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Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Inter	nal Reve	nue Service The organization may have to use a copy of this return to satisfy state repo	rang requirements			
A	For the	2009 calendar year, or tax year beginning $07/01/09$, and ending $06/30/19$	10			
_		applicable Please C Name of organization) Emp	loyer identification number	
	Address	use IPS December of Determine Tours de Line Tour	-			
H	Name ch	label or C/O William C Brierley CPA		06	-0850327	
	Initial reti	print of a second secon	Room/suite E		phone number	
H	Terminat	See 741 Doot on De to 207	100m/suite		3-453-2989	
 		Specific			up Exemption	
	Amende	Om 06427				
				Num	(in the second	
	• Seci	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting m		Cash X Accrual	
_		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	<u>ح</u>		
		e: N/A	H Check ► 2 required to at	lach Sch	e organization is not nedule B (Form 990,	
<u>J</u>		mpt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 99	0-PF)	e organization is not ledule B (Form 990,	
K	Check	If the organization is not a section 509(a)(3) supporting organization and its gross	eceipts are normall	y not m	ore than \$25,000 A	
		90-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure	to file a complete re	turn		
L	Add lines	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶</u> \$		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruc	tions 1		
	1	Contributions, gifts, grants, and similar amounts received		1	27,660	
2014	2	Program service revenue including government fees and contracts		2		
20	3	Membership dues and assessments		3		
3	4	Investment income		4	3,452	
643	5a	Gross amount from sale of assets other than inventory 5a				
Z	b	Less cost or other basis and sales expenses 5b				
S S	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
1	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check h	ere 🕨 🗌		S MUTE UNIT	
	a	Gross revenue (not including \$ of contributions			RECEIVED	
Z		reported on line 1) 6a			1. 18 % 7 2013	
SCANNED Revenue	Ь	Less direct expenses other than fundraising expenses 6b		1 1		
Š	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	TPR BRANCH	
90	7a	Gross sales of inventory, less returns and allowances 7a			CORFW	
	Ь	Less cost of goods sold 7b		1 1		
<u> </u>	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 _c		
2614	8	Other revenue (describe)	8		
7	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	31,112	
7	10	Grants and similar amounts paid (attach schedule)	Stmt 1	10	13,806	
-	11	Benefits paid to or for members		11		
MAN	12	Salaries, other compensation, and employee benefits		12		
S S S	13	Professional fees and other payments to independent contractors		13		
/ xpens	14	Occupancy, rent, utilities, and maintenance		14		
Z X		Printing, publications, postage, and shipping		15		
.E.O	15	Other expenses (describe See Statement 2	,	16	13,631	
Recin Berching/ Not Assets (Necestra	16	Total expenses. Add lines 10 through 16		17	27,437	
- H	17			 	3,675	
<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18		
.⊊§	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		1	120 000	
<i>ల</i> ,⊀ౖ		end-of-year figure reported on prior year's return)	omont 2	19	138,009	
		Other changes in net assets or fund balances (attach explanation) See Stat	emenc 2	20	13,126	
	21_	Net assets or fund balances at end of year Combine lines 18 through 20	<u>P</u>	21	154,810	
<u> </u>	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Fo		orm 990		
		(**************************************) Beginning of year	1	(B) End of year	
		savings, and investments	138,009		154,810	
		nd buildings		23		
24	Other a	ssets (describe)	100 000	24	4	
	Total a		138,009		154,810	
		abilities (describe	122 222		0	
		sets or fund balances (line 27 of column (B) must agree with line 21)	138,009	27	154,810	
For	Privacy	y Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)	

Form 990-EZ (2009) Branford Rotary Foundation In	<u> </u>	5-0850327			Page 2
Part III Statement of Program Service Accomplishments (S	See the instruct	ions for Part II	l.)		penses
What is the organization's primary exempt purpose?				(Required	
See Statement 4	_				and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a manner, describe the services provided, the number of persons benefited, or other re-				-	ons and section
each program title.	evant intornation i	UI			trusts, optional
28 See Statement 5				for others	<u> </u>
20 See Statement J					
(Grants \$ 13,806) If this amount includes foreign grants, che	eck here	•	\prod	_28a	13,806
29					
(O		_			
(Grants \$) If this amount includes foreign grants, che	eck here	<u> </u>		_29a	
30					
(Grants \$) If this amount includes foreign grants, che	eck here	•	\bigcap .	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign grants, che	eck here	<u> </u>		31a	
32 Total program service expenses (add lines 28a through 31a)			•	32	13,806
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	(b) Title and average	mpensated. (See to compensation		Structions for F Contributions to	Part IV) (e) Expense
(a) Name and address	hours per week	(If not paid,	emplo	yee benefit plans &	account and
	devoted to position	enter -0)	deter	red compensation	other allowances
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<u></u>		_	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		.03	110
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		1	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	.		
þ	Gross receipts, included on line 9, for public use of club facilities	1	1	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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 Schedule L, Part I	40b		<u>X</u>
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		1	
	organization managers or disqualified persons during the year under sections 4912,		1	
	4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1	
	reimbursed by the organization		1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40		X
44	transaction? If "Yes," complete Form 8886-T	40e		
41 42a	List the states with which a copy of this return is filed ▶ None The organization's books are in care of ▶ William C. Brierley, CPA Telephone no ▶ 203	3-45	3-2	989
42a	741 Boston Post Rd	, 43	J 2	909
	Located at ► Guilford, CT ZIP+4 ► 064	137		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	10,		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b	.03	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		I	
	and Financial Accounts.		1	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ī	X
-	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			·
	70			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	[X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	Ì	X
		om 99	0-EZ	(2009)

