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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 2014

Open to Public Inspection

Department of the Treasury

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. Internal Revenue Service For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15 Check if applicable C Name of organization D Employer identification number Branford Rotary Foundation Inc Address change c/o William C. Brierley, CPA 06-0850327 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 203-453-2989 Final return/terminated 741 Boston Post Rd, suite 307 Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending Guilford Number > Check ► X if the organization is **not** X Accrual Other (specify) ▶ Accounting Method Cash Website: ▶ N/A required to attach Schedule B **X** 501(c)(3) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -501(c) () ◀ (insert no) Other X Corporation Form of organization Trust Association 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 62,529 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 61.506 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 1,023 4 Investment income 4 5a 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the 6ь sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a 7a Gross sales of inventory, less returns and allowances 7b b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 62,529 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 RECEIVED 22,073 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 APR 0 1 2016 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance OGDEN, UT 15 15 Printing, publications, postage, and shipping 41,847 16 16 Other expenses (describe in Schedule O) 63,920 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,391 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 268,295 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 275,078 21 Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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För	m 990-EZ (2014) Branford Rotary Foun	dation In	C	06-08	350327	7		Page 2
ī	Part # Balance Sheets (see the instructions for						-	
	Check if the organization used Schedule O	to respond to an	y question in	this Part	11		_	
				1	ginning of y	ear		(B) End of year
22	Cash, savings, and investments				268,	295	22	275,078
	Land and buildings					0	23	
	Other assets (describe in Schedule O)					0	24	
	Total assets				268,	295	25	275,078
	Total liabilities (describe in Schedule O)					0	26	0
	Net assets or fund balances (line 27 of column (B) must agr	ee with line 21)			268,	295		275,078
	Part III Statement of Program Service Accom		e the instruc	tions for I			┌╌	
•	Check if the organization used Schedule O	•			-	X	[Expenses
W	nat is the organization's primary exempt purpose?	to respond to any	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 _{(F}	Required for section
	See Schedule O						1	01(c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for	each of its three large	est program ser	vices	_		1	ganizations, optional for
	measured by expenses In a clear and concise manner, describe						ļ	thers)
	rsons benefited, and other relevant information for each program			•			"	illers /
_								<u> </u>
28	See Schedule O						l	
	20.073. ***		1 6					22 072
	(Grants \$ 22,073) If this amount includes	foreign grants, chec	k nere				28a	22,073
29								
							j	
						۲۰۰۱		
	(Grants \$) If this amount includes	foreign grants, chec	k here				29a	
30								
						بعنم		
	(Grants \$) If this amount includes	foreign grants, chec	k here				30a	
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount includes	foreign grants, chec	k here				31a	
	Total program service expenses (add lines 28a through 31a)					•	32	22,073
F	List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to resp	Employees(list each	one even if not	t compens	ated — see	e the ir	nstruct	tions for Part IV)
	Check if the organization used Scheddle O to resp	(b) Average	(c) Report		(d) Hea	ath ben	efits.	
	(a) Name and title	hours per week	(Forms W-2/10	ation	(d) Hea	ns to e	mploye	
		devoted to position	(if not paid, e		deferred			other compensation
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Branford Rotary Foundation Inc

Pa	of the 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			
	misu determine to any queed on the dry q		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	<u> </u>	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	l	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		Ì	l
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ь	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,		i	ļ
	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			ŧ
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			Ī
	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			1
39	Section 501(c)(7) organizations. Enter			Ī
а	Initiation fees and capital contributions included on line 9			Ī
b	Gross receipts, included on line 9, for public use of club facilities			ı
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			ŧ
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			l
	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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	3-45	2 2	000
42a	The organization obotto are in early of p	-45	3-2	989
	741 Boston Post Rd Located at ▶ Gualford CT ZIP + 4 ▶ 064	137		
		2	V	N.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	Yes	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	420		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	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			
			Yes	No
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
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			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity 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

