

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2013

Open to Public Inspection

Form 990-EZ (2013) 3

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

									b			
A	For the	e 2013 calen	dar year, or tax year begin	ning $07/01/13$ ,	and ending 0	6/30/1	.4					
В	Check if a	applicable	I						Employer Id	entification number		
	Address	change	Branford Rotary Foundation Inc									
	Name cha	ange	c/o William (		06-08	<u>50327</u>						
	Initial retu	JU.	Number and street (or P O box, if	mail is not delivered to street address	ess)		Room/suite	E	Telephone nu			
	Terminate	ed	741 Boston Po	ost Rd, suite	307				<u> 203-4</u>	53-2989		
	Amended	i return	•	untry, and ZIP or foreign postal cod				F	Group Exer	nption		
	Application	on pending	Guilford		06437				Number I			
G	Accoun	nting Method.	Cash X Accrual	Other (specify) ▶	<u>.</u>		н	Check 🕨	· X if the o	organization is <b>not</b>		
1	Websit	te: ▶ <u>N/A</u>						required	to attach Sc	hedule B		
<u>1</u>	Tax-exe	empt status (ch	eck only one) — X 501(c)(3	) 501(c) ( ) <b>1</b> (insert	no) 4947(a)	(1) or 5	27	(Form 99	90, 990-EZ, c	or 990-PF)		
K	Form o	f organization	X Corporation	Trust Associa	ntion 🔲 O	ther						
L	Add line	s 5b, 6c, and 7l	b, to line 9 to determine gross re	ceipts If gross receipts are \$2	00,000 or more, or	ıf total assets						
(Par	rt II, colur		re \$500,000 or more, file Form 9					<u> </u>	▶ \$	84,790		
F	art I		ue, Expenses, and Ch	_				truction	s for Part I	) 🚃		
		Check	if the organization used S	Schedule O to respond	to any question	n in this Pa	rt I			X		
	1	Contributions,	gifts, grants, and similar amounts	received				ļ	1	75,955		
	2	Program ser	vice revenue including gover	nment fees and contracts				ļ	2			
	3	Membership	dues and assessments					1	3			
	4	Investment is	ncome					ļ	4	8,835		
	5a	Gross amou	nt from sale of assets other t	han inventory	_	5a						
	b	Less cost of	r other basis and sales exper	ises	L	5b						
	c	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)  5c									
	6	Gaming and	nd fundraising events									
	а	Gross incom	e from gaming (attach Schedule G if greater than									
Ĭ		\$15,000)			Ĺ	6a						
Revenue	b	Gross incom	ne from fundraising events (no	ot including \$		of contributio	ns					
8		from fundras	sing events reported on line 1	i) (attach Schedule G if the		1		l				
1			gross income and contribution		-	6b						
,	C		expenses from gaming and for	•	L	6c						
	d		or (loss) from gaming and fur	ndraising events (add lines	6a and 6b and su	ubtract						
		line 6c)			1	1		ļ	_6d			
	7a		of inventory, less returns and	dallowances	-	7a						
	þ	Less cost of	•		L	7b			_			
	C		or (loss) from sales of invent	ory (Subtract line 7b from li	ne 7a)			}	7c			
	8		ue (describe in Schedule O)						8	94 700		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6		1	33 V = 3	<u> </u>		9	84,790		
	10		similar amounts paid (list in S	criedule ()	8 .		ا بي اسم	}	10	13,300		
	11	•	d to or for members	hanafia	la lang	2 0 2015	11 3	ŀ	11			
ses	12	•	er compensation, and emplo fees and other payments to		M. 11	20 2013	d F	ŀ	13			
Expenses	14		rent, utilities, and maintenan	•	- H		i	ŀ	14	<del></del>		
X	15		plications, postage, and shipp		4	٠, ٢,		ŀ		<del></del>		
_	15 16	•	olications, postage, and snipp uses (describe in Schedule O	•	(4	- p 🗸		ŀ	15 16	58,370		
	17		nses (describe in Schedule O nses. Add lines 10 through 16		<del></del> -			_ <b>.</b> }	17	71,670		
	18		leficit) for the year (Subtract I				•		18	13,120		
য়	19		or fund balances at beginning		nn (A)) (must ag	ree with		ł				
SSE	'		figure reported on prior year's	- ·	(/ y/ (mast agi	*******			19	235,510		
Net Assets	20	•	es in net assets or fund bala		O)			ŀ	20	19,667		
ž	21	-	or fund balances at end of year		•			<b>▶</b> أ	21	268,297		
Foi			ion Act Notice, see the se			-				orm <b>990-EZ</b> (2013)		

