OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

2010

		e 2010 calendar year, or tax year beginning $7/01$, 2010, and ending $6/30$		2011
В	Check if	applicable: C	• •	entification number
		change REDWOOD CITY ROTARY CHARITABLE FOUND	94-268	
	Name c	C/O DAMES W. NEWELL, 200 SHELLESTAN # 1-1	E Telephone n	umber
	Initial re	1	650-46	52-0400
닖	Termina		F Group Ex	omotion
H			Number.	
Ť		ion pending I Inting Method: X Cash Accrual Other (specify) ► H Check	► X if the	organization is not
		require	ed to attach	Schedule B (Form
١.		empt status (ck only one) — X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 990, 9	90-EZ, or 99	0-PF).
<u>J</u>	Chack	lif the organization is not a section 509(a)(3) supporting organization and its gross receipts al	re normally r	not more than
r	\$50 D	on A Form 990-F7 or Form 990 return is not required though Form 990-N (e-postcard) may be requi	red (see inst	ructions). But if the
	organ	ization chooses to file a return, be sure to file a complete return.		
L	Add li	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	if total	183,857.
	asset	s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E2.	turistiana i	
Pa	irt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins	structions	IOI Faili.) □
		Check if the organization used Schedule O to respond to any question in this Part I		10.040
	1	Contributions, gifts, grants, and similar amounts received		10,849.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	160.
	5a	Gross amount from sale of assets other than inventory 5a		
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	1	Gaming and fundraising events		
R		Gross income from gaming (attach Schedule G if greater than \$15,000)		
E V		Gross income from fundraising events (not including \$ of contributions	1333	
REVEZU	"	from fundraising events reported on line 1) (attach Schedule G if the sum		
Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	348.	
	c	Less: direct expenses from gaming and fundraising events	296.	
		Net income or (loss) from gaming and fundraising events (add lines 6a and		•
	a	6b and subtract line 6c)	6 d	152,552.
	72	7a		•
	/ h	Less: cost of goods sold	275	
		Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue Add lines 1 2 3 4 5c 6d 7c and 8	. ▶ 9	163,561.
	10	Create and cimilar amounts paid (list in Schedule O)	10	176,678.
	111	Less: cost of goods sold	11	
F	11	Salarios other compensation, and employee henefits	12	
EXPENSES	12	Professional foos and other payments to independent contractors	13	
E	13	Occupancy, rent, utilities, and maintenance	14	
Š		Printing, publications, postage, and shipping	-	
5	15	Other expenses (describe in Schedule O)	16	584.
	16	Total expenses. Add lines 10 through 16.		177, 262.
	17	Total expenses. Add liftes to tillrough to	18	-13,701.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	10:33:33:5.1	13, 101.
N	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-o	f-year	140 422
N E T	19	figure reported on prior year's return)	19	140,422.
' !	20	Other changes in net assets or fund balances (explain in Schedule O)		100 701
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	> 21	126,721.
BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)

