CLIENT'S CO

ı.

İ

Form 94	15	Annual Return of Withheld Federal Income Tax	ОМВ	No. 1545-1430				
Department of Internal Reven	the Treasu	 For withholding reported on Forms 1099 and W-2G. For more information on income tax withholding, see Pub. 15 (Circ. E) and Pub. 15-A. Information about Form 945 and its separate instructions is at www.irs.gov/form945. 	2	014				
	REDW	are, if any		tdress is erent				
Type or Print	C/O JA	Address (number and street) C/O JAMES NEWELL, 260 SHERIDAN AVE, STE 440 City or town, state or province, country, and ZIP or foreign postal code						
A if y		ALTO, CA 94306	de. ►					
1 Fe	deral inc	come tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1	4500				
2 Ba	ickup wi	ithholding	2					
3 To	ital taxe	s. If \$2,500 or more, this must equal line 7M below or Form 945-A, line M	3	4500				
	tal depo m Form	osits for 2014, including overpayment applied from a prior year and overpayment applied 945-X	4	4500				
		iue. If line 3 is more than line 4, enter the difference and see the separate instructions	5					
6 Ov	verpayn	nent. If line 4 is more than line 3, enter the difference ► \$ Check one: □ Apply to next return. □ Send a refund.	-					
• Somiw	ookiv sr	3 is less than \$2,500, do not complete line 7 or Form 945-A. chedule depositors: Complete Form 945-A and check here	· · ·	· · ► □				
7 Mo	nthly Su	mmary of Federal Tax Liability. (Do not complete if you were a semiweekly schedule depo	ositor.)					
A Janua B Februa C March D April E May	ary .	Tax liability for month Tax liability for month Image: Constraint of the second seco	r T	liability for month				
Third- Party	-	want to allow another person to discuss this return with the instance instance in a second identifi	plete the folio	- 				
Designee	Design name I	ee's no. ► 650-462-0400 number (PIN) ► JAMES NEWELL no. ► 650-462-0400 number (PIN)	to the best o	f my knowledge and				
Sign Here	Under p belief, it Signati	is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on an information of which preparer CLIENT'S COPY Print Your Name and Title ►	a, e, 112 arij 1	1/21/15				
Paid			heck if elf-employed	PTIN 49550				
Prepar Use Or	FI	rm's name VAVRINEK, TRINE, DAY & CO., LLP	rm's EIN ► hone no.	95-2648289 650-462-0400 Form 945 (2014)				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

i

Cat. No. 14584B

Form **945** (2014)

Do Not Staple						CLIEN	T'S COPY		
Form 1096 Department of the Treasury Internal Revenue Service				Transmit Returns		0	MB No. 1545-0108 20 14		
FILER'S name REDWOOD CITY ROTARY CH	ARITABLE	FOUNDATIO	N						
Street address (including room or suite nur C/O JAMES NEWELL 260 SHERIDAN AVE, STE									
PALO ALTO, CA 94306	City or town, state or province, country, and ZIP or foreign postal code								
Name of person to contact JAMES NEWELL	1	Telephone number 650-462-0400							
Email address JNEWELL@VTDCPA.COM		Fax number 650-462-0500							
1 Employer identification number 2 Social securi 94-2682890	ty number 3	3 Total number o 1		4 Federal income \$ 4500 . 00		otal amount reported	with this Form 1096		
6 Enter an "X" in only one box below to indicate	e the type of form I	being filed.		7 If this is your fir	al return, enter a				
		1099-B 1099-C 79 85	1099-CAP 73	1099-DIV 1099-G 91 86	1099-H 1099-INT 71 92	1099-К 1099-LTC, 10 93	1099- 1099-OID MISC 96 95		
1099- PATR 31 98 75 94 97	3921 3922 25 26	5498 5498-ESA 28 72	5498-SA 27						

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Instructions

Signature >

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to *www.irs.gov/form1096*.

Reminder. The only acceptable method of filing information returns with Internal Revenue Service/Information Returns Branch is electronically through the FIRE system. See Pub. 1220, Specifications for Electronic Filing of Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220.

Caution. If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2014 General Instructions for Certain Information Returns.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

• With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by March 2, 2015.

• With Forms 5498, file by June 1, 2015.

Where To File

Title ►

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Date > 1/21/15

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury Internal Revenue Service Center Austin, TX 73301

3232		CORRE	CTED			
PAYER'S name, street address, city of	town, province or state, cou	untry, and	1 Gross winnings		2 Date won	OMB No. 1545-0238
ZIP or foreign postal code						2014
REDWOOD CITY ROTARY CHAR	ITABLE FOUNDATION		\$ 18,0 3 Type of wager	,000	7/22/14 4 Federal income tax with	held Form W-2G
C/O JAMES NEWELL						
260 SHERIDAN AVE, STE 440 PALO ALTO, CA 94306			RAFFLE		\$ 4	^{1,500} Certain
PALU AL 10, CA 34300		5 Transaction		b Race	Gambling Winnings	
			7 Winnings from identical wag	gers	8 Cashier	•••••••••••
PAYER'S federal identification number	PAYER'S telephone numb)er	\$			
			9 Winner's taxpayer identification	ion no.	10 Window	
•				ł		For Privacy Act and
94-2682890	640-462-0400	i i	387-26-9536			Paperwork Reduction
WINNER'S name			11 First I.D.		12 Second I.D.	Notice, see the 2014
				- [General
HOPE JOHNSON				1		Instructions for Certain Information
Street address (including apt. no.)	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		13 State/Payer's state identification	ına.	14 State winnings	Returns
76 INYO PL			СА		\$	
City or town, province or state, count	ry, and ZIP or foreign postal	code	15 State income tax with	nheld	16 Local winnings	
						File with Form 1096
REDWOOD CITY, CA 94061			\$		\$	
			17 Local income tax with	held	18 Name of locality	Сору А
						For Internal Revenue
			\$			Service Center
Under penalties of perjury, I declare correctly identify me as the recipient of						
Signature 🕨			Date	te 🕨		
	No. 10138V parate Forms on T	his Pag	www.irs.gov/w2g ge – Do Not Cut (or S		asury - Internal Revenue Service

-

, ł

CLIENT'S COPY

ŗ	•		Ret	urn of Organ	Short		n Income	Tax		OMB No. 1545-1150
For	m 9	90-EZ		nder section 501(4	:), 527, or 4947	/(a)(1) of the in	ternal Reven	-		2013
			5 Da	not enter Social Se		e foundations)		made put	dic	an a
Dep	artmen	t of the Treasury			-					A CONTROL OF
Inter	nal Re	venue Service		nation about Form					90. 	
A	For	the 2013 calend if applicable: C	dar year, or tax y	ear beginning	7/01	, 2013,	and ending	6/30	D Employer	, 2014 Identification number
Г		ss change								
	Name			ROTARY CHAF	RITABLE FO	DUND			<u>94-21</u> E Telephone	582890
	Initial	return I - '	O JAMES W I O SHERIDAN							
	Termi			A 94306-2011						162-0400
		ded return	,						F Group E	xemption
		ation pending								
G		ounting Method	: 🕅 Cash	Accrual Other (s	specity) -					e organization is not i Schedule B (Form
<u>.</u>		site: ► <u>N/A</u>	ak antrana) [V] 5	01(c)(3) 501(c)	() <(insert	i no.) 14947(a)	(1) or 527		90-EZ, or 9	
J 			ck only one) – $X 5$							
κ		n of organizatio			Association					
L	Add	lines 5b, 6c, ar	nd 7b, to line 9 to	o determine gross	receipts. If gro	ss receipts are	\$200,000 or	more, or	ftotal	100 050
		•		re \$500,000 or mo					·	128,050.
î ni ilin		Revenue, I	Expenses, an	d Changes in I	Net Assets	or rung bai question in this	ances (se : Part I	e the ins	structions	X
	-			d similar amounts						4,705.
	1			uding government						4,705.
	2			ments						
	4	•								1.
				sets other than inv					9-F3-65	<u>Ł.</u>
				sales expenses			5b			
		: Gain or (loss) fro		er than inventory (Subtr		-			5c	
R	-	-	-	ttach Schedule G i	f greater than	\$15,000)	6a			
Ĕ				g events (not inclu		1	of contribu	utions		
R E V E N U	-			ted on line 1) (atta		if the sum				
Ē		of such gross	income and con	tributions exceeds	\$15,000)		6 b	<u>123,3</u>		
	c	: Less: direct e	expenses from ga	ming and fundrais	ing events	<i>.</i> [6 c	22,4	82.	
	d	Net income of	r (loss) from gan	ning and fundraisir	ig events (add	lines 6a and				
		6b and subtra	act line 6c)	,	•••••			· · · · · · · · · · · ·	6d	100,862.
				returns and allowa		1	7 a			
			-				7 b			
			• •	es of inventory (Su						
	8		•	hedule 0)						
	9	Total revenue	Add lines 1, 2,	3, 4, 5c, 6d, 7c, ar		<u></u> S	EE SCHEDI	ULE O	►9	105,568.
	10	Grants and si	milar amounts pa	aid (list in Schedul rs	e ()			<u>, , , , , , , , , , , , , , , , , , , </u>		130,103.
F	11			and employee ber						
Ĕ X P	12			and employee be ayments to indeper						
EN	13			maintenance						
: 5 E S	14 15			, and shipping						
ŝ	15			chedule O)						<u></u>
	17		•	hrough 16						130,103.
_	18			(Subtract line 17						-24,535.
A NS EE TT	19	Net assets or	fund balances at	t beginning of year	(from line 27,	cołumn (A)) (ł	must agree w	rith end-of-	year	
τĘ	20	5		return)						148,601.
s	20 21			r fund balances (e: t end of year. Com						124 000
				tice, see the separ			<u></u>		. 21	124,066. Form 990-EZ (2013)
DH/		a apernoix Re	Saucaon Actino	and and and schal						1 0111 2 2 - LE (2013)