SCANNED MAY 1 3 2015

DAA

Form 990-EZ (20	Branford Rotary Foundation Inc	06-0850327		Page 2
. Part II	Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question	on in this Part II		
		(A) Beginning of year		(B) End of year
22 Cash, savi	ngs, and investments	235,510	22	268,297
23 Land and b	buildings	0	23	
24 Other asse	ets (describe in Schedule O)	0	24	
25 Total asse	ots .	235,510	25	268,297
26 Total liabi	lities (describe in Schedule O)	0	26	0
	a a fixed belonged (inc. 27 of column (D) must caree with line 21)	235 510	27	268,297

24 Other assets (describe in Schedule O)	0	24	
25 Total assets	235,510	25	268,297
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	235,510	27	268,297
Part III Statement of Program Service Accomplishments (see the inst	ructions for Part III)		Expenses
Check if the organization used Schedule O to respond to any question	in this Part III	(Re	quired for section
What is the organization's primary exempt purpose?		501	(c)(3) and 501(c)(4)
See Schedule O	· · · · · · · · · · · · · · · · · · ·	org	anizations and section
Describe the organization's program service accomplishments for each of its three largest program	services,	494	7(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner, describe the services provided, the num	nber of	for ·	others)
persons benefited, and other relevant information for each program title.			
28 See Schedule O			
(Grants \$ ) If this amount includes foreign grants, check here	<b>&gt;</b>	28a	
29			
(Grants \$ ) If this amount includes foreign grants, check here	<b>&gt;</b>	29a	
30			
•			
(Grants \$ ) If this amount includes foreign grants, check here	<b>&gt;</b>	30a	
31 Other program services (describe in Schedule O)	'		
(Grants \$ 13,300) If this amount includes foreign grants, check here	<b>.</b>	31a	13,300
32 Total program service expenses (add lines 28a through 31a)		32	13,300
Part IV List of Officers, Directors, Trustees, and Key Employees(list each one even of Check if the organization used Schedule O to respond to any question in this Part		nstructio	ons for Part IV)
(b) Average (c) R	eportable (d) Heath ben	efits.	
(a) Name and title hours per week	pensation contributions to el -2/1099-MISC) benefit plans.	mployee and	(e) Estimated amount of other compensation
	aid, enter -0-) deferred comper		outer compensation
			1

(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

Branford Rotary Foundation Inc

or Information (Note the Schedule A and personal benefit contract
suctions for Part V) Check if the organization used Schedule O to resp

. Pa	instructions for Part V) Check if the organization used Schedule 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	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	ł		l
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		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)?	35a		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	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		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	36		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	_[		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶, section 4912 ▶; section 4955 ▶			
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 did it engage in an excess benefit transaction in a pnor year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	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	40e		X
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ William C. Brierley, CPA Telephone no. ▶ 203	3-45	3-2	989
	741 Boston Post Rd			
	Located at ▶ Guilford CT ZIP + 4 ▶ 06	437		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		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			
_	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		х
C		420		46
43	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ □
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	.,,,
a	completed instead of Form 990-EZ	44a	l İ	x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	174		
IJ	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		<u> </u>
u	explanation in Schedule O	44d	1	
45-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	750	-	<del></del> -
-730	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)	45b		x
	1 Offit 000-LE (See institutional)	1 700	ليب	<del></del>