Form	990-EZ (2010) REDWOOD CITY ROT	ARY CHARITABLE FOU	IND	94	1-268	12890 Pag	ge 2
Par	+ III Ralance Sheets (see the inst	ructions for Part II.)		1			
	Check if the organization used Sche	dule O to respond to any que	estion in this Part I	(A) Beginning of y	ear	(B) End of year	
	O I I I I I I I I I I I I I I I I I I I			140,422		126,72	$\overline{1}$.
22	Cash, savings, and investments				23		
23 24	Other assets (describe in Schedule O) _)		24		
	Total assets			140,422	2. 25	126,72	1.
25 26	Total liabilities (describe in Schedule (1))). 26		0.
27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of c	olumn (B) must agree with li	ne 21)	140,42	2. 27	126,72	1.
Pai	* III Statement of Program Serv	ice Accomplishments ((see the instrs for f	Part III.)	_	Expenses	
	Check if the organization used Sci	hedule O to respond to any q	_l uestion in this Par	t III	(Req	uired for section	
What	is the organization's primary exempt purpose? SEE	SCHEDULE O			Orna	c)(3) and 501(c)(4) nizations and sectio	on .
Des	is the organization's primary exempt purpose? SEE cribe what was achieved in carrying out the cribe the services provided, the number of	organization's exempt purp	oses. In a clear an	id concise manner, ion for each	4947	'(a)(1) trusts; optior	nal
prod	ram title.		Televant informati		for o	thers.)	
28	OPERATION OF ROTARY CHARI'	TABLE FOUNDATION			1		
					4		
					1 00	177 26	50
	(Grants \$) If thi	s amount includes foreign gr	ants, check here		<u> 28 a</u>	177,26	<u> </u>
29					4		
					1		
	(Grants \$) If thi				29 a		
	(Grants \$) If thi	s amount includes foreign gr	ants, check here				
30					· 🕇		
					٠٦		
	(Grants \$) If thi	is amount includes foreign gr	ants, check here	_ _	∏ 30 a	1	
31	Other program services (describe in Sch	edule 0)					
	(Grants \$) If thi	is amount includes foreign gr	ants, check here.	<u>.</u>	31 a		
32	Total program service expenses (add lin	nes 28a through 31a)			▶ 32	177,2	
	HIV List of Officers Directors.	Trustees, and Key Emr	plovees. List each	one even if not compensate	ed. (see	the instructions for Part	IV.)
	Check if the organization used So	chedule O to respond to any	question in this Pa	art IV		(e) Expense acco	X
	(a) Name and address	(b) Title and average hours per week devoted	not paid, enter -	0) employee benefit p	lans and	and other allowar	ices
		to position		deferred comper	sation		
SEJ	S_SCHEDULE_Q		,				
			•				
					•		
						,	
				-			
		-					
		-					
						· · · · · · · · · · · · · · · · · · ·	
		1					
			 				
		1		.			
		1		. [*		
		4					
		THE P. LEWIS CO., LANSING MATERIALS AND ASSESSED ASSESSED.				<u> </u>	
		<u>'</u>					
		<u></u>		<u> </u>		<u> </u>	
BA	Α	TEEA0812L	02/18/11			Form 990-EZ (2010

94-2682890

Page 2 .

Forn	990-EZ (2010) REDWOOD CITY ROTARY CHARITABLE FOUND 94-268289			age 3
	Other Information (Note the statement requirements in the instructions for Part V.) SEE SC Check if the organization used Schedule O to respond to any question in this Part V.	 	· · · · ·	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No_X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	j	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
;	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), o 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	7 35a		X
٠,	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
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	20053 803 105		X
	b Did the organization file Form 1120-POL for this year?	37b	21472478	
	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?	38a	anskini	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<u>A</u>		
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		X
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	. 40e		X
41	List tile states with which a copy of this fetatri is fied.			
42	The organization's books are in care of ► TREASURER Telephone no. ► 650-Located at ► 260 SHERIDAN, 440, PALO ALTO, CA			. <u></u> -
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country: [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 a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	. 42c		X
	If 'Yes,' enter the name of the foreign country: ►	-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		>] N/A _N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44a	Yes	No 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			х
	c Did the organization receive any payments for indoor tanning services during the year?		+	Х
	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			,
BA		orm 99		(2010)

orm 990-E	Z (2010) REDWOOD CITY ROTARY	CHARITABLE FO	עאט	94-200	
45 Is any	related organization a controlled entity	of the organization with	in the meaning of se	ection 512(b)(13)?	
- Did th	a arganization receive any navment from	or engage in any tran	saction with a contro	alled entity within the mean	ning \$2025 \$1666 \$555
	Section 501(c)(2) organizations	and section 4947	(a)(1) nonexempt	t charitable trusts onl	lv. All section
	501(c)(3) organizations and sec	tion 4947(a)(1) nor	nexempt charitab	ole trusts must answer	questions
	Check if the organization used Schedul	e O to respond to any	question in this Part	VI	
47 Did th	e organization engage in lobbying activit	ties? If 'Yes,' complete	Schedule C, Part II.		
48 Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete So	chedule E	48 X
49 a Did th	e organization make any transfers to an	exempt non-charitable	related organization	1?	49a X
		(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Expense
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	account and other allowances
NONE					
- 					
			;		
	:				
Check if the organization used Schedule O to respond to any question in this Part VI. 1					
				_	
-51 Comp comp	plete this table for the organization's five ensation from the organization. If there	highest compensated i is none, enter 'None.'	independent contract	tors who each received mo	ore than \$100,000 of
			0	(b) Type of service	(c) Compensation
NONE_					
- -					
					