'Forn	1 990-EZ (2013) REDWOOD CITY RO	TARY CHARITABLE FO	UND	94	-268	2890 Page 2
	Balance Sheets (see the ins Check if the organization used Sche	tructions for Part II)	estion in this Part II			
			(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			148,601		124,066.
23	Land and buildings				23	· · · · · · · · · · · · · · · · · · ·
24	Other assets (describe in Schedule O).				24	
25	Total assets			148,601	. 25	124,066.
26	Total liabilities (describe in Schedule O)			0		0.
27	Net assets or fund balances(line 27 of c			148,601	. 27	124,066.
Ê.	Statement of Program Service Acco	mplishments (see the instruction	ons for Part III)	X	/D	Expenses
	Check if the organization used Sc		question in this Part III.	· · · · · · · · · · · · · · ·	(Requ (C)(3)	uired for section 501 and 501(c)(4)
What	is the organization's primary exempt purpose? SE	E SCHEDULE O	te three lorgest program	n convicor oc	òrgar	nizations and section
Desc mea	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for e	e manner, describe the servi	ces provided, the numb	er of persons	494/(for of	(a)(1) trusts; optional hers.)
bene						
28	OPERATION OF ROTARY CHARI	TABLE_FOUNDATION_				
					20.	100 000
	(Grants \$) If th	is amount includes foreign g	rants, check here		28a	130,236.
29						
	(Grants \$) If th	is amount includes foreign g			29a	
20		ins amount includes foreight g		,	23a	
30	_					
	- -					
	(Grants \$) If th	is amount includes foreign g	rants, check here	·····	30 a	
31	Other program services (describe in Sch	nedule O)		I		
5.		is amount includes foreign g			31 a	
32	Total program service expenses(add lin				32	130,236.
125	List of Officers, Directors, Ti				- see th	
<u>18 1.41</u> .	Check if the organization used Sc		-			I I
		1	(c) Reportable compensation	(d) Health benefit	s.	
	(a) Name and Title	(b) Average hours per week devoted to	í	(d) Health benefit contributions to empl benefit plans, and de	s, ovee	(e) Estimated amount of other compensation
	(a)Name and Title	(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to empl	s, ovee	(e) Estimated amount of
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred	(e) Estimated amount of other compensation
CHA	(a) Name and Title AN_HOWELL	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and de	s, ovee	(e) Estimated amount of
	(a) Name and Title CAN_HOWELL IRMAN IN_MCAFEE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) () .	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred	(e) Estimated amount of other compensation
CHA JOH VIC	(a) Name and Title (a) Name and Title (IRMAN IN MCAFEE E CHAIRMAN	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) () .	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred	(e) Estimated amount of other compensation
CHA JOH VIC AME	(a) Name and Title AN HOWELL IRMAN IN MCAFEE E CHAIRMAN BER HARRIS	(b) Average hours per week devoted to position () ()	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0.	(e) Estimated amount of other compensation 0.
CHA JOH VIC AME SEC	(a) Name and Title AN HOWELL IRMAN IN MCAFEE E CHAIRMAN EER HARRIS RETARY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred	(e) Estimated amount of other compensation
CHA JOH VIC AME SEC BII	(a) Name and Title AIRMAN IRMAN IN MCAFEE E CHAIRMAN ER HARRIS RETARY L CONKLIN	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0.	(e) Estimated amount of other compensation 0. 0.
CHA JOH VIC AME SEC BII TRE	(a) Name and Title AIRMAN IRMAN E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER	(b) Average hours per week devoted to position () ()	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0.	(e) Estimated amount of other compensation 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title AIRMAN IRMAN IN MCAFEE E CHAIRMAN ER HARRIS RETARY L CONKLIN	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0.	(e) Estimated amount of other compensation 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CHA JOH VIC AME SEC BII TRE BII	(a) Name and Title (a) Name and Title IRMAN IN MCAFEE E CHAIRMAN BER HARRIS RETARY L CONKLIN ASURER L NICOLET	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to empl benefit plans, and de	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.

Form 990-EZ (2013) REDWOOD CITY ROTARY CHARITABLE FOUND Refer to the schedule A and personal benefit contract statement rec	94-268289 auirements inSEE_SCHED			age 3
the instructions for Part V) Check if the organization used Schedule O to respond to any	question in this Part.V			X
33 Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule Q		33		Х
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		х
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year				
(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		Х
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an e	xplanation in Schedule O	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		х
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		х
37 a 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 e any such loans made in a prior year and still outstanding at the end of the tax year covered b	mploye cor were y this return?	38a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	386 N/A			
39 Section 501(c)(7) organizations. Enter:		i i i		
a Initiation fees and capital contributions included on line 9	39a N/A		ین . جری	
b Gross receipts, included on line 9, for public use of club facilities	396 N/A			
to a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	/ear under:		5	
section 4911 ► 0, ; section 4912 ► 0, ; section 4955	► 0.			2. Ye
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495 transaction during the year or did it engage in an excess benefit transaction in a prior year the	8 excess benefit			
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part.I.		40 b		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	0.			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	tax	40 e		X
41 List the states with which a copy of this return is filed > NONE		<u> </u>		

42 a The organization's books are in care of ► 'TREASURER Telephone no. ► 650-	-462-0	400	
Located at > 260 SHERIDAN, 440, PALO ALTO, CA ZIP + 4 > 9430			
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)?		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	· 42b		Х
If 'Yes,' enter the name of the foreign country:►		-112 A	
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.? If 'Yes,' enter the name of the foreign country:*	. 42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here		► 🗌	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year		Ĺ	N/A
]	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
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	44 d	****	4 10
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		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		<u>ар</u> Х
		1 57 /	2012

' Form 990	-EZ (2013) REDWOOD CITY ROTARY	CHARITABLE FO	DUND	94-268	32890	F	>age 4
46 Did can	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part I	ign activities on behalf o	of or in opposition to	46	Yes	1
	All section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only ons must answer q	uestions 47-49b an	d 52, and complete	e the table	s	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI				<u> </u>
47 Did	the organization engage in lobbying activit	ties or have a section	501(h) election in effect	during the tax year? If	'Yes,'	Yes	No X
	he organization a school as described in se						X
	the organization make any transfers to an						X
	es,' was the related organization a section						<u> </u>
50 Con ema	nplete this table for the organization's five ployees) who each received more than \$10	highest compensated 10,000 of compensation	employees (other than on the organization.	If there is none, enter	ees and key 'None.'		
	(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,	(e)Estimate other com		
NONE							
51 Corr	al number of other employees paid over \$1 nplete this table for the organization's five npensation from the organization. If there is	highest compensated	independent contractors	who each received mo	re than \$10	0,000	of
	(a) Name and business address of each independent co	ontractor	(b) Туре	of service	(c) Comp	ensatio	n
NONE							
				· · · · ·			
52 Did	al number of other independent contractors the organization complete Schedule A? No ritable trusts must attach a completed Sche	te. All section 501(c)(3) organizations and 494		. ► XYes	 [No
	and complete. Declare that I have examined this return, inclu- and complete. Declaration of preparer (other than officer				. er res	<u> </u>	
	and complete becaused of preparet (buter sight blice						
Sign Here	Signature of efficiency of the state of the	TRES.		4/24/15			
Paid	Print/Type preparer's name JAMES W. NEWELL	Preparer's signature	Here 111	Check L if	nn 0004955()	
Preparer Use Only	Firm's name VAVRINEK, TRINE, Firm's address 260 SHERIDAN AVE	,,	ЪР		95-2648		
	PALO ALTO, CA 94	1306		Phone no. (65)			
May the IP	RS discuss this return with the preparer sh	own above? See instru	uctions	····	. ► X Yes		No

Form 990-EZ (2013)

		1	Public	Charity Status	and F	Public	: Sup	oort		1	OMB No.	545-00	47
	EDULE A 990 or 990-EZ)		Complete if the	organization is a secti 4947(a)(1) nonexem	pt charii	table tru	ist.	n or a s	ection		20	13	
			► Attach to Form 990 or Form 990-EZ.										
Departa Interna	ment of the Treasury I Revenue Service		► Information a	bout Schedule A (Form at www.irs.go	990 or v/form9	990-EZ) 9 <i>0.</i>	and its i	instruct				ាមផ្នែរ គេម៉ស់រំ ភ្លៃអន្ទរ	1 A.
Name				Y CHARITABLE FO	DUND					eridentifica 68289(tion number		
Dat			AMES W NEWELL	(All organizations m		mnlete	this n	art) S					
The c				se it is: (For lines 1 thro					00 110				
1	<u> </u>	-		ciation of churches des									
2	ц ·)(ii). (Attach Schedule E									
3	A hospital or	a coop	erative hospital servi	ce organization describ	ed insec	tion 170	(b)(1)(A	(iii).					
4	A medical res	search	organization operated	d in conjunction with a l	nospital	describ	ed ir sect	ion 170	(b)(1)(A)(iii) Ente	er the hosp	ital's	
	name, city, a												
5	🖳 170(Б)(1)(А)(г	v) . (Čo	mplete Part II.)	of a college or universit					rnmenta	il unit de	scribed i se	ction	
6				overnmental unit descr						. 			
7	An organizati	on that D(bY1)	normally receives a A)(vi). (Complete Pai	substantial part of its si rt II.)	upport fi	rom a g	overnme	ntal uni	t or fror	n the ger	neral public	desc	ribea
8	1 1			70(b)(1)(A)(vi). (Complet	e Part I	l.)							
9	from activities investment in	s relate come a	d to its exempt funct	1) more than 33-1/3% o ions— subject to certain ss taxable income (less malate Bart III.)	excepti	ions, an	d (2) no	more th	nan 33-1	1/3% of i	ts support f	rom c	ross
10				exclusively to test for p	ublic sat	etv. See	section	509(a)(4	4).				
11	H An organizati	on orda	anized and operated	exclusively for the bene	fit of, to	perform	n the fur	ictions (of, or ca	rry out th	he purposes	sofo	ne or
	describes the	SUDDO	rted organizations de f supporting organiza	scribed in section 509(a tion and complete lines	a)(1) or a 11e thr	section ough 11	509(a)(2 lh.). Seose	ction 5)9(a)(3) .(Check the b	iox th	at
	a Type I	D Lin Kav	Type II (: JType III – Function ganization is not control	•	-					unctionally ified encom	-	aleu
e	other than for section 509(a	undatio	n managers and othe	r than one or more pub	licly sup	oported	organiza	itions de	escribed	in section	on 509(a)(1) or	
f	check this bo	x		ermination from the IRS	· · · · · · ·	· • • • • • • •		• • • • • •	• • • • • • •		· · · · · · · · · · · · ·	٦, 	🗌
g	Since August	17, 200	06, has the organizat	ion accepted any gift o	r contrit	oution fr	om any	of the f	ollowing	persons	s?		
	(i) A perso	n who i	directly or indirectly o	controls, either alone or	togethe	r with p	ersons c	lescribe	d in (ii)	and (iii)		Yes	No
	below, t	he gov	erning body of the su	pported organization?	• • • • • • •	• • • • • • • •	• • • • • • • • •	· · · • • • •	• • • • • • •		, 11g(i)		
			•	ibed in (i) above?							. 11 g (ii)		
	(iii) A 35% d	controll	ed entity of a person	described in (i) or (ii) a	bove?					••••••	- 11 g (iii)		
h	Provide the fo	ollowing	information about th	e supported organization	on(s).				-		!		L
	(i) Name of suppo organization	rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	organi column (your go	ls the zation in i) listed in overning ment?	(v) Did yo the organi column (supp	ization in i) of your	organia colui organiz	Is the cation in nn (i) ad in the S,?	(vii) Amount supj		etary
					Yes	No	Yes	No	Yes	No			
						1							
(A)						:							
							1						
<u>(B)</u>									_				
(C)													
(D)													
(E)		i											
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 REDWOOD CITY ROTARY CHARITABLE FOUND

94-2682890 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.)

