon E. Gladden Avery W. Hall Insurance Co. P. O. Box 2317 Salisbury, MD. 21801 742-5111
Marion Barkley English Catering Service 1205 S. Division Street Salisbury, MD. 21801 742-9511	Martha Graham 401 Pennsylvania Avenue Salisbury, MD. 21801 742-8205
Richard Barr Barr Transportation P. O. Box 1777 Salisbury, MD. 21801 742-3294	Todd Grier, Sr. R. D. Grier & Sons P. O. Box 2257 Salisbury, MD. 21801 749-4131
Richard Bernstein K & L Microwave 408 Cole Circle Salisbury, MD. 21801 749-2424	* W. Howard Hayman First National Bank P. O. Box 1657 Salisbury, MD. 21801 742-8143
A. T. Blades Preston Trucking Company Preston, Maryland 21655 742-9359	Richard F. Hazel Pepsi Cola Bottling Company P. O. Box 2138 Salisbury, MD. 21801 546-1136
* Oscar L. Carey Larmar Corporation P. O. Box 647 Salisbury, MD. 21801 742-8151	* Richard A. Henson Henson Aviation Salisbury/Wicomico Airport Salisbury, MD. 21801 742-2996
Robert W. Cook Greater Salisbury Committee P. O. Box 156 Salisbury, MD. 21801 742-5161	* W. Thomas Hershey Delmarby, Inc. Rt. 6, Box 636 Salisbury, MD. 21801 749-5611
William C. Evans Wicomico Junior High School East Main Street, Ext. Salisbury, MD. 21801 749-5622	* John E. Hess Hess Apparel P. O. Box 1699 Salisbury, MD. 21801 742-2111
* Herbert H. Fincher Peninsula Roofing Company P. O. Box 1955 Salisbury, MD. 21801 742-6163	* Marianna Holloway 1311 Woodland Road Salisbury, MD. 21801 749-3641

\* BOARD OF DIRECTORS

Form **872-C**

(Rev. July 1981)

Department of the Treasury—Internal Revenue Service

**Consent Fixing Period of Limitation  
Upon Assessment of Tax Under Section  
4940 of the Internal Revenue Code**

(See instruction 2 of Part IV—Form 1023 instructions.)

OMB No. 1545-0056

Expires May 31, 1984

To be used with Form  
1023. Submit in  
duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an extended advance ruling period,

Salisbury Regional Community Foundation, Inc.  
(Name of organization)

PO Box 156, Salisbury, MD 21801  
(Number, street, city or town, State, and ZIP code)

District Director

and the

Baltimore, MD

consent and agree that: (check one)

- If the first tax year in the extended advance ruling period is at least 8 months long, then the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the extended advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.
- If the first tax year in the extended advance ruling period is less than 8 months long, then the period for assessing tax (imposed under section 4940 of the Code) for any of the 6 tax years in the extended advance ruling period will extend 9 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, then the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year..... August 31, 1984

Name of organization	Date
Salisbury Regional Community Foundation, Inc.	April 10, 1984
Officer or trustee having authority to sign <u>Oscar L. Carey, President</u>	
Signature ► <u><i>Oscar L. Carey</i></u>	Date
District Director	

By ►