				. •	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a 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 inst.) 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. 47 Exertivi Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If "Yes," complete Schedule C, Part II. 48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 A X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X b If "Yes," was the related 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 address of each employee paid more than \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization to employee benefit plans and detered compensation from the organization is given highest compensated independent contractors who each received more than \$100,000 of compensatio					
Under penalti true, correct,	es of perjury, I declare that I have examined this retur and complete. Declaration of preparer (other than office	n, including accompanying sch cer) is based on all information	edules and statements, and of which preparer has any	to the best of my knowledge and be knowledge.	pelief, it is
	Josady Sheph	nd	,		
	Rignature of officer RAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ת משנו ש עו	TOEAS		1, - 1.
nere	Type or print name and title.	CPACIO	IKEND	YER IV	118 /"
	Print/Type preparer's name	Preparer's signature	Date #	Check if F	PTIN
Paid	JAMES W. NEWELL James	w. //we	10/2		200049550
Preparer Use Only	Firm's name VAVRIVEK, TRINE		LP		05 0640000
OSC OIIIY	Firm's address > 260 SHERIDAN AV PALO ALTO, CA 9			Firm's EIN Phone no. (65	95-2648289 50) 462-0400
May the IF	S discuss this return with the preparer s		uctions	Trifolie no. (OC	. ►X Yes No
RΔΔ			÷. •		Form 990 F7 (2010

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

REDWOOD CITY ROTARY CHARITABLE FOUND

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. ► See separate instructions.