Section A. Public Support

500	don A. I abie Support		· · · · · · · · · · · · · · · · · · ·			г т	
Cale begi	ndar year (or fiscal year nning 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						
Sec	tion B. Total Support	• • • • •	<u> </u>		¥		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)	• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► 🗌
	tion C. Computation of Pu						
	Public support percentage for 20						%
15	Public support percentage from 2	2012 Schedule A,	Part II, line 14.	• • • • • • • • • • • • • • • • • •			%
16a	33-1/3% support test- 2013. If t and stop here. The organization	the organization d qualifies as a pub	id not check the licly supported o	box on line 13, ar rganization	nd the line 14 is 33	3-1/3% or more, ch	eck this box ·····►
Ь	33-1/3% support test- 2012. If the and stop here. The organization						
17 a	10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box andstop here	. Explain in Part IV	/bow
ь	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts₊a	and-circumstance	s' test, check this	box anciton here	Explain in Part IV	bow the
18	Private foundation. If the organiz	ation did not cheo	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check this	s box and see instr	ructions 🕨 🔲
		and the second					

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 REDWOOD CITY ROTARY CHARITABLE FOUND

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						
Caler	ıdar year (or fiscal yr 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	11 401	10.040	0 000	0 (55	4 705	45 500
-	any 'unusùal grants.')	11,481.	10,849.	8,899.	9,655.	4,705.	45,589.
2	Gross receipts from admis- sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's			1			
	tax-exempt purpose	116,981.	172,848.	106,260.	146,394.	123,344.	665,827.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
-	its behalf.						0.
5	The value of services or facilities furnished by a					1	
	governmental unit to the			Ì			0
~	organization without charge	100 460	102 607	115,159.	156,049.	128,049.	0. 711,416.
	Total. Add lines 1 through 5	128,462.	183,697.		150,049.	120,049.	/11/410.
	2, and 3 received from						0
	disqualified persons	0.	0.	0.	0.	0.	0.
ł	Amounts included on lines 2 and 3 received from other than						
	disgualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						711 410
<u> </u>	7c from line 6.).				<u></u>		711,416.
	tion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	dar year (or fiscal yr beginning in)≻ Amounts from line 6	128,462.	183,697.	115,159.	156,049.	128,049.	711,416.
-		120,402.	103,097.	115,159.	150,049.	120,049.	/11,410.
	Gross income from interest.				1		
	Gross income from interest, dividends, payments received						
196	dividends, payments received on securities loans, rents,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	30.	160.	1.	1.	1.	<u> 193.</u>
	dividends, payments received on securities loans, rents, royalties and income from similar sources		160.	1.	1.	1.	193.
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses		160.			1.	
Ŀ	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			7,416.	5,525.		12,941.
t	dividends, payments received on securities loans, rents, royalties and income from similar sources	<u> </u>	<u>160.</u> 160.			1.	
t	dividends, payments received on securities loans, rents, royalties and income from similar sources			7,416.	5,525.		12,941.
t	dividends, payments received on securities loans, rents, royalties and income from similar sources			7,416.	5,525.		12,941. 13,134.
t	dividends, payments received on securities loans, rents, royalties and income from similar sources			7,416.	5,525.		12,941.
؛ ۱۱	dividends, payments received on securities loans, rents, royalties and income from similar sources			7,416.	5,525.		12,941. 13,134.
؛ ۱۱	dividends, payments received on securities loans, rents, royalties and income from similar sources			7,416.	5,525.		12,941. 13,134.
11 12	dividends, payments received on securities loans, rents, royalties and income from similar sources			7,416.	5,525.		12,941. 13,134. 0.
11 12 13	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128,492.	160. 183,857.	7,416. 7,417. 122,576.	5, 525. 5, 526.	1. 128,050.	12,941. 13,134. 0. 0. 724,550.
11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128,492. s for the organizat stop here	160 . 183, 857 . tion's first, second	7,416. 7,417. 122,576.	5, 525. 5, 526.	1. 128,050.	12,941. 13,134. 0. 0. 724,550.
11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128,492. s for the organizat stop here	160. 183, 857. iion's first, second	7,416. 7,417. 122,576. , third, fourth, or	5, 525. 5, 526. 161, 575. fifth tax year as a	1. 128,050. a section 501(c)(3)	12,941. 13,134. 0. 0. 724,550. ►
11 12 13 14 <u>Sec</u> 15	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128,492. s for the organizat stop here blic Support Pe 13 (line 8, column	160. 183,857. tion's first, second ercentage (f) divided by line	7, 416. 7, 417. 122, 576. , third, fourth, or 13, column (f)).	5, 525. 5, 526. 161, 575. fifth tax year as a	1. 128,050. a section 501(c)(3)	12,941. 13,134. 0. 0. 724,550.
11 12 13 14 <u>Sec</u> 16 <u>Sec</u>	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128,492. s for the organizat stop here blic Support Pe 13 (line 8, column 2012 Schedule A, I estment Incom	160. 183, 857. ion's first, second ercentage (f) divided by line Part III, line 15 ie Percentage	7, 416. 7, 417. 122, 576. , third, fourth, or 13, column (f)).	5, 525. 5, 526. 161, 575. fifth tax year as a	1. 128,050. a section 501(c)(3) 15 16	12,941. 13,134. 0. 0. 724,550. ► 98.19 %
11 12 13 14 <u>Sec</u> 16 <u>Sec</u>	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128, 492. s for the organizat stop here 13 (line 8, column 2012 Schedule A, 1 estment Incom pr2013 (line 10c, c	160. 183,857. ion's first, second ercentage (f) divided by line Part III, line 15 ie Percentage olumn (f) divided	7, 416. 7, 417. 122, 576. , third, fourth, or 13, column (f)). by line 13, colum	5, 525. 5, 526. 161, 575. fifth tax year as a	128,050. 128,050. a section 501(c)(3) 15 16 17	12,941. 13,134. 0. 0. 724,550. ► 98.19 %
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128,492. s for the organizat stop here blic Support Per 13 (line 8, column 2012 Schedule A, l estment Incom or 2013 (line 10c, c rom 2012 Schedule	160. 183,857. ion's first, second ercentage (f) divided by line Part III, line 15. e Percentage olumn (f) divided A, Part III, line 1	7, 416. 7, 417. 7, 417. 122, 576. , third, fourth, or 13, column (f). by line 13, column 7.	5, 525. 5, 526. 161, 575. fifth tax year as a n (f))	1. 128,050. a section 501(c)(3) 15 16 17 18	12,941. 13,134. 0. 0. 724,550.
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128, 492. s for the organizat stop here	160. 183,857. ion's first, second ercentage (f) divided by line Part III, line 15 the Percentage olumn (f) divided A, Part III, line 11 id not check the b	7, 416. 7, 417. 122, 576. , third, fourth, or 13, column (f)). by line 13, column 7.	5, 525. 5, 526. 161, 575. fifth tax year as a n (f))	1. 128,050. a section 501(c)(3) 15 16 17 18 than 33.1/3%, and	12,941. 13,134. 0. 0. 724,550.
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19 a	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128,492. s for the organizat stop here blic Support Pere 13 (line 8, column 2012 Schedule A, I estment Incom or 2013 (line 10c, c rom 2012 Schedule the organization di this box andstop	160. 183,857. ion's first, second ercentage (f) divided by line Part III, line 15. e Percentage olumn (f) divided A, Part III, line 1 id not check the b here. The organiza	7, 416. 7, 417. 7, 417. 122, 576. 122, 576. , third, fourth, or 13, column (f). 13, column (f). 13, column (f).	5, 525. 5, 526. 161, 575. fifth tax year as a n (f)) d line 15 is more a publicly suppor	1. 128,050. a section 501(c)(3) 15 16 17 18 than 33-1/3%, and ted organization.	12,941. 13,134. 0. 0. 724,550.
н 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19 а ь	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128, 492. s for the organizat stop here	160. 183,857. ion's first, second ercentage (f) divided by line Part III, line 15. te Percentage olumn (f) divided A, Part III, line 1 id not check the b here. The organiza d not check a box hostop here. The c	7, 416. 7, 417. 7, 417. 122, 576. 122, 576. third, fourth, or 13, column (f)). 13, column (f). 13, column (f). 13, column (f).	5, 525. 5, 526. 161, 575. fifth tax year as a n (f)). d line 15 is more a publicly suppor e 19a, and line 16 fies as a publicly	128,050. a section 501(c)(3) 15 16 17 18 than 33-1/3%, and ted organization is more than 33-1supported organization	12,941. 13,134. 0. 0. 724,550. ► 98.19 % 98.07 % 1.81 % 1.93 % 1line 17 ► X 1/3%, and ation►
н 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19 а ь	dividends, payments received on securities loans, rents, royalties and income from similar sources	30. 128, 492. s for the organizat stop here	160. 183,857. ion's first, second ercentage (f) divided by line Part III, line 15. te Percentage olumn (f) divided A, Part III, line 1 id not check the b here. The organiza d not check a box hostop here. The c	7, 416. 7, 417. 7, 417. 122, 576. 122, 576. third, fourth, or 13, column (f)). 13, column (f). 13, column (f). 13, column (f).	5, 525. 5, 526. 161, 575. fifth tax year as a n (f)). d line 15 is more a publicly suppor e 19a, and line 16 fies as a publicly	128,050. a section 501(c)(3) 15 16 17 18 than 33-1/3%, and ted organization is more than 33-1supported organization	12,941. 13,134. 0. 0. 724,550. ► 98.19 % 98.07 % 1.81 % 1.93 % 1line 17 ► X 1/3%, and ation►