-orm	990-EZ (2014)	Branford	Rotary	Found	<u>lation Inc</u>	<u> </u>	06-08	50327				age 4
						babalf	of as in appacition	·-		f	Yes	No
46		zation engage, directly for public office? If "Ye				n benaii	of or in opposition	ori		46		х
Pa	rt VI Sec	ction 501(c)(3) or section 501(c)(3) or and 51.	rganizations	only	<u> </u>	′–49b a	nd 52, and cor	nplete the	tables for li	nes		
		eck if the organizat	ion used Sch	edule O to	respond to any	questi	on in this Part	VI				
 47	Did the organiz	zation engage in lobby	ying activities or	have a se	ction 501(h) electio	n ın effec	ct during the tax				Yes	No
	year? If "Yes,"	complete Schedule C	, Part II							47		<u>X</u>
48	is the organization a school as described in section with the control of the organization and the control of the organization as described in section with the control of the organization and the organization as described in section with the organization and the organization and the organization as described in section as described in sectio								X			
49a	a Did the diganization make any transiers to an exempt non-diameter organization											
ь 50	If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key											
50		no each received more										
		Name and title of each			(b) Average hours per week devoted to position	o) Average (c) Reportable (d) Health benefits, rs per week compensation contributions to employee			(e) Estimated amoun other compensation			
No	one											
				•	<u> </u>							—
			<u></u>									
						_			-			
				-								
						i						
f	Total number of	of other employees pa	id over \$100,00	00		•				_	•	
51	Complete this	table for the organizat	tion's five highes	st compens	ated independent of	contracto	rs who each rec	eived more t	han			
		ompensation from the ame and business addre					(b) Typ	e of service		(c) Comper	sation	
No	ne (c)						() //			., .		
			_									
										·		
											•	
												
									i			
	Total number	of other independent of	contractors each	receiving	over \$100 000	•						
d 52		zation complete Sched				ons must	attach a		•	X Yes		No_
Unde	r penalties of perju	ury, I declare that I have lete Declaration of preparation	examined this reti	um, including	g accompanying sche	edules and of which p	d statements, and to	o the best of rowledge	my knowledge a	and belief, it is		
	rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge											
Sig	ign Signature groffiger, MAAAA 1000 Date											
Her		pe or print name and title	WV (/			464	1-XVECIT		1231	6	-	
		e preparer's name	<	Pre	paper's signature) 		Date	Check	X _{if} PTIN		
Paid	y Willia	ım C. Brierley, C	EPA V	$\bigcup A$	XXXX I	M	SU	03/1	2/16 self-em	- . I	01198	}
	parer Firm's na	me Brie	rley, Ca	dwell	& Possie	ente	, LLC		Firm's EIN	20-42		
Use	Only Firm's ad				d Ste 307							
	Ab - IDC 1 · ·		ford, CT		37-2638		<u> </u>		Phone no 2	03-453 ▶ ☐ Ye		
way	THE IKS DISCUSS	s this return with the p	reparer snown a	anove / See	ะ การแนบแบกร					Form 990		No (2014)
											('/