Employer identification number

94-2682890

Part		Reason for Public	o onanty otatas	(ar organization	Hust C	Jinpict	<u>C 1113</u>	parti	000 111	Struction	J113.	
The o	rgar	nization is not a private	e foundation because	it is: (For lines 1 throu	gh 11, c	heck on	ily one b	oox.)				
1		A church, convention	of churches or associ	iation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	П	A hospital or a cooper	ative hospital service	e organization described	d in sect	ion 170	(b)(1)(A))(iii).				
4	П	A medical research or	ganization operated i	in conjunction with a ho	ospital d	escribed	l in sect	ion 1 70	(b)(1)(A)	(iii). Ent	ter the hospital's	
•		name city and state:		•							·	
5		An organization opera 170(b)(1)(A)(iv). (Con	ited for the benefit of aplete Part II.)	a college or university					nmental	unit des	cribed in section	
6 7		An organization that r in section 170(b)(1)(A	normally receives a si)(vi). (Complete Pari		pport fro	m a gov	70(b)(1)(/ernmer	(A)(v). ntal unit	or from	the gen	eral public describe	ed
8		A community trust des	scribed in section 17	0(b)(1)(A)(vi). (Complet	e Part II	.)						
9		from activities related investment income ar June 30, 1975. See se	to its exempt function and unrelated business ection 509(a)(2). (Cor	more than 33-1/3% of ons — subject to certain s taxable income (less s nplete Part III.)	excepti section 5	ons, and 511 tax)	from bu	more tr Isinesse	ian 33-1 es acquir	1376 ULL	is subbolt from uro	33
10	П	An organization organ	nized and operated ex	xclusively to test for pu	blic safe	ty. See	section	509(a)(4).		_	
11		more publicly cupport	ad organizations des	xclusively for the benef cribed in section 509(a ion and complete lines)(1) or s 11e thro	ection 5 ough 111	0 9 (a)(2) า.	. See s	f, or car <mark>ection 5</mark>	ry out th 09(a)(3).	. Check the box tha	or at
		a Type I	b Type II	c Type III	Func	tionally	integrat	ed		d 📙	Type III — Other	
е		By checking this box, other than foundation section 509(a)(2).	I certify that the organized managers and other	anization is not controll than one or more pub	ed direc licly sup	tly or in ported o	directly organiza	by one tions de	or more scribed	disquali in section	fied persons on 509(a)(1) or	
f		check this box		rmination from the IRS					• • • • • • •			
g		Since August 17, 200	C									
		Onioo ingaet ii, acc	6, nas the organization	on accepted any gift of	r contrib	ution fro	m any	of the fo	llowing	persons	?	
		_	:									lo
			in all an indicatly of	antrola oithar along ar	together	with ne	reone d	escribe	d in (ii) :	and (iii)	Yes N	lo
		(i) A person who d	irectly or indirectly co	ontrols, either alone or oported organization?	together	with pe	ersons d	escribe	d in (ii) :	and (iii)	Yes N	lo
		(i) A person who d below, the gove	lirectly or indirectly co rning body of the sup er of a person descril	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	d in (ii) i	and (iii)	Yes N	lo
		(i) A person who d below, the gove (ii) A family member (iii) A 35% controlled	irectly or indirectly or irning body of the super of a person described entity of a person	ontrols, either alone or oported organization? bed in (i) above?described in (i) or (ii) a	together	with pe	ersons d	escribe	d in (ii) i	and (iii)	Yes N	lo
h		(i) A person who d below, the gove (ii) A family member (iii) A 35% controlled	irectly or indirectly or irning body of the super of a person described entity of a person	ontrols, either alone or oported organization? bed in (i) above?described in (i) or (ii) a supported organization	together bove?	with pe	ersons d	escribe	d in (ii) i	and (iii)	Yes N 11g(i) 11g(ii) 11g(iii)	
<u> </u>		(i) A person who d below, the gove (ii) A family member (iii) A 35% controlled	irectly or indirectly or irning body of the super of a person described entity of a person	ontrols, either alone or oported organization? bed in (i) above?described in (i) or (ii) a	bove? (iv) organiz	with pe	(v) Did y the organ	escribe	(vi) I	and (iii)	Yes N	
<u> </u>		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? (iv) organiz	s the ation in its listed in overning	(v) Did y the organ	escribe	(vi) I	s the ation in nn (i)	Yes N 11g(i) 11g(ii) 11g(iii)	
<u> </u>		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
(A)		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
(A) (B)		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
(A)		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
(A) (B)		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
(A) (B) (C)		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly corning body of the super of a person described entity of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organiz Vi.: Yes	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	
(A) (B) (C) (D)		(i) A person who dependent the gove (ii) A family member (iii) A 35% controlled Provide the following (i) Name of supported	irectly or indirectly country or indirectly or indirectly or indirectly of a person information about the	ontrols, either alone or oported organization? bed in (i) above? described in (i) or (ii) a e supported organization (described on lines 1.9 above or IRC section	bove? on(s). (iv) organiz column (your go docu	s the sation in justed in overning ment?	(v) Did y the organ colum your se	escriber	(vi) i organiz colur organize U.:	s the ation in nn (i) ed in the S.?	Yes N 11g(i) 11g(ii) 11g(iii)	

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

Schedule A (Form 990 or 990-EZ) 2010

94-2682890

Partill 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.)

Sect	ion A. Public Support						
	dar year (or fiscal year ning in) ►	, (a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')				,		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge		·	. •			
4	Total. Add lines 1 through 3						
	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			N.			
Sec	tion B. Total Support						,
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	Total support. Add lines 7 through 10						
12	Gross receipts from related acti	vities, etc (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box an) is for the organiz d stop here	zation's first, seco	nd, third, fourth, o	or fifth tax year a	s a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pu	ıblic Support I	Percentage				
14	Public support percentage for 2	010 (line 6, colum	nn (f) divided by li	ne 11, column (f))	14	<u>%</u>
	Public support percentage from						. %
16 a	a 33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, a organization	nd the line 14 is 3	33-1/3% or more, o	check this box
ł	33-1/3% support test — 2009. If and stop here. The organization	the organization of the qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 1 or 1 or 1	6a, and line 15 is	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the factors.	meets the 'facts-	and-circumstance	s' test, check this	s box and stop b e	ere. Explain in Pari	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	n meets the 'facts- nd-circumstances'	and-circumstance test. The organia	s' test, check this zation qualifies as	s box and stop he s a publicly suppo	e re. Explain in Par orted organization.	t IV how the
_18	Private foundation. If the organ	nization did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check t	his box and see in	structions
BAA				•	S	chedule A (Form 9	90 or 990-EZ) 2010