orm 990-EZ	(2009) Branioi	d Rotary Foundation	TUC	06	5-0850327			Page 4
Part VI		organizations and section 49						
	501(c)(3) organiz	ations and section 4947(a)(1)	nonexemp	t charitabl	e trusts must a	answer questio	ns 46-4	9b
	and complete the	tables for lines 50 and 51.						
6 Did the	organization engage in d	irect or indirect political campaign activit	ties on behalf	of or in oppo	sition to		Y	s No
	•	es," complete Schedule C, Part I					46	X
	· · · · · · · · · · · · · · · · · · ·	obbying activities? If "Yes," complete Sch	hedule C. Par	t II			47	X
	• • •	chool as described in section 170(b)(1)(/	•		chedule F		48	X
	•	ansfers to an exempt non-charitable rela	,,,		onedule E		49a	X
			ateu organiza	uon,			49b	 ** -
	· · · · · · · · · · · · · · · · · · ·	ation a section 527 organization?	1	AL	J		430	
•	•	nization's five highest compensated empl	• ,			•		
employe		nore than \$100,000 of compensation fro		tation if there itle and average	(c) Compensation	(d) Contributions to	(e) Ex	nense
		ss of each employee paid more an \$100,000	ho	urs per week	(c) compensation	employee benefit plans &	accour	nt and
			deve	oted to position		deferred compensation	other allo	wances
lone								
			İ					
			-					
			ŀ					
f Total nu	mber of other employees	naid over \$100,000	I	•				
		the organization If there is none, enter " idependent contractor paid more than \$100,000		(h)	Time of conven	(5) (
	valle and address of each if	dependent contractor paid more than \$100,000	+	(6)	Type of service	(6) (ompensatio	"
None								
								
			ļ					
	·							
d Total nu	imber of other independe	ent contractors each receiving over \$100	0,000					
	r					-·		
		, I declare that I have examined this return, incli						
••-	and belief, it is true correct	ct, and complete Declaration of preparer (other	r than officer) is	pased on all into	ormation of which prej	parer has any knowled	je	
Sign		uc ruce,			1 9/4/	12		
lere	Signature of officer	C M			Date			
	William	C. Vis Wiges	Ves					
	Type or print name a	nd title						
	Preparer's	Mr. O Landle		Date	Check if	Preparer's Ident	fying Numbe	(See instr.)
Paid	signature	Mar James		08/31	./12 self- employed ▶	X P0020	L198	
reparer's	Firm's name (or yours	Brierley Cadwell	& Poss		LLC	_	0-420	2056
Jse Only	if self-employed),	741 Boston Post Rd		•		Phone		
,	address, and ZIP + 4		37-2638				-453-	2980
May the IRS		e preparer shown above? See instruction				1 10 2 200	Yes	No
		o proparor onomit above. Oce mandelle			'			<u></u>
						Fo	m) 330-1	EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Branford Rotary Foundation Inc c/o William C. Brierley, CPA