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2014

Open to Public Inspection

Name of the organization Branford Rotary Foundation Inc

c/o William C. Brierley, CPA

Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction

Employer identification number 06-0850327

Pa	Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The o	rgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only o	ne box)			
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	170(b)(1)	(A)(i).		
2			cribed in section 170(b)(1)(/						
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(ii	i).		
4				in conjunction with a hospital des				oital's name,	
	_	city, and state	-	•					
5				f a college or university owned or	operated	by a gov	ernmental unit described in		
- '		=	b)(1)(A)(iv).(Complete Part		·				
6	\neg	A federal, 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		Ū				
8				70(b)(1)(A)(vi).(Complete Part II)				
		•		more than 33 1/3% of its suppor		ntributions	s, membership fees, and gross		
•		-		ot functions—subject to certain ex					
		-		d unrelated business taxable inco					
			=	, 1975 See section 509(a)(2). (
10	_	-	-	xclusively to test for public safety			(a)(4).		
11				xclusively for the benefit of, to pe				of	
•••				ons described in section 509(a)(
				ribes the type of supporting organ					
a	_			d, supervised, or controlled by its					
- 1				regularly appoint or elect a majo					
			You must complete Part I\		,		3		
ь	_	•	· · · · · · · · · · · · · · · · · · ·	sed or controlled in connection w	ıth ıts sup	ported or	ganization(s), by having		
- (rganization vested in the same p					
			s) You must complete Par		-		5		
c	_	•	•	orting organization operated in col	nnection v	with, and	functionally integrated with.		
• ı				ons) You must complete Part					
d	_	• • •	• , , ,	supporting organization operated					
Ψ (• •	inization generally must satisfy a					
			• •	complete Part IV, Sections A					
e	_			a written determination from the					
- (*	ctionally integrated supporting org					
f		•	of supported organizations	, , , , , ,	•				
			ing information about the sup	pported organization(s)					
		of supported	(ii) EiN	(III) Type of organization	(iv) Is the d	organization	(v) Amount of monetary	(vi) Amount of	
		anization		(described on lines 1-9	1	ur governing	support (see	other support (see	
				above or IRC section (see instructions)	docu	ment?	instructions)	instructions)	
				(555 #15#35#5715)	Yes	No			
A)									
B)									
C)									
D)						1			
E)									
			11 11 11 11 11 11 11 11 11 11 11 11 11 			ļ		<u>-</u>	
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Total			l	‡	Ŧ	ŧ	1	l .	

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Part II 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.)

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
Caler	dar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	1000					
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 VI)			•			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)	<u> </u>	F		12	
13	First five years. If the Form 990 is for the o	-	second, third, four	h, or fifth tax year a	as a section 501(c)	·	
	organization, check this box and stop here			•	. ,	` '	▶ □
Sec	tion C. Computation of Public Su	port Percenta	ige				
14	Public support percentage for 2014 (line 6,	column (f) divided l	by line 11, column	(f))		14	%
15	Public support percentage from 2013 Scheo			. , ,		15	
16a	33 1/3% support test—2014. If the organic			3, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization qualifi						▶ □
b	33 1/3% support test—2013. If the organic				ıs 33 1/3% or more	1	
	check this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—201	4. If the organization	on did not check a	box on line 13, 16a	, or 16b, and line 14	4 is	
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, c	heck this box and s	stop here. Explain	ın	
	Part VI how the organization meets the "fac	ts-and-circumstand	es" test. The orga	nization qualifies as	a publicly support	ed	
	organization						▶ 🗌
b	10%-facts-and-circumstances test—201	3. If the organization	on did not check a	box on line 13, 16a	, 16b, or 17a, and l	ine	
	15 is 10% or more, and if the organization r	neets the "facts-an	d-cırcumstances" t	est, check this box	and stop here.		
	Explain in Part VI how the organization mee					cly	
	supported organization			-			▶ □
18	Private foundation. If the organization did	not check a box or	ı lıne 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						▶ [
		<u></u>	.				

Part III Support Sched

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,315	43,999	97,167	75,955	61,506	305,942
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	1,023	20,584
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	31,575	46,403	101,229	84,790	62,529	326,526
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)						326,526
	tion B. Total Support			····			
	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	31,575	46,403	101,229	84,790	62,529	326,526
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 VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	31,575	46,403	101,229	84,790	62,529	326,526
14	First five years. If the Form 990 is for the organization, check this box and stop here	=	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3	3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2014 (line 8,		-	n)		15	100.00%
16	Public support percentage from 2013 Sche					16	100.00%
	tion D. Computation of Investmer						
17	Investment income percentage for 2014 (III			olumn (f))		17	<u>%</u>
18	Investment income percentage from 2013			A and line 45 is as	ore than 22 1/20/ -	18	%_
19a h	33 1/3% support tests—2014. If the organ 17 is not more than 33 1/3%, check this box 33 1/3% support tests—2013. If the organ	x and stop here. Th	ne organization qua	lifies as a publicly s	supported organiza	tion	▶ X
D	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did						,

