

Form **945**  
Department of the Treasury  
Internal Revenue Service

**Annual Return of Withheld Federal Income Tax**

OMB No. 1545-1430

► 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](http://www.irs.gov/form945).

**2014**

<b>Type or Print</b>	Name (as distinguished from trade name) <b>REDWOOD CITY ROTARY CHARITABLE FOUNDATION</b>	Employer identification number (EIN) <b>94-2682890</b>	If address is different from prior return, check here. <input type="checkbox"/>
	Trade name, if any		
	Address (number and street) <b>C/O JAMES NEWELL, 260 SHERIDAN AVE, STE 440</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>PALO ALTO, CA 94306</b>		

**A** If you do not have to file returns in the future, check here  and enter date final payments made. ► -----

<b>1</b> Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc. . . . .	<b>1</b>	<b>4500</b>
<b>2</b> Backup withholding . . . . .	<b>2</b>	
<b>3</b> Total taxes. If \$2,500 or more, this must equal line 7M below or Form 945-A, line M . . . . .	<b>3</b>	<b>4500</b>
<b>4</b> Total deposits for 2014, including overpayment applied from a prior year and overpayment applied from Form 945-X . . . . .	<b>4</b>	<b>4500</b>
<b>5</b> Balance due. If line 3 is more than line 4, enter the difference and see the separate instructions . . . . .	<b>5</b>	

**6** Overpayment. If line 4 is more than line 3, enter the difference ► \$ \_\_\_\_\_

Check one:  Apply to next return.  Send a refund.

- All filers: If line 3 is less than \$2,500, do not complete line 7 or Form 945-A.
- Semiweekly schedule depositors: Complete Form 945-A and check here . . . . .
- Monthly schedule depositors: Complete line 7, entries A through M, and check here . . . . .

7 Monthly Summary of Federal Tax Liability. (Do not complete if you were a semiweekly schedule depositor.)						
	Tax liability for month			Tax liability for month		Tax liability for month
<b>A</b> January . . . . .			<b>F</b> June . . . . .			<b>K</b> November . . . . .
<b>B</b> February . . . . .			<b>G</b> July . . . . .	4500		<b>L</b> December . . . . .
<b>C</b> March . . . . .			<b>H</b> August . . . . .			<b>M</b> Total liability for year (add lines A through L) . . . . .
<b>D</b> April . . . . .			<b>I</b> September . . . . .			
<b>E</b> May . . . . .			<b>J</b> October . . . . .			
						<b>4500</b>

Do you want to allow another person to discuss this return with the IRS (see the instructions)?  Yes. Complete the following.  No.

<b>Third-Party Designee</b>	Designee's name ► <b>JAMES NEWELL</b>	Phone no. ► <b>650-462-0400</b>	Personal identification number (PIN) ► <b>4 9 5 5 0</b>
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature ► *[Signature]* Print Your Name and Title ► \_\_\_\_\_ Date ► **1/21/15**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES NEWELL</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>49550</b>
	Firm's name ► <b>VAVRINEK, TRINE, DAY &amp; CO., LLP</b>			Firm's EIN ► <b>95-2648289</b>	
	Firm's address ► <b>260 SHERIDAN AVE, STE 440, PALO ALTO, CA 94306</b>			Phone no. <b>650-462-0400</b>	

Do Not Staple

6969

Form <b>1096</b>	<b>Annual Summary and Transmittal of U.S. Information Returns</b>	OMB No. 1545-0108  <b>2014</b>
Department of the Treasury Internal Revenue Service		

FILER'S name <b>REDWOOD CITY ROTARY CHARITABLE FOUNDATION</b>	
Street address (including room or suite number) <b>C/O JAMES NEWELL 260 SHERIDAN AVE, STE 440</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>PALO ALTO, CA 94306</b>	

Name of person to contact <b>JAMES NEWELL</b>	Telephone number <b>650-462-0400</b>
Email address <b>JNEWELL@VTDCPA.COM</b>	Fax number <b>650-462-0500</b>