Page 3

Schedule A (Form 990 or 990-EZ) 2010 REDWOOD CITY ROTARY CHARITABLE FOUND

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.)

	ection A. Public Support								
	- 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
	ar year (or fiscal yr beginning in) Gifts, grants, contributions	(a) 2000	(b) 2007	(6) 2000	(4) 2003	(0) 2010	(1) 10(0)		
1	and membership fees		,	· ·			,		
	and membership fees received. (Do not include any 'unusual grants.')	24,414.	34,188.	24,584.	11,481.	10,849.	105,516.		
	Gross receipts from admis-		0 - 7 - 2 0 0 .		,				
	sions, merchandise sold or		, ,	,					
*	services performed, or facilities					,			
	furnished in any activity that is related to the organization's								
	tax-exempt purpose	88,303.	116,682.	119,315.	116,981.	172,848.	614,129.		
3	Gross receipts from activities					•	•		
	that are not an unrelated trade	,				,	0.		
	or business under section 513.	·	·				_		
	Tax revenues levied for the organization's benefit and								
	either paid to or expended on			·	·	200	0.		
5	its behalf						<u> </u>		
Э	facilities furnished by a								
	governmental unit to the					•	0.		
	organization without charge					100 607			
	Total. Add lines 1 through 5	112,717.	150,870.	143,899.	128,462.	183,697.	719,645.		
7a	Amounts included on lines 1,					,			
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
	Amounts included on lines 2								
. 0	and 3 received from other than			, ä		• • •			
	disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13	٠٠,	•	* . •	ŧ		·		
	for the year	0.	0.	0.	0.	0.	0.		
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support (Subtract line								
0	7c from line 6.)						719,645.		
Seci	ion B. Total Support								
	lar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
	Amounts from line 6	112,717.	150,870.	143,899.	128,462.	183,697.	719,645.		
7	Amounts non me o	112,111.	130,010.	113/033.	1207 102.	100,00,1			
-		,		l .		l' .	ľ ·		
-	Gross income from interest, dividends, payments received	•		,	1	1			
-	Gross income from interest, dividends, payments received on securities loans, rents,	·:		,					
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	,	161	1.212.	30.	160.	2,505		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	942.	161.	1,212.	30.	160.	2,505.		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	161.	1,212.	30.	160.	2,505.		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	161.	1,212.	30.	160.	2,505.		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	942.					0.		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	161.	1,212.	30.	160.	2,505. 0. 2,505.		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	942.					0.		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	942.					0. 2,505.		
10 a	Gross income from interest, 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	942.					0.		
10 a	Gross income from interest, 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	942.					0. 2,505.		
10 a	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in	942.					0. 2,505. 0.		
10 a b c 11	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	942.	161.	1,212.	30.	160.	0. 2,505. 0.		
10 a b c 11 12	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	942.	161.	1,212.	30. 128,492.	183,857.	0. 2,505. 0. 722,150.		
10 a b c 11 12	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add ins 9, 10c, 11, and 12.) First five years. If the Form 990	942. 942. 113,659. is for the organiz	161. 151,031.	1,212. 145,111. nd, third, fourth, o	30. 128,492. or fifth tax year as	183,857.	0. 2,505. 0. 722,150.		
10 a b c 11 12 13 14	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	942. 942. 113,659. is for the organiz	161. 151,031. cation's first, seco	1,212. 145,111. nd, third, fourth, o	30. 128,492. or fifth tax year as	183,857.	0. 2,505. 0. 722,150.		
10 a b c 11 12 13 14 Sec	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Putation in part IV.	942. 942. 113,659. is for the organized stop here. blic Support I	151,031. ation's first, seco	1,212. 145,111. nd, third, fourth, o	30. 128,492. or fifth tax year as	183,857. s a section 501(c)	0. 2,505. 0. 0. 722,150. (3) ► □		
10 a b c 11 12 13 14 Sec	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	942. 942. 113,659. is for the organized stop here blic Support in the stop here	151,031. ation's first, second percentage on (f) divided by li	1,212. 145,111. nd, third, fourth, one 13, column (f)	30. 128,492. or fifth tax year as	160. 183,857. a section 501(c)	0. 2,505. 0. 0. 722,150. (3) ► □		
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	942. 942. 113,659. is for the organized stop here blic Support I	151,031. ation's first, second formula first, second first	1,212. 145,111. nd, third, fourth, one 13, column (f)	30. 128,492. or fifth tax year as	160. 183,857. a section 501(c)	0. 2,505. 0. 0. 722,150. (3) ► □		
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	942. 942. 113,659. is for the organized stop here blic Support I	151,031. ation's first, second formula first, second first	1,212. 145,111. nd, third, fourth, one 13, column (f)	30. 128,492. or fifth tax year as	160. 183,857. a section 501(c)	0. 2,505. 0. 0. 722,150. (3) ► □		