94-2682890

Schedule A	(Form 990 or 990 EZ) 2013 RE	DWOOD CITY ROTARY CHARITABLE FOUND	94-2682890 Page 4
	Supplemental Information. or 17b; and Part III, line 12. (See instructions).	Provide the explanations required by Part II Also complete this part for any additional in	formation.
			-
<u></u>			•••••••••
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities 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 2013 - OMB No. 1545-0047 2013 - OMB No. 1545-0047
Name of the organization RE			ARITA	BLE FOU	ND		Employer identific	
Fundraising	O JAMES W Activities.Com	plete if the orga	nization a	inswered "	res' to Form 990, Part	IV line	94-268289	0
Form 990-E	<u>z filers are not r</u>	equired to comp	lete this	part.	lowing activities. Check			
a Mail solicitatio b Internet and e c Phone solicita d In-person soli	ons email solicitation ations citations	S		e f g	Solicitation of non Solicitation of gove Special fundraising	-governn ernment g events	nent grants grants	
b If 'Yes,' list the te	n highest naid ir	dividuals or en	in connec tities (fun	aon with p	dual (including officers, rofessional fundraising ursuant to agreements	services	57	. Yes No
		ie organization.	และร (เนก	ulaisers) p	ursuant to agreements	under w	hich the fundra	iser is to be
(i) Name and address or entity (func	s of individual Iraiser)	(ii) Activity	have cust	l fundraiser ody or control ributions?	(IV) Gross receipts from activity	or r fundra	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
	<u> </u>		Yes	No				
1		i						-
2	<u> </u>							
3								
4								
5			<u></u>					
6								``````````````````````````````````````
7						<u>. </u>		
8								
9								
10								
Total		··						· · · · · · · · · · · · · · · · · · ·
3 List all states in whi or licensing.	ch the organizat	ion is registered	d or licen:	sed to solid	it contributions or has	been no	tified it is exem	pt from registration
			·					
			·			· ~		

Sche	dule	G (Form 990 or 990-EZ) 2013 REDWOOL Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts gro	organization answe	red 'Yes' to Form 99	0, Part IV, line 18,	82890 Page 2 or reported lines 1 and 6b.
RE		LISE EVENTS WITH GLOSS TELEIPTS GI	(a) Event #1 <u>CAR RAFFLES</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
REVENU	1	Gross receipts	119,151.			119,151.
Ĕ	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	119,151.			119,151
	4	Cash prizes	18,000.			18,000
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				-
EXP	8	Entertainment				
EXPENSES	9	Other direct expenses	2,503.			2,503
S		1				
F		Net income summary. Subtract line 10 fm Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered 'Yes' to			
R E V E N U			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ĕ	1	Gross revenue				
E	2	Cash prizes				
	3	Noncash prizes				
C S F E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d),		••••••••••••••••••••••••••••••	
	8	Net gaming income summary, Subtract lir	ne 7 from line 1, colum	n (d)		
а	ls th	er the state(s) in which the organization op e organization licensed to operate gaming o,' explain:	activities in each of the	ese states?		
		e any of the organization's gaming licenses				
AA			 TEEA3702L 06			

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 REDWOOD CITY ROTARY CHARITABLE FOUND 94-2682890 11 Does the organization operate gaming activities with nonmembers? Yes	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	No
administer charitable gaming?	No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	alo
b An outside facility	8
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name ►	
Address >	
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
b If 'Yes,' enter the amount of gaming revenue received by the organization E. S.	
or gaming revenue retained by the third party ► \$	
c If 'Yes,' enter name and address of the third party:	
Name	
Address ►	۲ – – – ۲ ۱ ۱
16 Garning manager information:	
Name ►	
	· — — -
Gaming manager compensation	
Description of services provided	
Director/officer	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations as event in the	No
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).	;
	— <u>—</u> -
	<u> </u>
ΑΑ	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 Complete to provide information for responses to specif	ic questions on	2013			
	Form 950 or 950-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 at www.irs.gov/form990.	its instructions is	1994年前1994年 1997年1月1日日 1997年1月1日日			
Name of the organization REDWC	OOD CITY ROTARY CHARITABLE FOUND JAMES W NEWELL	Employer identif 94-26828				
	ART III - ORGANIZATION'S PRIMARY EXEMPT PURPO					
····	ABLE FOUNDATION					
	RT V - REGARDING TRANSFERS ASSOCIATED WITH PI					
(A) DID THE O	ORGANIZATION, DURING THE YEAR, RECEIVE ANY	FUNDS, DIRECTLY	OR			
INDIRECTLY, TO	D PAY PREMIUMS ON A PERSONAL BENEFIT CONTRA	ACT?	NO			
(B) DID THE O	DRGANIZATION, DURING THE YEAR, PAY PREMIUMS	, DIRECTLY OR				
INDIRECTLY, ON	A PERSONAL BENEFIT CONTRACT?	<u> </u>				
			-			
			<u> </u>			
			,			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					

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

ł

			the state of the s
2013	CHEDULE O - SUPPLEMENTAL INFORMATION REDWOOD CITY ROTARY CHARITABLE FOUND		PAGE 2
CLIENT 7175900C	C/O JAMES W NEWELL		94-2682890
1/22/15			11:24AM
FORM 990-EZ, PA GRANTS AND SIM	RT I, LINE 10 ILAR AMOUNTS PAID IN EXCESS OF \$5,000		
DONEE'S NAME: CASH AMOUNT GIV	FAMILY CONNECTIONS	\$	19,080.
DONEE'S NAME: CASH AMOUNT GIV	PETS IN NEED /EN:	\$	24,545.
DONEE'S NAME: CASH AMOUNT GIV	ST ANTHONY'S PADUA DINING ROOM	\$	5,675.
DONEE'S NAME: CASH AMOUNT GIV	TIM GRIFFITH FOUNDATION	\$	9,370.
DONEE'S NAME: CASH AMOUNT GIV	SHERIFF'S ACTIVITY LEAGUE /EN:	\$	22,350.
DONEE'S NAME: CASH AMOUNT GIV	FRESHTAKE FILMS /EN:	\$	11,960.
DONEE'S NAME: CASH AMOUNT GIV	COMMUNITY GARDEN PROJECT	\$	10,219.

	BLE YEAR	California Exempt Organizatio	n I		_	FORM
	013	Annual Information Return				199
Calenda	ar Year 2013	or fiscal year beginning (mm/dd/yyyy) 7/01/2013		) 6/30/20	14 .	
001001400	n organization i	REDWOOD CITY ROTARY CHARITABLE	E FOUND		California corporation	number
Address (s	uite, room, or P	C/O JAMES W NEWELL MB no.)	<u></u>		D-1009622 FEIN	
260 5	SHERIDAN	I AVE #440			94-2682890	ł
City			State ZIP Co	de		
PALO				06-2011		
A First	Return	Yes 🗙 No 🗸	If exempt under R&TC Section 2 organization during the year: (1)	3701d, has the		
B Amen	ided Information	n Return	political campaign or (2) attemp	ted to influence		
C IRC S	ection 4947(a)(	1) trust	legislation or any ballot measure under R&TC Section 23704.5 (re	lating to lobbying b	v	
D Final	Information Ret	urn? • Dissolved • Surrendered (Withdrawn)	public charities)?		Yes	X No
•	Merged/Reorg		If 'Yes,' complete and attach for	n FIB 3509.		
		n/dd/yyyy): ●K	Is the organization exempt under	R&TC Section 237	01g? • Yes	X No
_	accounting me		If 'Yes,' enter gross receipts from nonmember sources	n	\$	
		Accruat 3 0ther	If organization is exempt under F		' <u>-</u>	
	al return filed?		and is exclusively religious, educ	ational or charitab	lo.	
		2 ●990 PF 3 ●Sch H (990)	and is supported primarily (50% contributions, check box. No filin	or more) by public		
lf 'Yes	: a group ming i c' attach a roste	for the subordinates/affiliates? ● [] Yes X No F. See instructions				<b></b>
		a group exemption?	Is the organization a Limited Liab			X No
	,' What's the pa		Did the organization file Form 10 taxable income?	) or Form 109 to re	port	X No
			Is the organization under audit by		<u>ل</u>	
I Did the govern	e organization h ling instrument.	ave any changes in its activities, articles of incorporation, or bylaws	audited in a prior year?	UIE INS OF has the	Yes	X No
that ha	we not been rep	orted to the Franchise Tax Board?  Yes 🗴 No				
Part I		ttach copies of revised documents.			CACA1112L	11/20/12
Farti		Part I unless not required to file this form. See Gener	al Instructions B and C.			11/20/13
	2 Gros	ss sales or receipts from other sources. From Side 2, P	art II, line 8	• • 1	123	,345.
Receipts	5 3 Gros	s dues and assessments from members and affiliates .	·····	• 2		
and Revenue:	s 4 Tota	s contributions, gifts, grants, and similar amounts rece I gross receipts for filing requirement test. Add line 1 th			4	<u>,705.</u>
	This	line must be completed if the result is less than \$50,00	irougn line 3. 00. see General Instruction.			
		or goods sold		<u> </u>	128	,050.
	6 Cost	or other basis, and sales expenses of assets sold		———		
	7 Total	costs. Add line 5 and line 6	·····			
	8 Total 9 Total	gross income. Subtract line 7 from line 4.	<u></u>	• 8	128,	050.
Expenses	10 Exce	expenses and disbursements. From Side 2, Part II, fin ss of receipts over expenses and disbursements. Subtr	e 18			585.
<u> </u>	11 Filing	fee \$10 or \$25. See General Instruction F	act line 9 from line 8		-24,	535.
Filing	12 Iotai	payments		12		
Fee	is Pena	ities and interest. See General Instruction J.		13		
	14 Use t	ax. See General Instruction K		• 14		·
	Then	subtract line 12 from the result				
Ci	Under penalties correct, and co	of perjury, I declare that I have examined this return, including accompanying mplete. Declaration of preparer (other than taxpayer) is based on all infor	schedules and statements, and to the t	est of my knowledge	and belief it is true	
Sign Here		Tite	mation of which preparer has any kn IDate			
	Signature  of officer	VARONC TRES		./~/	Telephone	
	Preparer's 🕨	la la la	Date , Check if		50-462-0400	)
°aid Preparer's	signature	JAMES W. MEWELL //www	Mu/15 self- employe		00049550	
lse Only	Firm's name (or yours, if		LP		FEIN	
	self-employed) and address	260 SHERIDAN AVE., SUITE 440 PALO ALTO, CA 94306			5-2648289	
				———·	Telephone	
	May the FT	B discuss this return with the preparer shown above? S	See instructions		650) 462-04 X Yes	
· · · · · · · · · · · · · · · · · · ·				<u>•••••</u>	A res	0
For	Privacy Notice	e, get FTB 1131 ENG/SP. 059 3651134	Form	199 01 2012 64-1		