**For Official Use Only**




1 Employer identification number <b>94-2682890</b>	2 Social security number	3 Total number of forms <b>1</b>	4 Federal income tax withheld <b>\$4500.00</b>	5 Total amount reported with this Form 1096 <b>\$ 18000.00</b>
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6 Enter an "X" in only one box below to indicate the type of form being filed.										7 If this is your final return, enter an "X" here <input type="checkbox"/>							
W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-K 10	1099-LTC 93	1099-MISC 95	1099-OID 96
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

**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.

CLIENT'S COPY

Signature ▶ 	Title ▶	Date ▶ <i>1/21/15</i>
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**Instructions**

**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](http://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**

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**

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

 VOID CORRECTED

OMB No. 1545-0238

**2014****Form W-2G****Certain  
Gambling  
Winnings**

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code		1 Gross winnings	2 Date won
<b>REDWOOD CITY ROTARY CHARITABLE FOUNDATION C/O JAMES NEWELL 260 SHERIDAN AVE, STE 440 PALO ALTO, CA 94306</b>		\$ <b>18,000</b>	<b>7/22/14</b>
		3 Type of wager	4 Federal income tax withheld
		<b>RAFFLE</b>	\$ <b>4,500</b>
		5 Transaction	6 Race
		7 Winnings from identical wagers	8 Cashier
		\$	
PAYER'S federal identification number	PAYER'S telephone number	9 Winner's taxpayer identification no.	10 Window
<b>94-2682890</b>	<b>640-462-0400</b>	<b>387-26-9536</b>	
WINNER'S name		11 First I.D.	12 Second I.D.
<b>HOPE JOHNSON</b>			
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings
<b>76 INYO PL</b>		<b>CA</b>	\$
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld	16 Local winnings
<b>REDWOOD CITY, CA 94061</b>		\$	\$
		17 Local income tax withheld	18 Name of locality
		\$	
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature ►		Date ►	

For Privacy Act and  
Paperwork Reduction  
Act  
Notice, see the 2014  
General  
Instructions for  
Certain Information  
Returns.

File with Form 1096

Copy A  
For Internal Revenue  
Service Center

Form **W-2G**

Cat. No. 10138V

www.irs.gov/w2g

Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page**

CLIENT'S COPY

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2013**

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

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service



**A** For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b>	<b>D</b> Employer identification number <u>94-2682890</u>
	REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL 260 SHERIDAN AVE #440 PALO ALTO, CA 94306-2011	<b>E</b> Telephone number <u>650-462-0400</u>
		<b>F</b> Group Exemption Number .....

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ N/A

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

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 128,050.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I .....

REVENUE	1	Contributions, gifts, grants, and similar amounts received .....	1	<u>4,705.</u>
	2	Program service revenue including government fees and contracts .....	2	
	3	Membership dues and assessments .....	3	
	4	Investment income .....	4	<u>1.</u>
	5a	Gross amount from sale of assets other than inventory .....	5a	
	5b	Less: cost or other basis and sales expenses .....	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) .....	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	6b	<u>123,344.</u>	
		6c	<u>22,482.</u>	
		6d	<u>100,862.</u>	
7a	Gross sales of inventory, less returns and allowances .....	7a		
7b	Less: cost of goods sold .....	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	7c		
8	Other revenue (describe in Schedule O) .....	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	9	<u>105,568.</u>	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) .....	10	<u>130,103.</u>
	11	Benefits paid to or for members .....	11	
	12	Salaries, other compensation, and employee benefits .....	12	
	13	Professional fees and other payments to independent contractors .....	13	
	14	Occupancy, rent, utilities, and maintenance .....	14	
	15	Printing, publications, postage, and shipping .....	15	
	16	Other expenses (describe in Schedule O) .....	16	
	17	<b>Total expenses.</b> Add lines 10 through 16 .....	17	<u>130,103.</u>
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18	<u>-24,535.</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	19	<u>148,601.</u>
	20	Other changes in net assets or fund balances (explain in Schedule O) .....	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 .....	21	<u>124,066.</u>

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	148,601.	124,066.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	148,601.	124,066.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	148,601.	124,066.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <b>OPERATION OF ROTARY CHARITABLE FOUNDATION</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	130,236.
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	130,236.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SUSAN HOWELL CHAIRMAN	0	0.	0.	0.
JOHN MCAFEE VICE CHAIRMAN	0	0.	0.	0.
AMBER HARRIS SECRETARY	0	0.	0.	0.
BILL CONKLIN TREASURER	0	0.	0.	0.
BILL NICOLET DIRECTOR	0	0.	0.	0.

Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O 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?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
39 Section 501(c)(7) organizations. Enter:
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of TREASURER Telephone no. 650-462-0400 Located at 260 SHERIDAN, 440, PALO ALTO, CA ZIP + 4 94306-2011
42 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?
42 c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45 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)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X

**Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: *[Signature]*, TRES. Date: 4/24/15  
Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: JAMES W. NEWELL; Preparer's signature: *[Signature]*; Date: 2/11/15; Check  if self-employed; PTIN: P00049550  
Firm's name: VAVRINEK, TRINE, DAY & CO., LLP; Firm's address: 260 SHERIDAN AVE., SUITE 440, PALO ALTO, CA 94306; Firm's EIN: 95-2648289; Phone no.: (650) 462-0400

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **REDWOOD CITY ROTARY CHARITABLE FOUND  
C/O JAMES W NEWELL**

Employer identification number  
**94-2682890**

**Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(ii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....	<b>11 g (i)</b>	
(ii) A family member of a person described in (i) above?.....	<b>11 g (ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....	<b>11 g (iii)</b>	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013



**Part III 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test— 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>33-1/3% support test— 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test— 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test— 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') .....	11,481.	10,849.	8,899.	9,655.	4,705.	45,589.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ....	116,981.	172,848.	106,260.	146,394.	123,344.	665,827.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. ....						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. ....						0.
<b>6 Total.</b> Add lines 1 through 5. ....	128,462.	183,697.	115,159.	156,049.	128,049.	711,416.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....	0.	0.	0.	0.	0.	0.
<b>b</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.	0.	0.
<b>c</b> Add lines 7a and 7b. ....	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						711,416.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. ....	128,462.	183,697.	115,159.	156,049.	128,049.	711,416.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....	30.	160.	1.	1.	1.	193.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....			7,416.	5,525.		12,941.
<b>c</b> Add lines 10a and 10b. ....	30.	160.	7,417.	5,526.	1.	13,134.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						0.
<b>13 Total Support.</b> (Add lns 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	98.19 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15.	16	98.07 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	1.81 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17.	18	1.93 %

**19a 33-1/3% support tests— 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33-1/3% support tests— 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Area with horizontal dashed lines for supplemental information.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization **REDWOOD CITY ROTARY CHARITABLE FOUND  
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
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part I Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CAR RAFFLES (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	119,151.		119,151.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	119,151.		119,151.
DIRECT EXPENSES	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	Direct expense summary. Add lines 4 through 9 in column (d).			
11	Net income summary. Subtract line 10 from line 3, column (d).				98,648.

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

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

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

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

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility. 

13a		%
-----	--	---

b An outside facility. 

13b		%
-----	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**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).

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization **REDWOOD CITY ROTARY CHARITABLE FOUND**  
**C/O JAMES W NEWELL**

Employer identification number  
**94-2682890**

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

ROTARY CHARITABLE FOUNDATION

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

CLIENT 7175900C

REDWOOD CITY ROTARY CHARITABLE FOUND  
C/O JAMES W NEWELL

94-2682890

1/22/15

11:24AM

FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME:	FAMILY CONNECTIONS		
CASH AMOUNT GIVEN:		\$	19,080.
DONEE'S NAME:	PETS IN NEED		
CASH AMOUNT GIVEN:		\$	24,545.
DONEE'S NAME:	ST ANTHONY'S PADUA DINING ROOM		
CASH AMOUNT GIVEN:		\$	5,675.
DONEE'S NAME:	TIM GRIFFITH FOUNDATION		
CASH AMOUNT GIVEN:		\$	9,370.
DONEE'S NAME:	SHERIFF'S ACTIVITY LEAGUE		
CASH AMOUNT GIVEN:		\$	22,350.
DONEE'S NAME:	FRESHTAKE FILMS		
CASH AMOUNT GIVEN:		\$	11,960.
DONEE'S NAME:	COMMUNITY GARDEN PROJECT		
CASH AMOUNT GIVEN:		\$	10,219.