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A D, and F. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comp	iete Part V)		
Sect	ion A. All Supporting Organizations		T	
1	Are all of the organization's supported organizations listed by name in the organization's governing	E	Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	•		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	ļ	ļ
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			ĺ
	organization was described in section 509(a)(1) or (2)	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			ł
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			ĺ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			ĺ
	organization made the determination	3b		——
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			į
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			İ
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			l
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			į
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		I	
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action		- 1	
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only.Was any added or substituted supported organization part of a class already		- 1	
	designated in the organization's organizing document?	_5b_		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		1	
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_	- 1	
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	92	ı	
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	9a		
Ь	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь	1	
_		35	_	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	ا م	ľ	
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	1	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1,00		·
	determine whether the organization had excess business holdings)	10ь	ļ	

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

3а

Sch	edule A (Form 990 or 990-EZ) 2014 Branford Rotary Foundation	Inc	06-0850)327	Page (
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ons		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2	0, 1970	See instructions. All		
	other Type III non-functionally integrated supporting organizations must complete Sections	A throu	gh E		
Se	ction A - Adjusted Net Income		(A) Pnor Year	(B) Currer (optior	
1	Net short-term capital gain	1		 	-
2	Recovenes of prior-year distributions	2			
3	Other gross income (see instructions)	3_			
4	Add lines 1 through 3	4_		<u> </u>	
5	Depreciation and depletion	5_			
6	Portion of operating expenses paid or incurred for production or				
	llection of gross income or for management, conservation, or				
	sintenance of property held for production of income (see instructions)	6			
7		7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		ļ. <u>. </u>	
	ction B - Minimum Asset Amount	(A) Prior Year	(B) Currer (option		
1	Aggregate fair market value of all non-exempt-use assets (see			‡	
ıns	tructions for short tax year or assets held for part of year)				
	Average monthly value of securities	1a			
	b Average monthly cash balances	1b_			
	c Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d		<u></u>	
	e Discount claimed for blockage or other			l	
	factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6		6			
7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount(add line 7 to line 6)	8		<u></u>	
Se	ection C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2		2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4		1	

5

emergency temporary reduction (see instructions)

6 |

7 | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pari	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	ons (continued)	,				
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpo	oses						
2	Amounts paid to perform activity that directly furthers exempt purpose							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supp	ported organizations						
4								
_ 5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions.Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organizations	ation is responsive						
	(provide details in Part VI) See instructions			<u>-</u> .				
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount			,,,,,				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3_	Excess distributions carryover, if any, to 2014							
a								
b								
С								
d								
<u>e</u>	From 2013							
f	Total of lines 3a through e							
	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
<u>i</u>	Carryover from 2009 not applied (see instructions)							
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2014 from Section							
	D, line 7 \$							
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2014, if							
	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h							
6								
	and 4b from line 1 (if amount greater than zero, see							
	Instructions)							
7	Excess distributions carryover to 2015.Add lines 3j							
	and 4c							
8	Breakdown of line 7							

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014 Branford Rotary Foundation Inc

06-0850327

R and

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.

OMB No 1545-0047
2014

Open to Public Inspection

Name of the organization

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

Employer Identification number

<u>06-0850327</u>

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

Description

Amount

Expenses

Bank charges		\$ 124
Investment expenses		\$ 2,225
Fundraising event expense		\$ 39,498
	Total	\$ 41,847

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

Description

Amount

Change in FMV of Investments

8,174

Form 990-EZ, Part III - Primary Exempt Purpose

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.

Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

Branford Rotary Foundation Inc

Employer Identification number 06-0850327

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