Г

Form 199 C1 2013 Side 1

			ITY ROTARY CHARITAN				94-2	682890
Part I		Organ regar	nizations with gross receipts of more dless of amount of gross receipts — c	than \$50,000 and private found complete Part II or furnish subsi	ations litute information.			
		1	Gross sales or receipts from			• • • •	1	
		2	Interest				2	1.
		3	Dividends			•	3	
Receipts from Other		4	Gross rents				4	
		5	Gross royalties	•	5			
Source	es	6	Gross amount received from		6			
		7	Other income. Attach schedu	ATEMENT 1 🖕	7	123,344.		
		8	Total gross sales or receipts from oth		8	123,345.		
		9	Contributions, gifts, grants, and simila				9	130,103.
		10	Disbursements to or for mem				10	
		11	Compensation of officers, dire				11	0.
		12	Other salaries and wages				12	
Expen	ses	13	Interest				13	
and Disbur	se-	14	Taxes				14	
ments		15	Rents			-	15	
		16	Depreciation and depletion (S			•	16	
		17	Other Expenses and Disburse				17	22 492
		18	Total expenses and disbursements. A				18	<u>22,482.</u> 152,585.
Sche	dule		Balance Sheets	the second se	f taxable year		of taxable	
Assets		<u> </u>	Balance once a	(a)	(b)	(c)		(d)
					148,601.			124,066.
			receivable		140,001.	<u>hang</u> Ang London <u>Ban</u> anga Kabupatèn Pertuka		124,000.
			eivable			<u>alan in An</u> ton <u>anton</u> –	•	
			tate government obligations				•	
			n other bonds			and the second		
7 in	ivestm	ents i	n stock					
8 M	lortoao	e loar	IS			uter uter der der der der der der der der der d	•	
			ents. Attach schedule					
			ssets	the second s				
			ated depreciation					
			Attach schedule					
				The second s		The second s		
			≥t worth		148,601.			124,066.
			ble	a an				
			gifts, or grants payable				•	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
			es payable				• •	
			able				•	
			s. Attach schedule					
			r principle fund		148,601.		•	124,066.
			tal surplus. Attach reconciliation					
			ngs or income fund		140 601		•	
Sched								124,066.
Sched	luie	MI-1	<b>Reconciliation of income p</b> Do not complete this sched	per books with income per dule if the amount on Sche	r return Julia I., Jipa 12. saturna	(d) is lass the - d!	50.000	
1 Ne	t incon	10 00	books					
			tax	● <u>-24,535</u> .		books this year not inclu		
			al losses over capital gains.	•	In this return. Attach 8 Deductions in this ret	sch	*******	
			orded on books this year.		against book income			
			)					
						line 8		
			Attach schedule		10 Net income per r		-	
			1 through line 5.	-24,535.	Subtract line 9 fr	om line 6	San and a second se	-24,535.
			······································				· 1	63,000.

.

•

Γ

2013		PAGE 1
CLIENT 7175900C	REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL	94-2682890
1/22/15		11:24AM
STATEMENT 1 FORM 199, PART II, LI OTHER INCOME INCOME FROM SPECIA	NE 7 AL EVENTS	\$ <u>123,344.</u> \$ 123,344.
STATEMENT 2 FORM 199, PART II, LII CONTRIBUTIONS, GIF	NE 9 TS, GRANTS, AND SIMILAR AMOUNTS PAID	
DONEE'S NAME: AMOUNT GIVEN:	FAMILY CONNECTIONS	\$ 19,080.
DONEE'S NAME: AMOUNT GIVEN:	CASA DE REDWOOD	1,256.
DONEE'S NAME: AMOUNT GIVEN:	FAIR OAKS SENIOR CENTER	400.
DONEE'S NAME: AMOUNT GIVEN:	POLICE ACTIVITIES LEAGUE	4,670.
DONEE'S NAME: AMOUNT GIVEN:	PETS IN NEED	24,545.
DONEE'S NAME: AMOUNT GIVEN:	ST ANTHONY'S PADUA DINING ROOM	5,675.
DONEE'S NAME: AMOUNT GIVEN:	SALVATION ARMY	1,119.
DONEE'S NAME: AMOUNT GIVEN:	KAINOS	4,260.
DONEE'S NAME: AMOUNT GIVEN:	SEQUOIA YMCA	3,250.
DONEE'S NAME: AMOUNT GIVEN:	TIM GRIFFITH FOUNDATION	9,370.
DONEE'S NAME: AMOUNT GIVEN: DONEE'S NAME:	DICTIONARIES FOR SCHOOLS	4,000.
DONEE'S NAME: AMOUNT GIVEN: DONEE'S NAME:	JOB TRAIN	1,000.
DONEE'S NAME: AMOUNT GIVEN: DONEE'S NAME:	SHERIFF'S ACTIVITY LEAGUE	22,350.
AMOUNT GIVEN:	FRESHTAKE FILMS	11,960.
DONEE'S NAME: AMOUNT GIVEN:	RILEY'S PLACE	3,390.

#### **CALIFORNIA STATEMENTS**

**CLIENT 7175900C** 

#### **REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL**

PAGE 2 94-2682890

MAI

1	122/15	
	166110	

1/22/15			 11:24A
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRANTS, AN	D SIMILAR AMOUNTS PAID		
DONEE'S NAME: AMOUNT GIVEN:	AMERICAN YOUTH SOCCER ORGANIZATION	[	\$ 700.
DONEE'S NAME: AMOUNT GIVEN:	COMMUNITY GARDEN PROJECT		10,219.
DONEE'S NAME: AMOUNT GIVEN:	ROTARY INTERNATIONAL FOUNDATION		359.
DONEE'S NAME: AMOUNT GIVEN:	ROTARY YOUTH LEADERSHIP AWARDS		1,500.
DONEE'S NAME: AMOUNT GIVEN:	SHELTER BOX		1,000.
	Т	'OTAL	\$ 130,103.

# STATEMENT 3 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUSAN HOWELL	CHAIRMAN O	\$ 0.		
JOHN MCAFEE	VICE CHAIRMAN 0	0.	0.	0.
AMBER HARRIS	SECRETARY 0	0.	0.	0.
BILL CONKLIN	TREASURER 0	0.	0.	0.
	DIRECTOR 0	0.	0.	Ο.
	TOTAL	<u>.</u>	\$ <u>0.</u>	<u> </u>

.....

## **CALIFORNIA STATEMENTS** REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL

PAGE 3

	REDWO
CLIENT 7175900C	

94-2682890

1/2

22/15			11:24AM
STATEMENT 4 FORM 199, PART II, L OTHER EXPENSES	.INE 17		
SPECIAL EVENT EXF	PENSES	\$ \$	<u>22,482.</u> 22,482.

tions of heating in the 1014 **REDWOOD CITY ROTARY** CHARITABLE FOUNDATION 90-7485/3211 333 TWIN DOLPHIN DR #230-A REDWOOD CITY, CA 94065 DATE PH 650-260-5411 2 Kenistro J. PAY TO THE ORDER OF Featurne Detuis or DOLLARS Ð MATEO~ P.O. BOX 910 (650) 363-1725 555 MARSHALL ST CREDIT UNION REDWOOD CITY. CA 94063 FOR 132117485140000516038801# 1016

'iN'	I
MAIL TO:	
Registry of Charitable Trusts	
P.O. Box 903447	
Sacramento, CA 94203-4470	
Telephone: (916) 445-2021	