California Exempt Organization Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013, and ending (mm/dd/yyyy) 6/30/2014

Corporation/Organization Name: REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL
Address: 260 SHERIDAN AVE #440 PALO ALTO
State: CA ZIP Code: 94306-2011

A First Return Yes No
B Amended Information Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
E Check accounting method: 1 Cash 2 Accrual 3 Other
F Federal return filed? 1 990T 2 990 PF 3 Sch H (990)
G Is this a group filing for the subordinates/affiliates?
H Is this organization in a group exemption?
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes columns for line number, description, and amount. Total gross receipts: 128,050. Total expenses: 152,585. Balance due: -24,535.

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts— complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	1.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	123,344.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	123,345.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	130,103.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule	●	17	22,482.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	152,585.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		148,601.		124,066.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets				
	b Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	<b>Total assets</b>		148,601.		124,066.
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		148,601.		124,066.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		148,601.		124,066.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	-24,535.	7	Income recorded on books this year not included in this return. Attach sch	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6	●	-24,535.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	<b>Total.</b> Add line 1 through line 5	●	-24,535.				

1/22/15

11:24AM

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$ 123,344.
TOTAL	<u>\$ 123,344.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, 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:	DICTIONARIES FOR SCHOOLS	4,000.
DONEE'S NAME: AMOUNT GIVEN:	JOB TRAIN	1,000.
DONEE'S NAME: AMOUNT GIVEN:	SHERIFF'S ACTIVITY LEAGUE	22,350.
DONEE'S NAME: AMOUNT GIVEN:	FRESHTAKE FILMS	11,960.
DONEE'S NAME: AMOUNT GIVEN:	RILEY'S PLACE	3,390.

1/22/15

11:24AM

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	AMERICAN YOUTH SOCCER ORGANIZATION		
AMOUNT GIVEN:		\$	700.
DONEE'S NAME:	COMMUNITY GARDEN PROJECT		
AMOUNT GIVEN:			10,219.
DONEE'S NAME:	ROTARY INTERNATIONAL FOUNDATION		
AMOUNT GIVEN:			359.
DONEE'S NAME:	ROTARY YOUTH LEADERSHIP AWARDS		
AMOUNT GIVEN:			1,500.
DONEE'S NAME:	SHELTER BOX		
AMOUNT GIVEN:			1,000.
<b>TOTAL \$</b>			<u>130,103.</u>

**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 0	\$ 0.	\$ 0.	\$ 0.
JOHN MCAFEE	VICE CHAIRMAN 0	0.	0.	0.
AMBER HARRIS	SECRETARY 0	0.	0.	0.
BILL CONKLIN	TREASURER 0	0.	0.	0.
BILL NICOLET	DIRECTOR 0	0.	0.	0.
<b>TOTAL \$</b>		<u>0.</u>	<u>0.</u>	<u>0.</u>