rom 9	0-62 (2013) Branford Rotary Found	dation inc	<u> </u>	06-08	50327				aye 🕶
				·	_	ı		Yes	No
	old the organization engage, directly or indirectly, in political concarding the condition of the condition		n behalf of	or in oppositio	n		46	Ī	X
Par	₩ Section 501(c)(3) organizations only						<u></u>		
	' All section 501(c)(3) organizations must ans	wer questions 47	49b and	52, and con	nplete the tables fo	or lines			
	50 and 51. Check if the organization used Schedule O t	to respond to any	question	in this Part \	<b>∕</b> I				
								Yes	No
	Old the organization engage in lobbying activities or have a se lear? If "Yes," complete Schedule C, Part II	ection 501(n) electio	n in eπect a	unng the tax			47		x
	s the organization a school as described in section 170(b)(1)(	(A)(II)? If "Yes," com	plete Sched	lule E			48		X
	Old the organization make any transfers to an exempt non-cha		•				49a		X
	f "Yes," was the related organization a section 527 organization						49b		
	Complete this table for the organization's five highest compen-								
	employees) who each received more than \$100,000 of compe	(b) Average		portable	(d) Health benefits,				
	(a) Name and title of each employee	hours per week devoted to position	comp	ensation 2/1099-MISC)	contributions to employ benefit plans, and	oth	stimated er comp		
No	(A	<del></del>			deferred compensation	<u>n</u>			
	·								
			-						
				i					
		<u> </u>							
f	otal number of other employees paid over \$100,000			<u>_</u>			-		
	Complete this table for the organization's five highest compens	sated independent of	contractors v	who each rece	eived more than				
:	100,000 of compensation from the organization. If there is no								
	(a) Name and business address of each independent cont	ractor		(b) Type	e of service	(c) C	Compen	sation	
Non									
	· · · · · · · · · · · · · · · · · · ·								
						<del></del>			
	otal number of other independent contractors each receiving of the organization complete Schedule A? <b>Note</b> . All section \$	•	ns and 494	7/2\/1\					
	conexempt chantable trusts must attach a completed Schedul		) 15 and 454	· / (a)(1)		<b>▶</b> 🗓	Yes		No
Under p	enalties of perjury, I declare that I have examined this return, includir	ng accompanying sche							
rue, co	rect, and complete Declaration of preparer (other than officer) is bas	sed on all information of	of which prepare	arer has any kno	owledge				
Sign	Signatura of others			Dai	10 4/ 1/				
Here	W/Walks				" 4/14/15				
	Type or print name and title		9	1	/				
	Print/Type preparer's name	parery signature	11.	///		neck X if	PTIN		
Paid Prepa	rer Furn's name Brierley, CPA  Brierley, Cadwelf	5 Possid	VILLI	TIC	103/23/13	if-employed		01198	
Use (			enre,	rrc /	Firm's EIN		-420	U Z U:	90
		37-2638			Phone no	203-	<u>45</u> 3	- <u>2</u> 9	89
May t	e IRS discuss this return with the preparer shown above? Se	e instructions				<b>•</b>	Ye		No
						For	m 990	)-EZ (	(2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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

Pi	art I	Rease	on for <u>Public Char</u> ity S	Status (All organizations r	<u>must co</u> l	mplete t	his par	t.) See	<u>instru</u>	uctions	3.		
The	orgar			it is: (For lines 1 through 11, che									
1	Ň			ciation of churches described in			A)(i).						
2			cnbed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3			a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	H	•	•	in conjunction with a hospital de				YAYiii).	Enter ti	ne hosp	ital's name.		
_		city, and state		m conjunction that a mospital ac-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
_		•		a college or university owned or	onerated	hy a gove	rnments	al unit de	scribed	l in			
5					operated	by a gove	SIT IN THE FIRE	ii uriii uc	.3011000				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	$\square$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
7		-	•		i a govern	mentai ur	iit or iron	i trie gei	ierai pu	IDIIC			
			section 170(b)(1)(A)(vi).(Co										
8				70(b)(1)(A)(vi).(Complete Part II									
9	X			more than 33 1/3% of its support									
				ot functions—subject to certain e						its			
		• •	-	unrelated business taxable inco			11 tax) fr	om busii	nesses				
				, 1975 See <b>section 509(a)(2)</b> . (									
10				xclusively to test for public safety									
11				xclusively for the benefit of, to pe									
				d organizations described in sec						tion			
		<b>509(a)(3)</b> . Ch	eck the box that describes th	e type of supporting organization			11e thr	$\neg$					
		a Type		c Type III–Functiona			d (				ionally integrat	ed	
9				nization is not controlled directly									
				than one or more publicly support	rted orgai	nizations (	describe	d in sect	ion 509	(a)(1)			
		or section 509											
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or 1	ype III s	upportin	9				
		•	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	ed ın (ıi) a	and			<del></del>	Yes	No
		(III) belov	v, the governing body of the	supported organization?							11g(i)	↓	ļ
		(ii) A famıly	member of a person describe	ed in (i) above?							11g(ii)	—	ļ
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii	<u> </u>	<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s)	,								
(	i) Nam	e of supported	(ii) EIN	(iii) Type of organization	1	organization		ou notify		ls the	(vli) Amount		etary
	org	ganization		(described on lines 1-9 above or IRC section	1 '''	sted in your document?	the organ	nization in of your	organizat (i) organi	zed in the	sup	noc	
				(see instructions)	governing	T		ort?		S ?			
					Yes	No	Yes	No	Yes	No			
(A)													
					ļ				<u> </u>				
(B)													
						<u> </u>							
(C)								i					
				<u> </u>	<del>                                     </del>								
(D)													
(E)			<del></del> -		<u> </u>		l		<del> </del>				
,					<u>L</u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>		
			· / / / / / / / / / / / / / / / / / / /		1	<u> </u>			1			_	
			<b>‡</b>	<b>I</b>	‡	Ŧ	l	I	ł	1 1	I		

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

Schedule A (Form 990 or 990-EZ) 2013

Part II

Schedule'A (Form 990 or 990-EZ) 2013 Branford Rotary Foundation Inc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 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.)