WEBSITE ADDRESS: http://ag.ca.gov/charities/

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



					<b>a</b>			
Stat	e Charity Registration Number 04	12683			Check if:	address		
REI	DWOOD CITY ROTARY CHAN D JAMES W NEWELL		LE FOUND		Amended			
Name	of Organization					Martin 1997		
	) SHERIDAN AVE #440 rss (Number and Street)				Corporate or	Organization No. <u>D-1009622</u>		
	LO ALTO, CA 94306-201	1			Federal Empl	oyer ID No. <u>94-2682890</u>		
			State ZIP Co		al Codo Bara	sections 301-307, 311 and 312)		
			k Payable to Att					
Gro	ss Annual Revenue	Fee	Gross Annual F	Revenue	Fee	Gross Annual Revenue		Fee
	s than \$25,000 veen \$25,000 and \$100,000	0 \$25		01 and \$250,000 01 and \$1 millio	•	Between \$1,000,001 and \$10 milli Between \$10,000,001 and \$50 mill Greater than \$50 million	ion	\$150 \$225 \$300
PA	RT A - ACTIVITIES		L		· · · ·			4000
	For your most recent full account	ing perio	d (beginning	7/01/13	ending	6/30/14 )list:		
	Gross annual revenue \$\$		105,568.			124,066.		
PA	RT B - STATEMENTS REGA	ARDING	G ORGANIZA	TION DURING	THE PERI	OD OF THIS REPORT		
Note	: If you answer 'yes' to any of t 'yes' response. Please review	the ques RRF-1 i	tions below, you instructions for i	ı must attach a s nformation requ	eparate sheet ired.	providing an explanation and detai	is for (	each
1							Yes	No
•	During this reporting period, were organization and any officer, direc director or trustee had any financia	tor ar tru	istee thereof eith	s, leases or othe er directly or with	h an entity in v	sactions between the which any such officer,		X
2	During this reporting period, was to property or funds?	here any	theft, embezzie	ment, diversion o	or misuse of th	e organization's charitable		X
3	During this reporting period, did no	on-progra	am expenditures	exceed 50% of g	gross revenues	3?		X
4	During this reporting period, were Form 4720 with the Internal Reven	any orga ue Servi	nization funds us	sed to pay any p /.	enalty, fine or	judgment? If you filed a		X
	During this reporting period, were t purposes used? If 'yes,' provide ar provider.	the servi n attachn	ces of a commer rent listing the n	cial fundraiser o ame, address, ar	r fundraising c nd telephone r	ounsel for charitable number of the service		X
6	During this reporting period, did the the name of the agency, mailing ac	e organiz ddress, c	zation receive an contact person, a	y governmental nd telephone nu	funding? If so, mber.	provide an attachment listing		X
	During this reporting period, did the indicating the number of raffles and	<u>d the dat</u>	te(s) they occurre	ed.		SEE STATEMENT 1	X	
	Does the organization conduct a ve the program is operated by the cha charitable purposes.	ehicle do arity or w	nation program? hether the organ	If 'yes,' provide ization contracts	an attachment with a comme	indicating whether ercial fundraiser for		X
9	Did your organization have prepare principles for this reporting period?	d an aud	dited financial sta	atement in accor	dance with ger	nerally accepted accounting		X
Orga	nization's area code and telephone	number	650-462-0	400			<b>4</b>	<b>د</b>
Orgai	nization's e-mail address JNEWE	ELLOVI	DCPA.COM					
decl and b	are under penalty of perjury that I elief, it is true, correct and comple	have exa	amined this repo	ert, including acc	companying de	ocuments, and to the best of my kn	owled	ge
X.	re of authorized office		IAM R. C	Conthin t	TRES	4/24/15		

RRF-1 (3-05)

## **CALIFORNIA STATEMENTS** REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL

PAGE 1

94-2682890

11:24AM

1/22/15

ļ

**CLIENT 7175900C** 

## STATEMENT 1 FORM RRF-1, PART B, LINE 7 NUMBER AND DATES OF RAFFLES

ONE RAFFLE HELD JULY 4, 2013

ONE RAFFLE TO BE HELD JULY 4, 2014

•	,		Short Form Return of Organization Exempt From Income	- Tax		OMB No. 1545-1150
For	m <b>9</b>	90-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal Reve		2013	
			(except private foundations) ► Do not enter Social Security numbers on this form as it may be	a made nu	blic	
Dee	utmen	t of the Treasury	-			
Inter	nal Re	venue Service	► Information about Form 990-EZ and its instructions is above.irs	_		
A		the 2013 calend	lar year, or tax year beginning 7/01 , 2013, and ending	6/30	D Employee	+ 2014 identification number
Ľ		ss change				
	Name		DWOOD CITY ROTARY CHARITABLE FOUND O JAMES W NEWELL		94-20 E Telephone	582890
	Initial	^{reum} 26	0 SHERIDAN AVE #440		650-4	462-0400
	Termi	ded return	LO ALTO, CA 94306-2011		F Group E	
H		ation pending			Number	
G	Acco	ounting Method	X Cash Accrual Other (specify) >	H Chec	k ► 🔀 if th	e organization is <b>not</b>
I	Web	site: ► <u>N/A</u>				Schedule B (Form
J	Tax-e	exempt status (che	ck only one) — 🗶 501(c)(3) 🔲 501(c) ( ) ◄(insert no.) 🗌 4947(a)(1) or 🗌 527	990, 9	990-EZ, or 9	190-PF). 
κ	Form	n of organizatio	n: Corporation Trust Association Other			
L	Add	lines 5b, 6c, a	nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 c	r more, or	if total	
	asse	ts (Part II, colu	mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		►Ş	
- 0 - 1	<u>i</u> i.	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (se	ee the in	structions	i for Part I)
	1 1		organization used Schedule O to respond to any question in this Part I			X
	1 2		ice revenue including government fees and contracts			4,705.
	3	•	dues and assessments			
	4	•	come			1.
	5a		t from sale of assets other than inventory			<b></b>
			other basis and sales expenses			
	c	: Gain or (loss) fro	m sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
R	a	Gross income	from gaming (attach Schedule G if greater than \$15,000)			
V E	t		from fundraising events (not including \$ of contrib	utions		
REVENUE		from fundrais of such gross	ing events reported on line 1) (attach Schedule G if the sum income and contributions exceeds \$15,000)	123,3	344.	
	c	: Less: direct e	xpenses from gaming and fundraising events	22,4	182.	
	d	Net income o 6b and subtra	r (loss) from gaming and fundraising events (add lines 6a and ct line 6c).		6d	100,862.
	7 a		f inventory, less returns and allowances			
	b	Less: cost of	goods sold			
	c	: Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)		<b>7</b> c	
	8		e (describe in Schedule O)			
<b></b>	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			105,568.
	10	Grants and si	nilar amounts paid (list in Schedule O)		10	130,103.
F	11	•	to or for members			
Ĭ	12		r compensation, and employee benefits			
EXPENSE	13 14		ers and other payments to independent contractors			
Š	15		cations, postage, and shipping		i	
S	16	-	es (describe in Schedule O).			
	17		s.Add lines 10 through 16			130,103.
	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)			-24,535.
A NS EE TT	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree d on prior year's return)	with end-of	year	148,601.
TT S	20	<b>e</b> ,	s in net assets or fund balances (explain in Schedule O)			140,001.
3	21	-	fund balances at end of year. Combine lines 18 through 20.			124,066.
BA	A Fo		eduction Act Notice, see the separate instructions.		<u></u>	Form 990-EZ (2013)

Form 990-EZ (2013) REDWOOD CITY RO	TARY CHARITABLE FO	UND	94	-268	2890 Page 2
Balance Sheets (see the ins Check if the organization used Sch	tructions for Part II)				
	cuale o to respond to any qu		(A) Beginning of ye	ar	(B) End of year
22 Cash, savings, and investments			148,601	22	124,066.
23 Land and buildings.				23	
24 Other assets (describe in Schedule O).				24	
25 Total assets			148,601	. 25	124,066.
26 Total liabilities (describe in Schedule O			0	· · ·	0
27 Net assets or fund balances (line 27 of			148,601	27	124,066.
Event assets of fund balances (into 2) of		· · · · · · · · · · · · · · · · · · ·	140,001		Expenses
Check if the organization used S	chedule O to respond to any	ouestion in this Part II	I X	(Real	lired for section 501
What is the organization's primary exempt purpose? SE				(c)(3)	and 501(c)(4)
Describe the organization's primal score approach and service :	accomplishments for each of	its three largest progra	am services, as	organ 10/17/	izations and section a)(1) trusts; optional
Describe the organization's program service measured by expenses. In a clear and concis benefited, and other relevant information for	e manner, describe the servi	ces provided, the num	ber of persóns	for ot	hers.)
28 OPERATION_OF_ROTARY_CHAR	TABLE FOUNDATION				
	nis amount includes foreign g				100 000
	his amount includes foreign g	rants, check here		28a	130,236.
29					
(Grants \$) If t	his amount includes foreign g	rants, check here	, <b>*</b>	29a	
30					
			<b></b> _		
(Grants \$ ) If t	nis amount includes foreign g	rants, check here		30 a	
31 Other program services (describe in Sc					
	nis amount includes foreign g			31 a	
32 Total program service expenses(add lin	nes 28a through 31a)		•	32	130,236.
List of Officers, Directors, T					
	shadula O to respond to any a	guartian in this Part IV	/		
Check if the organization used S	chequie O to respond to any t	question in this Fait is	<u></u>		· · · · · <i>· · · · · · · · · · · · · · </i>
	(b) Average hours per	(c) Reportable compensatio	(d) Health benefit contributions to empl	s, oyee	(e) Estimated amount of
(a) Name and Title	1	ť ·	(d) Health benefit	s, oyee	······································
	(b) Average hours per week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC)	(d) Health benefit contributions to empl benefit plans, and det	s, oyee	(e) Estimated amount of
(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee	(e) Estimated amount of other compensation
(a) Name and Title SUSAN_HOWELL	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee ferred	(e) Estimated amount of
(a) Name and Title SUSAN_HOWELL CHAIRMAN	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (H not paid, enter -0-) (D	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee ferred	(e) Estimated amount of other compensation 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN MCAFEE         VICE CHAIRMAN         AMBER HARRIS	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (H not paid, enter -0-) (D	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee ferred	(e) Estimated amount of other compensation
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN MCAFEE         VICE CHAIRMAN         AMBER HARRIS	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (tf not paid, enter -0-) (	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee ferred	(e) Estimated amount of other compensation 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY	(b) Average hours per week devoted to position 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (tf not paid, enter -0-) (	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee ferred 0.	(e) Estimated amount of other compensation 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN	(b) Average hours per week devoted to position 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, enter -0-) 0	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee ferred 0. 0.	(e) Estimated amount of other compensation 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER	(b) Average hours per week devoted to position 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0	(d) Health benefit contributions to empl benefit plans, and det compensation	s, oyee ferred 0.	(e) Estimated amount of other compensation 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0.	(e) Estimated amount of other compensation 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, onter -0-) 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
(a) Name and Title          SUSAN_HOWELL         CHAIRMAN         JOHN_MCAFEE         VICE_CHAIRMAN         AMBER_HARRIS         SECRETARY         BILL_CONKLIN         TREASURER         BILL_NICOLET	(b) Average hours per week devoted to position 0 0	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0	(d) Health benefit contributions to empl benefit plans, and de compensation	s, oyee ferred 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.