10 a b c 11 12 13 14 Sec 15 16 Sec	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Inviton D. Computation of Inviton 1.	942. 942. 113,659. is for the organized stop here blic Support in the stop here	151,031. ration's first, second and first second and firs	1,212. 145,111. nd, third, fourth, one 13, column (f)	128,492. or fifth tax year as	183,857. s a section 501(c) 15 16	0. 2,505. 0. 0. 722,150. (3) ► □		
10 a b c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tho D. Computation of Investment income percentage	942. 942. 942. 113,659. is for the organized stop here blic Support in the stop here 2009 Schedule Avestment Incompared to the stop here for 2010 (line 10c)	151, 031. ration's first, second percentage in (f) divided by ling. Part III, line 15 ime Percentage, column (f) divided in (f	1,212. 145,111. nd, third, fourth, one 13, column (f) e ed by line 13, column	128, 492. or fifth tax year as	183,857. s a section 501(c) 15 16	0. 2,505. 0. 0. 722,150. (3) ► □ 99.7 % 99.5 %		
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support percentage	942. 942. 942. 113, 659. is for the organized stop here blic Support in the stop here 2009 Schedule Avestment incomposed for 2010 (line 10c from 2009 Schedule Schedule Avestment incomposed in the stop here	151, 031. ration's first, second formula for the contage of the co	1,212. 145,111. nd, third, fourth, one 13, column (f) e ed by line 13, column (f)	128, 492. or fifth tax year as	183,857. s a section 501(c) 15 16 17 18	0. 2,505. 0. 0. 722,150. (3) ► □ 99.7 % 99.5 %		
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the sale from D. Computation of Investment income percentage Investment income percentage	942. 942. 113, 659. is for the organized stop here blic Support in the column 2009 Schedule A yestment incomposed for 2010 (line 10c from 2009 Schedule if the organization stopping schedule in the organization schedule in the	151, 031. 2ation's first, second (f) divided by ling. Percentage (f) divided by ling.	1,212. 145,111. nd, third, fourth, one 13, column (f) e ed by line 13, column (f) 1,212.	128,492. or fifth tax year as	183,857. s a section 501(c) 15 16 17 18 re than 33-1/3%.	0. 2,505. 0. 0. 722,150. (3) ► □ 99.7 % 99.5 % 0.4 % 0.5 % and line 17		
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support tests — 2010. It is not more than 33-1/3%, check	942. 942. 113,659. is for the organized stop here blic Support Incompanized stop here 2009 Schedule Avestment Incompanized for 2010 (line 10c from 2009 Schedule for 2010 (line 10c from 2010 from 2010 (line 10c from 2010 fro	151, 031. ation's first, second percentage in (f) divided by life in Percentage in, Part III, line 15 in Percentage in (f) divided by life in did not check the phere. The organization of the control	1,212. 145,111. Ind, third, fourth, one 13, column (f) e ed by line 13, column (f) 17. e box on line 14, nization qualifies	128, 492. or fifth tax year as umn (f). and line 15 is mo	183,857. s a section 501(c) 15 16 17 18 re than 33-1/3%, ported organization	0. 2,505. 0. 0. 722,150. 3) 99.7 % 99.5 % 0.4 % 0.5 % and line 17 n. ► X		
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the sale from D. Computation of Investment income percentage Investment income percentage	942. 942. 113,659. is for the organized stop here blic Support in the organization of the organizat	151,031. ation's first, second for the limit of the limit	1,212. 145,111. nd, third, fourth, one 13, column (f) e ed by line 13, column (f) e to box on line 14, nization qualifies box on line 14 or	128,492. Triffth tax year as a min (f))	183,857. s a section 501(c) 15 16 17 18 re than 33-1/3%, ported organization 16 is more than 3	0. 2,505. 0. 0. 722,150. (3) ► □ 99.7 % 99.5 % 0.4 % 0.5 % and line 17 n ► [X] 33-1/3%, and		
10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, 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. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the sale from D. Computation of Investment income percentage Investment income percentage Investment income percentage is not more than 33-1/3%, check 33-1/3% support tests — 2009.	942. 942. 113,659. is for the organization here blic Support Inco 010 (line 8, column 2009 Schedule A restment Inco for 2010 (line 10c from 2009 Schedule A restment inco for the organization k this box and store the organization k, check this box	151, 031. ation's first, second form of the second	1,212. 145,111. Ind, third, fourth, one 13, column (f) e ed by line 13, column (f) e box on line 14, nization qualifies box on line 14 or the organization qualifier for the organizat	128, 492. or fifth tax year as a summ (f))	183,857. s a section 501(c) 15 16 17 18 re than 33-1/3%, ported organization 16 is more than actly supported organization cly supported organization 16 is more than actly supported organization 16 is more than actly supported organization 16 is more than actly supported organization cly su	0. 2,505. 0. 0. 722,150. 3) 99.7 % 99.5 % 0.4 % 0.5 % and line 17 n		