2013

**CALIFORNIA STATEMENTS**

**PAGE 3**

CLIENT 7175900C

REDWOOD CITY ROTARY CHARITABLE FOUND  
C/O JAMES W NEWELL

94-2682890

1/22/15

11:24AM

STATEMENT 4  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

SPECIAL EVENT EXPENSES.....	\$	22,482.
TOTAL	\$	<u>22,482.</u>

**REDWOOD CITY ROTARY  
CHARITABLE FOUNDATION**

333 TWIN DOLPHIN DR #230-A  
REDWOOD CITY, CA 94065  
PH 650-260-5411

1014

90-7485/3211

DATE 4/24/15



PAY  
TO THE  
ORDER OF

*Attorney General's Registry of Charitable Trusts \$50<sup>00</sup>*

*Fifty & no/100*

DOLLARS



**SAN MATEO ~  
CREDIT UNION**

P.O. BOX 910 (650) 363-1725  
555 MARSHALL ST.  
REDWOOD CITY, CA 94063

*[Signature]*

FOR \_\_\_\_\_

⑆32117485⑆000051603880⑆ 1014

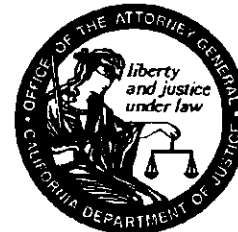
MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://lag.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.



State Charity Registration Number <u>042683</u> REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL <small>Name of Organization</small> 260 SHERIDAN AVE #440 <small>Address (Number and Street)</small> PALO ALTO, CA 94306-2011 <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>D-1009622</u> Federal Employer ID No. <u>94-2682890</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/13 ending 6/30/14) list:  
 Gross annual revenue \$ 105,568. Total assets \$ 124,066.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 650-462-0400

Organization's e-mail address JNEWELL@VTDCPA.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized official: [Signature] Printed Name: WILLIAM R. CONKLIN, TRES Title: TRES Date: 4/24/15

2013

**CALIFORNIA STATEMENTS**

**PAGE 1**

CLIENT 7175900C

REDWOOD CITY ROTARY CHARITABLE FOUND  
C/O JAMES W NEWELL

94-2682890

1/22/15

11:24AM

**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



Form **990-EZ**

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

OMB No. 1545-1150

**2013**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b></p> <p align="center"><b>REDWOOD CITY ROTARY CHARITABLE FOUND</b>          C/O JAMES W NEWELL          260 SHERIDAN AVE #440          PALO ALTO, CA 94306-2011</p>	<p><b>D</b> Employer identification number <u>94-2682890</u></p> <p><b>E</b> Telephone number <u>650-462-0400</u></p> <p><b>F</b> Group Exemption Number .....</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... \$ 128,050.

**Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I .....

<b>R E V E N U E</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	<u>4,705.</u>	
	<b>2</b> Program service revenue including government fees and contracts .....	<b>2</b>		
	<b>3</b> Membership dues and assessments .....	<b>3</b>		
	<b>4</b> Investment income .....	<b>4</b>	<u>1.</u>	
	<b>5 a</b> Gross amount from sale of assets other than inventory .....	<b>5 a</b>		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>5 b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5 c</b>		
	<b>6</b> Gaming and fundraising events			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) .....	<b>6 a</b>		
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	<b>6 b</b>	<u>123,344.</u>	
<b>c</b> Less: direct expenses from gaming and fundraising events .....	<b>6 c</b>	<u>22,482.</u>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	<b>6 d</b>	<u>100,862.</u>		
<b>7 a</b> Gross sales of inventory, less returns and allowances .....	<b>7 a</b>			
<b>b</b> Less: cost of goods sold .....	<b>7 b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7 c</b>			
<b>8</b> Other revenue (describe in Schedule O) .....	<b>8</b>			
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	<b>9</b>	<u>105,568.</u>		
<b>10</b> Grants and similar amounts paid (list in Schedule O) .....	<b>10</b>	<u>130,103.</u>		
<b>11</b> Benefits paid to or for members .....	<b>11</b>			
<b>12</b> Salaries, other compensation, and employee benefits .....	<b>12</b>			
<b>13</b> Professional fees and other payments to independent contractors .....	<b>13</b>			
<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>14</b>			
<b>15</b> Printing, publications, postage, and shipping .....	<b>15</b>			
<b>16</b> Other expenses (describe in Schedule O) .....	<b>16</b>			
<b>17 Total expenses.</b> Add lines 10 through 16 .....	<b>17</b>	<u>130,103.</u>		
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	<u>-24,535.</u>		
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>19</b>	<u>148,601.</u>		
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>20</b>			
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>21</b>	<u>124,066.</u>		

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Table for program service accomplishments. Row 28: OPERATION OF ROTARY CHARITABLE FOUNDATION. Rows 29-31: Other program services. Row 32: Total program service expenses (130,236).