Form 990-EZ (2013) REDWOOD CITY ROTARY CHARITABLE FOUND	94-2682890	P	age <b>3</b>
Other Information (Note the Schedule A and personal benefit contract statement requirem the instructions for Part V) Check if the organization used Schedule O to respond to any question	ients inSEE SCHEDULE ( on in this Part V.	) 	X
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule Q			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)			Х
35 a 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)?			<u>X</u>
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explana	ation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603 reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	3(e) notice,		х
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			<u>X</u>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	-, <b>-</b> , -, -, -, -, -, -, -, -, -, -, -, -, -,	
b Did the organization file Form 1120-POL for this year?			Х
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ	/eeor were		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this	return? 38a		Х
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		- 7 4	
a Initiation fees and capital contributions included on line 9	N/A		1
		رونيون اين چې	
	N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year u	nder:		
section 4911 ►0.; section 4912 ►0.; section 4955 ►	0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce	ess benefit		
transaction during the year or did it engage in an excess benefit transaction in a prior year that has on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part.I.			х
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	0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
by the organization	0.		
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			X
41 List the states with which a copy of this return is filed ► <u>NONE</u>			

42 a The organization's books are in care of ► TREASURER Telephone no. ► 6			
Located at > 260 SHERIDAN, 440, PALO ALTO, CA ZIP + 4 > 9	94306-201	1	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	era	Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
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 ca	llendar year, did the organi	zation maintain an offic	ce outside of the U.S.?.	
If 'Yes,' enter the name of	of the foreign country:			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 – Check here	<i></i> .	►	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year		<b>-</b> J	N/A
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instea of Form 990-EZ.	d 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 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	44 d		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?			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		væ∷ X
TEEA0812L 11/27/13	Earm 00	0 EZ	200120

42 c

Х

Form <b>990</b> -	-EZ (2013) REDWOOD CITY ROTARY	CHARITABLE FO	DUND	94-26	82890	P	age 4
46 Did	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part I…	ign activities on behalf o	of or in opposition to		Yes	
	All section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	ons must answer q					
	Check if the organization used Schedu	e O to respond to any	question in this Part VI	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>.                                    </u>
	the organization engage in lobbying activi plete Schedule C, Part II					Yes	No X
48 lsth	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		X
49 a Did	the organization make any transfers to an	exempt non-charitable	e related organization?.		49a		Х
	es,' was the related organization a sectior					1 1	ł
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated	employees (other than on a from the organization	officers, directors, trusto If there is none enter	ees and key 'None '		
	(a) Name and title of each employee	(b) Average hours per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits,	(e)Estimate		
		to position	(Forms W-2/10354WIGC)	compensation	outer com	pensauc	
NONE							
					·		
• • •	• • • • • • • • • • • • • • • • • • •	00.000					
	I number of other employees paid over \$1 plete this table for the organization's five		independent contractors	, who each received me	vro thon \$10	0.000	of
com	pensation from the organization. If there is	s none, enter 'None.'	independent contractors		ne alali \$10	0,000	U)
	(a) Name and business address of each independent co	ontractor	( <b>b)</b> Type (	of service	(c) Comp	ensation	<u>ו</u>
NONE	······································		1				
					1		
		·		_			
	••••••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·				
d Tota	I number of other independent contractors	s each receiving over \$	100,000		I.,		
	he organization complete Schedule A? No				v.	 Г	
	table trusts must attach a completed Sch				► X Yes		No
ue, correct, a	s of perjury, I declare that I have examined this return, inclu and complete. Declaration of preparer (other than officer	) is based on all information o	of which preparer has any knowle	my knowledge and belief, it is edge.			
	X An						
Sign Iere	Signature of officer	1:, TRE	=5,	1/24/15			
	Print/Type preparer's name	Preparer's signature	Date		TIN		
		June 145	Hurel stin	, Check 🗀 if 📔		0	
Paid Proporor	JAMES W. NEWELL	DAY & CO., LI		15 self-employed P	20004955	<u>J</u>	
Preparer Jse Only	Firm's address > 260 SHERIDAN AVI			Firm's EIN	05-2640	200	
ac only	PALO ALTO, CA 94			Phone no. (65	<u>95-2648</u> 0) 462-(		
lay the IP	S discuss this return with the preparer sh		uctions	1/10/e 10. (03			
				·····	·► X Yes		No
					Form <b>99</b>	J-EZ (2	2013)

SCH	ĖDULE A				narity Status							OMB №. 1545	
	990 or 990-EZ)		Complete	4	anization is a secti 947(a)(1) nonexem · Attach to Form 99	pt charit	table tru	ist.	on or a s	section		2013	
Depart <del>n</del> Internal	tent of the Treasury Revenue Service		► Informat	tion abou	t Schedule A (Form at www.irs.go	990 or //form9	990-EZ) 90.	and its	instruct	tions is			
Name of			OD CITY RO AMES W NEV		CHARITABLE FO	DUND					eridentifica 68289	ation number	
i i i i i					organizations n	nust co	mplet	e this p	art.) S				-
					is: (For lines 1 thr								
1	A church, co	nventio	n of churches o	r associat	ion of churches des	scribed i	nsectio	n 170(b)	(1 <b>)(A)(i)</b>				
2	A school des	cribed i	n section 170(b	)(1)(A)(ii).	.(Attach Schedule E	E.)							
3	A hospital or	a coop	erative hospital	l service o	rganization describ	ed insec	tion 17	0(ь)(1)(А	Xiii).				
4	A medical re	search	organization op	erated in	conjunction with a	hospital	describ	ed irsect	tion 170	<mark>(ь)(</mark> 1)(А	<b>)(iii)</b> Ent	ter the hospital'	5
	🗋 name, city, a	nd state	e:										
5	🖵 170(Ь)(1)(А)(	i <b>v).</b> (Ċo	mplete Part II.)		college or universit	-		-	-	rnmenta	al unit de	escribed isectio	n
6			<u> </u>	-	rnmental unit descr					it or from		naral public dor	roribod
7			A)(vi). (Comple		stantial part of its s )	upport i	rom a g	overnme	ะกเล่า นกเ	it or from	n ine ge	neral public des	scribeu
8	4 1				, <b>)(1)(A)(vi).</b> (Comple [.]	te Part I	1.)						
9	from activitie investment in	s relate ncome a	d to its exempt	functions ta	ore than 33-1/3% c — subject to certain axable income (less ete Part III.)	n except	ions, ar	nd (2) no	more t	han 33-1	1/3% of i	its support from	gross
10					usively to test for p	ublic sat	fety. Se	esection	509(a)(	4).			
11	- more publicity	/ suppor	ted organizatio	ons descri	usively for the bene bed in section 509( and complete lines	a)(1) or	section	509(a)(2	nctions ( 2). Se <b>se</b>	of, or ca action 5	arry out t 0 <b>9(a)(3).</b>	he purposes of Check the box	one or that
	a Type I	5		. –	Type III – Functio		-		d 🗍	Type III	- Non-f	unctionally inte	grated
e	By checking other than fo section 509(a	undatio	, I certify that the managers and	he organi	zation is not contro an one or more put	lled dire	ctlv or i	ndirectly	by one ations de	or more escribed	e disquai 1 in secti	lified persons on 509(a)(1) or	
f	If the organiz	ation re	ceived a writte	n determi	nation from the IRS	that is	а Туре	l, Type I	l or Typ	e III sup	porting	organization,	🗍
g	Since August	17, 200	)6, has the orga	anization	accepted any gift o	or contril	bution f	rom any	of the f	ollowing	person:	s?	
	(i) A perso below.	n who ( the gove	directly or indire erning body of i	ectly conti the suppo	ols, either alone or rted organization?	togethe	er with p	ersons o	lescribe	d in (ii)	and (iii)	Ye:	s No
		-	- +		in (i) above?							11g(ii)	
					cribed in (i) or (ii) a								_
h					upported organizati			• • • • • • • •			• • • • • • • • •	11 g (iii)	
	(i) Name of supp		(ii) EIN		(iii) Type of organization	1	ls the	(v) Did yo		6.5	is the	(vii) Amount of m	onetan/
	organization				(described on lines 3-9 above or IRC section	organi	zation in (i) listed in	the organ	ization in	organia	zation in mn (i)	support	oneary
					(see instructions)	your ge	overning ment?	supp		organiz	ed in the S.?		
						Yes	No	Yes	No	Yes	No		
						+	+	1					
(A)													
	_ • .										1		-
(B)													
										<u>+</u>			
(C)								1					
			* • • • • • • • • • • • • • • • • • • •			1	1	1					
(D)													
						T				1			
(E)		: 								<u> </u>			
						R de la r	1.5				0, # 0.455 1		
Total										e			
BAA F	or Paperwork R	eductio	n Act Notice, s	ee the Ins	tructions for Form	990 or 9	990-EZ.		S	Schedule	A (Forr	n 990 or 990-E2	7) 2013

TEEA0401L 06/28/13

#### DEDMOOD CITY DOWNDY CUNDITING F FOILIND · Schedule A (Form 990 or 990-EZ) 2012 94-2682890

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	r	r		· · ·		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	<b>(e)</b> 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						
Sec	tion B. Total Support	1				I	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)	· · · · · · · · · · · · · · · · · · ·			
13	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, secor	nd, third, fourth, or	fifth tax year as	a section 501(c)(3	) ► 🗌
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20		••••••				%
15	Public support percentage from 2	2012 Schedule A,	Part II, line 14.	· · · <i>·</i> · · · · · · · · · · · · · · ·		15	%
16a	33-1/3% support test 2013. If t and stop here. The organization	he organization d qualifies as a pub	id not check the licly supported o	box on line 13, an rganization	d the line 14 is 3	3-1/3% or more, cl	neck this box
b	33-1/3% support test – 2012. If the and stop here. The organization	ne organization di qualifies as a put	d not check a bo blicly supported o	k on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, c	heck this box ►
17a	10%-facts-and-circumstances te or more, and if the organization is the organization meets the 'facts	meets the 'facts-a	nd circumstance	s' test, check this	box and <b>stop here</b>	. Explain in Part IV	/how
	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstance est. The organiza	s' test, check this ation qualifies as a	box andstop here a publicly support	Explain in Part IV ed organization	/ how the
18	Private foundation. If the organiz	ation did not cheo	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see inst	ructions 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2013

<u>:</u> ∠) 2	013	REDW	UUL	) LITY	-RΟ	TAR	χu	-HAK	LIADLE	LOOND	
											_
	-			-			~	- *		5 MAY 4 5 M	

#### · Schedule A (Form 990 or 990 EZ) 2013 REDWOOD CITY ROTARY CHARITABLE FOUND

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.)