Part IV	Supplemental Part II, line 17a (See instruction	Information. Care or 17b; and F	Complete this Part III, line 1	part to prov 2. Also com	ride the exp plete this p	lanations r part for any	equired by additional	Part II, I informati	ine 10; ion.
				•					
- 									
· 								· - -	
	-								
-									
	- 								
	- 							— — —	
		-						 -	
								- _	
- 					-				
		 						-	
									
				 _					
	. *				,				
									-
									
							•		•
				. 					
	•								
					-				
					-				
							— — — — — — .		
									
				. -					
					-				
				. 					
					, 		_ 		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

Name o	of the organization					Employer identifi	
RED	WOOD CITY ROTARY CHARI	TABLE FOU	ND			94-26828	90
Par		ete if the orgar juired to compl	nization ar ete this pa	nswered 'Y art.	es' to Form 990, Part I	V, line 17.	
1	Indicate whether the organization i	aised funds the	rough any	of the follow	owing activities. Check	all that apply.	
а	Mail solicitations			е	Solicitation of non-	government grants	
b	Internet and email solicitations	•		f	Solicitation of gove	rnment grants	
	Phone solicitations			g	Special fundraising		•
С				9	ороски такки и		
d 2-	In-person solicitations	or oral agreer	ment with	any individ	dual (including officers	directors trustees or	kev
Za	Did the organization have a writter employees listed in Form 990, Par	t VII) or entity	in connec	tion with p	rofessional fundraising	services?	Yes No
	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en	tities (fund				
	Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
(1)	or entity (fundraiser)	(II) Activity	have custo	dy or control	from activity	(or retained by)	(or retained by)
			of contr	ributions?	_	fundraiser listed in column (i)	organization
						column (i)	
			Yes	No		•	
-	•						ĺ
1							
2						·	
<u> </u>	-	-	.	 			
3							
4							
			 	 			
5	n i un manifestation.						
6		:					
7							
		 		 			
8							
9			ļ				
10			<u> </u>	<u> </u>			
Tota	<u>1 </u>			<u></u>			
3	List all states in which the organiz	zation is registe	ered or lice	ensed to s	olicit contributions or ha	as been notified it is e	exempt from registration
	or licensing.	•					
		-					
,							
					 		