Employer identification number 06-0850327

Parl	I Rea	son for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	See ins	structi	ons.		
The org	anization is no	t a private foundation because	e it is (For lines 1 through 11, ch	eck only o	one box)					· · · · · ·		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school de	scribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3	A hospital o	r a cooperative hospital service	ce organization described in sec	tion 170(b)(1)(A)(iii).						
4	A medical re	esearch organization operated	in conjunction with a hospital de	escribed in	section	170(b)(1)(A)(iii)	. Enter t	he hosp	oital's name,		
_	city, and sta	te										
5	An organiza	tion operated for the benefit o	of a college or university owned o	r operated	by a gov	ernmen	tal unit d	lescribe	d ın			
		(b)(1)(A)(iv). (Complete Part I	•	•	, ,							
6	\neg	leral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	=	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
' ∟		section 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,	90.0		00	9	51151G1 p	050			
8	_		70(b)(1)(A)(vi). (Complete Part II	1.1								
9 3		-) more than 33 1/3 % of its supp	•	ontribution	ne mem	harehin	foos ar	ול מנספפ			
J [=	_		pt functions—subject to certain e						_	•		
	•		d unrelated business taxable inc	•								
	• •	-), 1975 See section 509(a)(2).	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTAL DES		•			
10	¬ ' '	_	exclusively to test for public safet			(a)(4)						
11	⊣ ~	•	exclusively for the benefit of, to p	•			carry o	ut the				
•• _		•	ed organizations described in se				-		ction			
	• •		ne type of supporting organizatio	•								
	a Typ		c Type III–Functiona		•	d	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	e III–Oti	her			
еГ		··	anization is not controlled directly			(
• _			and other than one or more publ				•		ection			
	•	section 509(a)(2)		,								
·f		, , , ,	rmination from the IRS that it is a	Type I. T	voe II. or	Type III :	supporti	na				
• •	_	, check this box		, ,	,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9				
g	_		ion accepted any gift or contribut	tion from a	nv of the							\Box
9	following pe	_	2000 p :00 a, g c. co		,							
	• .		ntrols, either alone or together w	oth person	s describ	ed in (u)					Yes	No
		below, the governing body of	-	ролоон		(,				11g(ı)		
	• •	member of a person describ	, , ,							11g(ii)		
	, .	controlled entity of a person d	* *							11g(iii	1	
h	• •	following information about th								[3(<u> </u>	
	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did v	ou notify	(vi) I	s the	(viı) Am	ount of	
	organization	(,	(described on lines 1–9	in col (i) listed in your		the organization in		organization in col		sup		
			above or IRC section	governing	document?	col (i)	of your oort?	(I) organii	zed in the			
			(see instructions))	Yes	No	Yes	No	Yes	No			
								İ	1			
	_	<u> </u>										
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			1	1								

Sche	edule A (Form 990 or 990-EZ) 2009 Bra					<u>-0850327</u>	Page 2
P	art II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I.)			
	tion A. Public Support	,				<u>p.</u>	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4		!				
	tion B. Total Support	·	1				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here						>
Sec	ction C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2009 (line 6	, column (f) divided	by line 11, column	ı (f))		14	%
15	Public support percentage from 2008 Sche	edule A, Part II, line	14			15	%%
16a	33 1/3 % support test—2009. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 33	3 1/3 % or more, ch	eck this box	
	and stop here. The organization qualifies	as a publicly suppo	rted organization				>
b	33 1/3 % support test—2008. If the organ	ization did not ched	k a box on line 13	or 16a, and line 15	is 33 1/3 % or mo	re, check this	
	box and stop here. The organization quali	fies as a publicly su	pported organizat	ion			▶ _
17a	10%-facts-and-circumstances test—200	9. If the organizatio	n did not check a l	oox on line 13, 16a	or 16b, and line 1	4 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumstar	ices" test, check th	is box and stop he	re. Explain in Part	IV how the	
	organization meets the "facts-and-circums	tances" test. The or	rganization qualifie	s as a publicly sup	ported organization	1	>
þ	10%-facts-and-circumstances test—200	8. If the organizatio	n did not check a l	oox on line 13, 16a	, 16b, or 17a, and I	ine 15 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumstar	ices" test, check th	is box and stop h e	re. Explain in Part	IV how the	
	organization meets the "facts-and-circums	tances" test. The or	rganization qualifie	s as a publicly sup	ported organization	ı	▶ [
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, checl	k this box and see	instructions	>

Schedule A (Form 990 or 990-EZ) 2009

06-0850327

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 23,899 30,814 27,660 82,373 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 23,899 30,814 27,660 82,373 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6) 82.373 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 23,899 30,814 27,660 82,373 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 4,554 15,360 3,452 23,366 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 15,360 4,554 3,452 23,366 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) 31,112 105,739 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 77.90% Public support percentage from 2008 Schedule A, Part III, line 15 16 73.32% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 22 % Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 27% 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Branford Rotary Foundation Inc 06-0850327

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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BFDROTFDN Branford Rotary Foundation Inc 06-0850327 FYE: 6/20/2010

Federal Statements

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		FMV Explanation		
d to		Book Value Explanation		
r Amounts Pair		Book Value		
Srants and Similar <u>ns</u>		Noncash Contribution		
EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations	Class of Activity	Cash Contribution	9,306	9,306
Statement 1 - Form 990-Ez		Description of Property		
State	Name and Address	Date of Gift		
			YMCA	Total

BFDROTFDN Branford Rotary Foundation Inc 06-0850327 Federal Statements

Ω6-0850327

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Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	<u></u> .	Amount
Expenses	\$	
Fundraising event expense		13,631
Total	\$	13,631

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	A	mount
Change in market value of investments	\$	13,126
Total	\$	13,126

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Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

To enable Rotarians to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

The Branford Rotary Foundation conducts annual fundraisers. Income from these events is donated to other charitable, community and school organizations and international charitable projects.