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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

2013Department 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.**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
NEW BRITAIN-BERLIN ROTARY CLUB
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 1794
 City or town, state or province, country, and ZIP or foreign postal code
NEW BRITAIN CT 06050-1794

D Employer identification number
06-6043330

E Telephone number
(860) 827-9064

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.NEWBRITAIN-BERLINROTARY.ORG

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 87,514.

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 ☒

1 Contributions, gifts, grants, and similar amounts received	1	<u>533.</u>
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	<u>11,700.</u>
4 Investment income	4	<u>4.</u>
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b 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	<u>75,277.</u>
c Less: direct expenses from gaming and fundraising events	6c	<u>34,227.</u>
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>41,050.</u>
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c 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	<u>53,287.</u>
10 Grants and similar amounts paid (list in Schedule O)	10	<u>23,275.</u>
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	<u>645.</u>
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	<u>377.</u>
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	<u>15,194.</u>
17 Total expenses. Add lines 10 through 16 ▶	17	<u>39,491.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>13,796.</u>
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	<u>44,403.</u>
20 Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt	20	<u>4,332.</u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	<u>62,531.</u>

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

Form 990-EZ (2013)

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 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 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	
c 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	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?	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:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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 prior 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 ▶		
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	40e	X
41 List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of ▶ <u>ANN PEABODY</u> Telephone no ▶ <u>(860) 827-9064</u> Located at ▶ <u>101 GREAT NECK ROAD</u> <u>WATERFORD</u> CT ZIP + 4 ▶ <u>06385</u>		
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)?	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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If 'Yes,' enter the name of the foreign country ▶		

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c 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 explanation in Schedule O	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	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)	45b	X

- 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 Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?
- 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.'

	Yes	No
47		
48		
49a		
49b		

(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

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.'

(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 and 4947(a)(1) nonexempt charitable trusts 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	Signature of officer <u>Ann F. Peabody</u> Date <u>2/5/15</u>	
	Type or print name and title <u>ANN F. PEABODY, EXEC. SECRETARY</u>	
Paid Preparer Use Only	Pnnl/Type preparer's name	Preparer's signature <u>Frank D. Marrocco CPA</u> Date <u>01/19/15</u>
	Firm's name ▶ <u>Frank D. Marrocco, CPA</u>	Check <input checked="" type="checkbox"/> if self-employed PTIN <u>P00106988</u>
	Firm's address ▶ <u>142 West Main Street</u>	Firm's EIN ▶ <u>06-1261120</u>
	<u>New Britain</u> <u>CT</u> <u>06052-1315</u>	Phone no <u>(860) 229-7479</u>

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' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEW BRITAIN-BERLIN ROTARY CLUB

Employer Identification number

06-6043330

Fundraising Activities. Complete if the organization answered 'Yes' to 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 ten 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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 WREATH SALE (event type)	(b) Event #2 GOLF TOURN-MAY (event type)	(c) Other events WATER SKI (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	17,565.	28,427.	26,717.	72,709.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2).	17,565.	28,427.	26,717.	72,709.
DIRECT EXPENSES	4 Cash prizes		1,497.		1,497.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages			930.	930.
	8 Entertainment				
	9 Other direct expenses	10,581.	1,294.	17,498.	29,373.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				31,800.
	11 Net income summary. Subtract line 10 from line 3, column (d)				40,909.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain:

- 11 Does the organization operate 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 operated in:
- | | | |
|---|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contact 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).

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

MEMBERSHIP DUES	5,913.
MEETINGS & MEMBERSHIP EXPENSES	4,950.
OFFICE EXPENSES	967.
TRAVEL & CONFERENCE EXPENSE	982.
CREDIT CARD & BANK SERVICE CHARGES	1,653.
COMPUTER & INTERNET EXPENSES	729.
Total	15,194.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NBHS LANGUAGE ARTS DEPT 110 MILL ST NEW BRITAIN CT 06051	NONE	875.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WARM THE CHILDREN PO BOX 1933 NEW BRITAIN CT 06050	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HOSP FOR SPECIAL CARE-SPORTS CAMP 2150 CORBIN AVE NEW BRITAIN CT 06053	NONE	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HOSP FOR SPECIAL CARE-MANES IN MOTION 2150 CORBIN AVE NEW BRITAIN CT 06053	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NEW BRITAIN INDUSTRIAL MUSEUM 185 MAIN ST NEW BRITAIN CT 06051	NONE	800.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> BERLIN INTERACT CLUB 131 PATTERSON WAY BERLIN CT 06037	NONE	600.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> CORAM DEO RECOVERY LIVING CENTER PO BOX 2334 NEW BRITAIN CT 06050	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NB MUSEUM OF AMERICAN ART 56 LEXINGTON ST NEW BRITAIN CT 06052	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NB YOUTH MUSEUM & ART LEAGUE OF NB 30 HIGH ST NEW BRITAIN CT 06051	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NEW BRITAIN YOUTH MUSEUM 30 HIGH ST NEW BRITAIN CT 06051	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NEW BRITAIN PARK & REC 27 WEST MAIN ST NEW BRITAIN CT 06051	NONE	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT ORG	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ROTARY INTERNATIONAL 14280 COLLECTIONS CENTER DR CHICAGO IL 60693	AFFILIATED ORGANIZATION	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KATARZYNA KROLAK 11 MEAD ST APT C NEW BRITAIN CT 06051	NONE	2,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> VICTORIA VEGA 745 FARMINGTON AVE KENSINGTON CT 06037	NONE	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business . . . <input type="checkbox"/> Person <input checked="" type="checkbox"/> KASONDRA COLASANTI 256 FAIRVIEW DRIVE BERLIN CT 06037	NONE	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business . . . <input type="checkbox"/> Person <input checked="" type="checkbox"/> SEAN DI PIETRO 216 SPRUCE BROOK RD BERLIN CT 06037	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business . . . <input type="checkbox"/> Person <input checked="" type="checkbox"/> LISA PANYANOUVONG 76 BIRUTA ST NEW BRITAIN CT 06053	NONE	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MAEME AGYEIWAA OBENG 30 NEW HAMPSHIRE DR APT A NEW BRITAIN CT 06052	NONE	2,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DUWLA AMIN 83 RIDGEWOOD ST NEW BRITAIN CT 06053	NONE	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
NET UNREALIZED GAIN ON FAIR MARKET VALUE OF INVESTMENTS	4,332.
Total	4,332.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	2,190.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Continued

Line 24 - Other Assets:	Beginning of Year	End of Year
Total	<u>2,190.</u>	<u>0.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCRUED EXPENSES	<u>3,750.</u>	<u>0.</u>
DONATIONS PAYABLE-CHARITABLE CONTR.	<u>8.</u>	<u>0.</u>
Total	<u>3,758.</u>	<u>0.</u>