Section A. Public Support		· · · · · ·				
Calendar year (or fiscal yr beginning in)►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<ol> <li>Gifts, grants, contributions and membership fees</li> </ol>						
received. (Do not include	11 401	10 040	0 000	0 655	4 705	15 500
any 'unusual grants.') 2 Gross receipts from admis-	11,481.	10,849.	8,899.	9,655.	4,705.	45,589.
sions, merchandise sold or						
services performed, or facilities furnished in any activity that is						
related to the organization's				1.15 00.1		
tax-exempt purpose	116,981.	172,848.	106,260.	146,394.	123,344.	665,827.
that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and						
either paid to or expended on its behalf						0.
5 The value of services or						
facilities furnished by a governmental unit to the		Í				
organization without charge						0.
6 Total. Add lines 1 through 5	128,462.	183,697.	115,159.	156,049.	128,049.	711,416.
7 a Amounts included on lines 1, 2, and 3 received from						
disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	o.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line						
7c from line 6.).						711,416.
Section B. Total Support Calendar year (or fiscal yr beginning In) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	128,462.	183,697.	115,159.	156,049.	128,049.	711,416.
10 a Gross income from interest,	120,402.	105,097.	115,159.	130,049.	120,049.	/11,410.
dividends, payments received on securities loans, rents,						
royalties and income from		1				
similar sources		160.	1.	1.	1.	193.
b Unrelated business taxable income (less section 511						
taxes) from businesses			7 41 6			
acquired after June 30, 1975 c Add lines 10a and 10b	30.	160.	7,416.	5,525.		12,941.
11 Net income from unrelated business		100.	/,41/.	5,526.	1.	13,134.
activities not included in line 10b,						
whether or not the business is regularly carried on						0
12 Other income. Do not include						0.
gain or loss from the sale of capital assets (Explain in					ļ	
Part IV.)						0.
13 Total Support. (Add Ins 9,10c, 11 and 12.)	128,492.	183,857.	122,576.	161,575.	128,050.	724,550.
14 First five years. If the Form 990 is organization, check this box and sectors.	s for the organizat stop here	ion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	► 🗖
Section C. Computation of Put						
15 Public support percentage for 20			e 13, column (f)).			98.19 %
16 Public support percentage from 2	012 Schedule A, f	Part III, line 15				98.07 %
Section D. Computation of Inve	estment Incom	e Percentage			·····	
17 Investment income percentage for						1.81 %
18 Investment income percentage fro						1.93 %
<b>19а 33-1/3% support tests 2013.</b> If t is пot more than 33-1/3%, check	this box andstop i	here. The organiza	ation qualifies as	a publicly suppor	ted organization	line 17 ► X
<b>b 33-1/3% support tests</b> — <b>2012.</b> If the line 18 is not more than 33-1/3%,	he organization di	d not check a box	on line 14 or line	19a and line 16	is more than 33.1	13% and
20 Private foundation. If the organiz	ation did not chec	k a box on line 14	4, 19a, or 19b, ch	eck this box and	see instructions	►H
BAA		TEEAMAN			adute & (Earra 000	

94-2682890

. Schedule A	(Form 990 or 990-E Supplemental I or 17b; and Par (See instruction	EZ) 2013 RED Information. rt III, line 12. , ns).	WOOD CITY Provide the Also complet	ROTARY CH explanations e this part fo	ARITABLE F required by or any additio	OUND Part II, line 1 nal informati	<u>94-268289</u> 0; Part II, li on.	0 ne 17a	Page <b>4</b>
	• • • • • • • • • • • •								
								·	
					<b></b>				
<b>.</b>									
	·							· ·	
<del>_</del>							· ··· ···		
	· <b>-</b>		<b>-</b>				· • • • • • • • • • • • •		
					- <b>-</b>				
					·				
	· <b>-</b>	~			<b>_</b>				
		<b>-</b>							
							<b>-</b>		
		<b>_</b>							
		<b>_</b>		<b>-</b>	<b>_</b>		<b>-</b>		•
<b></b>			···				- <b>-</b>		
		<b>-</b>				·			
		<b>-</b>		<b>_</b>					
				<b></b>					
			<b></b>						

Department of the Treasury Internal Revenue Service       ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.         Name of the organization C/O JAMES W NEWELL       Employer identification number 94-2682890         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       e         b       Internet and email solicitations       f         c       Phone solicitations       g         Special fundraising events       d       In-person solicitations         2a 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?         b       I'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to compensated at least \$5,000 by the organization.	]Yes 🗌 No
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.         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         z       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?         b       If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to	
<ul> <li>Form 990-EZ filers are not required to complete this part.</li> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>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?</li></ul>	
<ul> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>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?</li> <li>b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to</li> </ul>	
<ul> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>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?</li></ul>	
<ul> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>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?</li> <li>b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to</li> </ul>	
<ul> <li>d in-person solicitations</li> <li>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?</li></ul>	
<ul> <li>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?</li> <li>b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to</li> </ul>	
b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to	
	be
or entity (fundraiser) have custody or control from activity (or retained by) (or re	nount paid to etained by) anization
Yes No	
1	•
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total       Image: Second control of the organization is registered or licensed to solicit contributions or has been notified it is exempt from or licensing.         Image: Second control of the organization is registered or licensed to solicit contributions or has been notified it is exempt from or licensing.         Image: Second control of the organization is registered or licensed to solicit contributions or has been notified it is exempt from or licensing.         Image: Second control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of the organization is registered or licensed to solicit control of	

Schedule G (Form 990	) or 990-EZ) 201	3 REDWOOD	) CITY ROTAR	Y CHARITABLE	FOUND	94-26828 <u>90</u>	Р
Fundraisir	ng Events. Cor	nplete if the	organization ar	swered 'Yes' to	Form 990	, Part IV, line 18, or reported	

94-2682890 Page 2

RE			(a) Event #1 <u>CAR RAFFLES</u> (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
8. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Gross receipts	119,151.		· ·	119,151
Ē	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	119,151.			119,151
	4	Cash prizes	18,000.			18,000
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages.				
	8	Entertainment				
	9	Other direct expenses	2,503.			2,503
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organization	m line 3, column (d)	<u></u>	►	98,648
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Puli tabs/instant	(c) Other gaming	(d) Total gaming
	1	Gross revenue		bingo/progressive bingo		(add column (a) through column (c))
E	2	Cash prizes		-		
EXPENSE	3	Noncash prizes				
S E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8 No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)			
	8	Net gaming income summary. Subtract lin	e 7 from line 1, colum	n (d)		
a	Ente Isth	er the state(s) in which the organization ope ie organization licensed to operate gaming	erates gaming activitie activities in each of th	s;	······	

Schedule G (Form 990 or 990-EZ) 2013

. <u>Sch</u> 11	nedule G (Form 990 or 990-EZ) 2013 REDWOOD CITY ROTARY CHARITABLE FOUND       94-2682890       Page         Does the organization operate gaming activities with nonmembers?       Yes       No	3
12		
	Indicate the percentage of gaming activity operated in:       13a       13a         a The organization's facility.       13b       %         b An outside facility.       13b       %         Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	-
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	ŀ
	Name ►	<b>~</b> 1
	Address ►	,   
16	Gaming manager information:	
	Name ►	-
	Garning manager compensation ► \$	
	Description of services provided	_
	Director/officer	
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?	
	organization's own exempt activities during the tax year 🕨 💲	_
9 <b>7</b> 94	<b>Supplemental Information.</b> 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).	
		_
<u> </u>		-
		-
		-
BAA		
UAA	TEEA3703L 06/26/13 Schedule <b>G</b> (Form 990 or 990-EZ) 2013	

· SCHEDULE O	Suppler	nental Information	to Form 990 or 99	0-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete Forn	to provide information for n 990 or 990-EZ or to provid ► Attach to Form	responses to specific quest le any additional informatio 990 or 990-FZ	ions on n.	2013
Department of the Treasury Internal Revenue Service		on about Schedule O (Form at www.irs.go	990 or 990-EZ) and its instr v/form990.		
Name of the organization REI C/(	DWOOD CITY ROTA O JAMES W NEWEI	ARY CHARITABLE FOULL	IND	Employer identification 268289	
		IZATION'S PRIMARY	EXEMPT PURPOSE		
	ITABLE FOUNDATI				
• •			CIATED WITH PERSON	AL BENEFIT C	
			RECEIVE ANY FUND		
			BENEFIT CONTRACT?		<u>NO</u>
(B) DID THE	E ORGANIZATION,	DURING THE YEAR,	PAY PREMIUMS, DI	RECTLY OR	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
INDIRECTLY,	ON A PERSONAL	BENEFIT CONTRACT?	, 		
				_ <b></b>	
				<b>_</b>	
	• • •				
				<b>-</b>	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
		_ 			
		_			
					_

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 7175900C

2010		
CLIENT 7175900C	REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL	94-2682890
1/22/15		11:24AM
FORM 990-EZ, PAR GRANTS AND SIMII	T I, LINE 10 LAR AMOUNTS PAID IN EXCESS OF \$5,000	
DONEE'S NAME: CASH AMOUNT GIVI	FAMILY CONNECTIONS	\$ 19,080.
DONEE'S NAME: CASH AMOUNT GIVI	PETS IN NEED EN:	\$ 24,545.
DONEE'S NAME: CASH AMOUNT GIVI	ST ANTHONY'S PADUA DINING ROOM	\$ 5,675.
DONEE'S NAME: CASH AMOUNT GIVH	TIM GRIFFITH FOUNDATION	\$ 9,370.
DONEE'S NAME: CASH AMOUNT GIVI	SHERIFF'S ACTIVITY LEAGUE	\$ 22,350.
DONEE'S NAME: CASH AMOUNT GIVH	FRESHTAKE FILMS	\$ 11,960.
DONEE'S NAME: CASH AMOUNT GIVE	COMMUNITY GARDEN PROJECT	\$ 10,219.

2013