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and Title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists Susan Howell (Chairman), John McAfee (Vice Chairman), Amber Harris (Secretary), Bill Conklin (Treasurer), and Bill Nicolet (Director).

Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding IRS reporting, organizational changes, income, liquidation, political expenditures, borrowing, and tax shelter transactions.

42a The organization's books are in care of TREASURER Telephone no. 650-462-0400 Located at 260 SHERIDAN, 440, PALO ALTO, CA ZIP + 4 94306-2011

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 42b and 42c regarding foreign financial accounts and foreign office locations.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [ ] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. [ ] 43 N/A

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 46 Yes No X

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X
b If 'Yes,' was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer [Signature], TRES. Date 4/24/15

Paid Preparer Use Only Print/Type preparer's name JAMES W. NEWELL Preparer's signature [Signature] Date 2/11/15 Check self-employed PTIN P00049550 Firm's name VAVRINEK, TRINE, DAY & CO., LLP Firm's address 260 SHERIDAN AVE., SUITE 440 PALO ALTO, CA 94306 Firm's EIN 95-2648289 Phone no. (650) 462-0400

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**



<b>Name of the organization</b> REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W NEWELL	<b>Employer identification number</b> 94-2682890
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**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Non-functionally integrated

- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test— 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>33-1/3% support test— 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test— 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test— 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

**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) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .	11,481.	10,849.	8,899.	9,655.	4,705.	45,589.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .	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 governmental unit to the organization without charge. . . . .						0.
6 <b>Total.</b> Add lines 1 through 5. . . . .	128,462.	183,697.	115,159.	156,049.	128,049.	711,416.
7a 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.	0.	0.
c Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						711,416.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in)▶	(a) 2009	(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.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	30.	160.	1.	1.	1.	193.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .			7,416.	5,525.		12,941.
c Add lines 10a and 10b. . . . .	30.	160.	7,417.	5,526.	1.	13,134.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0.
13 <b>Total Support.</b> (Add lns 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). . . . .	15	98.19 %
16 Public support percentage from 2012 Schedule A, Part III, line 15. . . . .	16	98.07 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	1.81 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17. . . . .	18	1.93 %

19a **33-1/3% support tests— 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support tests— 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

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

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

*(This area contains horizontal dashed lines for supplemental information.)*



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**



Name of the organization **REDWOOD CITY ROTARY CHARITABLE FOUND  
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
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CAR RAFFLES (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
	1	Gross receipts	119,151.		119,151.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	119,151.		119,151.
DIRECT EXPENSES	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	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				98,648.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**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).

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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

REDWOOD CITY ROTARY CHARITABLE FOUND  
C/O JAMES W NEWELL

Employer identification number

94-2682890

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

ROTARY CHARITABLE FOUNDATION

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

CLIENT 7175900C

REDWOOD CITY ROTARY CHARITABLE FOUND  
C/O JAMES W NEWELL

94-2682890

1/22/15

11:24AM

**FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME:	FAMILY CONNECTIONS		
CASH AMOUNT GIVEN:		\$	19,080.
DONEE'S NAME:	PETS IN NEED		
CASH AMOUNT GIVEN:		\$	24,545.
DONEE'S NAME:	ST ANTHONY'S PADUA DINING ROOM		
CASH AMOUNT GIVEN:		\$	5,675.
DONEE'S NAME:	TIM GRIFFITH FOUNDATION		
CASH AMOUNT GIVEN:		\$	9,370.
DONEE'S NAME:	SHERIFF'S ACTIVITY LEAGUE		
CASH AMOUNT GIVEN:		\$	22,350.
DONEE'S NAME:	FRESHTAKE FILMS		
CASH AMOUNT GIVEN:		\$	11,960.
DONEE'S NAME:	COMMUNITY GARDEN PROJECT		
CASH AMOUNT GIVEN:		\$	10,219.