-	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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			38			
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				1		
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources					_	
9	Net income from unrelated business activities, whether or not the business is regularly carned 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		<u> </u>			<u> </u>	
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	h, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here		<del></del>				<b>•</b>
	tion C. Computation of Public Su	• •	<del>-</del>				T
14	Public support percentage for 2013 (line 6,	` '	•	(f))		14	%
15	Public support percentage from 2012 Sche					15	%
16a	33 1/3% support test—2013. If the organi				1/3% or more, che	ck this	▶ □
<b>.</b>	box and <b>stop here.</b> The organization quality	, ,	• •		.a 22 4/20/ as mass		
D	33 1/3% support test—2012. If the organic check this box and stop here. The organiz			•	is 33 1/3% or more	•	▶ □
17a	,	•		•	or 16h and line 1	4.10	
i i a	10% or more, and if the organization meets	•			•		
	Part IV how the organization meets the "fac				•		
	organization	,ts-and-chodinstant	ses test. The organ	mzation qualifies as	s a publicity support	eu	▶ □
ь		12 If the organizator	on did not check a l	hox on line 13, 16a	16h or 17a and I	ine	
-	15 is 10% or more, and if the organization	_		•		ii i c	
	Explain in Part IV how the organization me				-	vk	
	supported organization	140to and-0		organization	quanto do a pabili	<b>,</b>	▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a. 16b.	17a, or 17b, check	this box and see		
	instructions		,,,				▶ □

, Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

				<del></del>	<del></del>		
	tion A. Public Support		# \ <del>-</del>	(-) 0044	(4) 2042	(0) 2012	(f) Tetal
Caler	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	27,660	27,315	43,999	97,167	75,955	272,096
2	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		4,260	2,404	4,062	8,835	19,561
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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						
6	Total. Add lines 1 through 5	27,660	31,575	46,403	101,229	84,790	291,657
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						291,657
-	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·- <u>-</u> -	····	
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	27,660	31,575	46,403	101,229	84,790	291,657
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	27,660	31,575	46,403	101,229	84,790	291,657
14	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	n, or fifth tax year as	a section 501(c)(	3)	. —
	organization, check this box and stop here		-				▶ 📋
	tion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8,			f))		15	100.00%
16	Public support percentage from 2012 Sche					16	100.00%
	tion D. Computation of Investmen			al		17	
17	Investment income percentage for 2013 (III			טועווווו (ז))		18	<u>%</u> %
18	Investment income percentage from 2012 and 33 1/3% support tests—2013. If the organization of the state of th			4 and line 15 is mo	re than 33 1/20/		
19a b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2012. If the organ	x and <b>stop here.</b> Th nization did not chec	e organization qua k a box on line 14	ilifies as a publicly s or line 19a, and line	supported organizate 16 is more than 3	ation 33 1/3%, and	<b>▶ X</b>
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did	not check a box on	une 14, 19a, or 19	D, CNECK This box ar	ia see instructions		

Schedule'A (Form 990 or 990-EZ) 2013 Branford Rotary Foundation Inc

06-0850327

Pane 4

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

## 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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

2013

Name of the organization

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

Employer Identification number 06-0850327

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address

Class of Activity

Date of Gift

Desc. of Property

Cash Contrib. Noncash Contrib.

Book Value

BV Expl.

FMV Expl.

Other Organizations

**Various** 

\$

13,300 \$

0

\$

0

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

Description

Amount

58,370

Expenses

Conferences	\$ 2,350
Bank charges	\$ 116
Investment expenses	\$ 1,667
Fundraising event expense	\$ 54,237

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

Total \$

Description

Amount

Change in FMV of Investments

\$

19,667

Change in market value of investments

\$

0

Form 990-EZ, Part III - Primary Exempt Purpose

Name of the organization

Branford Rotary Foundation Inc

Employer identification number

06-0850327

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

Form 990-EZ, Part III, Line 28 - First Accomplishment
The Branford Rotary Foundation conducts annual
fundraisers. Income from these events is donated to other
charitable, community and school organizations and
international charitable projects.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

The Branford Rotary Foundation conducts annual fundraisers.

Income from these events is donated to other charitable, community and school organizations and international charitable projects.