				-			
,							

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (c) Other events (d) Total events (b) Event #2 (a) Event #1 (add column (a) CAR RAFFLES DINNERS through column (c)) (total number) (event type) (event type) 129,798. 43,050. 172,848. 1 Gross receipts..... 2 Less: Charitable contributions 43,050 172,848. 129,798. 3 Gross income (line 1 minus line 2)..... 18,000. 4 Cash prizes 18,000 Noncash prizes..... DIRECT Rent/facility costs..... 7 Food and beverages..... EXPENSES 8 Entertainment..... 2,296. 2,296. Other direct expenses 10 Direct expense summary. Add lines 4- through 9 in column (d)..... 20,296. 152,552. Net income summary. Combine line 3, column (d), and line 10..... Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (c) Other gaming (d) Total gaming (a) Bingo (b) Pull tabs/Instant REVENUE bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue..... DIRECT 3 Non-cash prizes 4 Rent/facility costs..... 5 Other direct expenses..... Yes Yes Yes No No Nο 6 Volunteer labor..... 7 Direct expense summary. Add lines 2 through 5 in column (d)..... 8 Net gaming income summary. Combine lines 1, column (d) and line 7..... 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?..... 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... **b** If 'Yes,' explain: BAA Schedule G (Form 990 or 990-EZ) 2010 TEEA3702L 01/13/11

Sche	dule G (Form 990 or 990-EZ) 2010 REDWOOD CITY ROTARY CHARITABLE FOUND 94-2682890 Page 3 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?
13	Indicate the percentage of gaming activity operated in:
	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name •
	Address ►
i.	Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No of gaming revenue retained by the third party ► \$ and the amount
•	If 'Yes,' enter name and address of the third party:
	Name •
	Address N
	Address ►
16	Gaming manager information:
	Name •
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
	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 ► \$
Pa	Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).
BA	A TEEA3703L 01/13/11 Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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.

REDWOOD CITY ROTARY CHARITABLE FOUND [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 CO	NTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY C	<u>PR</u>
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	<u></u> <u>NO</u> :
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	<u>NO</u>

SCHEDULE	O - SUPPLEMENTAL	INFORMA	TION	PAGE
IENT 7175900C REDW	OOD CITY ROTARY CHARITAB	LE FOUND	•	94-268289
25/11				04:31F
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS I	PAID IN EXCESS OF \$5,000			,
DONEE'S NAME: CASH AMOUNT GIVEN:	FAMILY CONNECTIONS		\$	12,464
DONEE'S NAME: CASH AMOUNT GIVEN:	CASA DE REDWOOD		\$	7,839
DONEE'S NAME: CASH AMOUNT GIVEN:	PETS IN NEED		\$	29,740
DONEE'S NAME: CASH AMOUNT GIVEN:	ST ANTHONY'S PADUA D	INING ROOM	\$	7,250
DONEE'S NAME: CASH AMOUNT GIVEN:	SALVATION ARMY		\$	6,350
DONEE'S NAME: CASH AMOUNT GIVEN:	KAINOS		, \$	7,285
DONEE'S NAME: CASH AMOUNT GIVEN:	TIM'S HOUSE		\$	8,030
DONEE'S NAME: CASH AMOUNT GIVEN:	PENINSULA YOUTH FILM	ACADEMY	\$	69,064
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		· · · · · · · · · · · · · · · · · · ·	TOTAL \$	584. 584.
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, T	RUSTEES, AND KEY EMPLOYE	EES		
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
GLENN NIELSEN	PRESIDENT S		\$ 0.8	
, LILIA LEDEZMA	PRESIDENT ELECT	0.	0.	(
CAROL EBNER	SECRETARY 0	0.	0.	(
	· · · · · · · · · · · · · · · · · · ·			

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 7175900C

REDWOOD CITY ROTARY CHARITABLE FOUND

94-2682890

10/19/11

12:30PM

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRAD SHEPHERD	TREASURER \$	0.	\$ 0.	\$ 0.
•				
PETE LEIBENGOOD	PAST PRESIDENT 0	0	0.	0.
STEVE WEBB	DIRECTOR 0	0.	0.	0.
				·
KAREN KRUEGER	DIRECTOR 0	0.	0.	0.
· ·				
ROLAND HAGA	DIRECTOR 0	0.	0.	0.
<i>i</i> •				
DEANNA DOOLEY	DIRECTOR 0	0.	0.	0.
JOHN MCAFEE	DIRECTOR 0	0.	0.	0.
STEVE WAGSTAFF	DIRECTOR 0	0.	0.	0.
	TOTAL §	0.	\$ 0.	\$ 0.