

Form **990-EZ**

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

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

- ▶ 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.

2013

Open to Public Inspection

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

C **ROTDY INTERNATIONAL REDWOOD CITY**
C/O JAMES W NEWELL
260 SHERIDAN AVE #440
PALO ALTO, CA 94306-2011

D Employer identification number 94-6084463

E Telephone number 650-462-0400

F Group Exemption Number ▶ 0573

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ REDWOODCITYROTARY.ORG

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

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

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 ▶ \$ 43,858.

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

		1	2	3	4	5 a	5 b	5 c	6 a	6 b	6 c	6 d	7 a	7 b	7 c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1																1												
	2																2												
	3																3	43,858.											
	4																4												
	5 a																5 a												
	b																5 b												
	c																5 c												
	6																6												
	a																6 a												
	b																6 b												
c																6 c													
d																6 d													
7 a																7 a													
b																7 b													
c																7 c													
8																8													
9																9	43,858.												
EXPENSES	10																10												
	11																11												
	12																12												
	13																13												
	14																14												
	15																15	148.											
	16																16	37,226.											
	17																17	37,374.											
ASSETS	18																18	6,484.											
	19																19	15,328.											
	20																20												
	21																21	21,812.											

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.....	15,328. 22	21,812.
23 Land and buildings.....	23	
24 Other assets (describe in Schedule O).....	24	
25 Total assets.....	15,328. 25	21,812.
26 Total liabilities (describe in Schedule O).....	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	15,328. 27	21,812.

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. **Expenses**

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

Line	Description	28a	29a	30a	31a	32
28	OPERATION OF ROTARY CLUB					
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a				37,004.
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				37,004.

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 PAST PRESIDENT	0	0.	0.	0.
BARBARA BONILLA PRESIDENT	0	0.	0.	0.
DEANNA DOOLEY DIRECTOR	0	0.	0.	0.
CAROL EBNER DIRECTOR	0	0.	0.	0.
CARLOS BOLANOS DIRECTOR	0	0.	0.	0.
JEFFREY HAYDEN SECRETARY	0	0.	0.	0.
KAREN KRUEGER DIRECTOR	0	0.	0.	0.
ROLAND HAGA TREASURER	0	0.	0.	0.
SCOTT SCHWARTZ DIRECTOR	0	0.	0.	0.
JOHN MCAFEE PRESIDENT ELECT	0	0.	0.	0.
STEVE WAGSTAFFE DIRECTOR	0	0.	0.	0.
JOHN LOWE DIRECTOR	0	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37 a"/> 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <input type="text" value="38 b"/> N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	<input type="text" value="39 a"/> N/A	
b Gross receipts, included on line 9, for public use of club facilities.	<input type="text" value="39 b"/> N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="N/A"/> ; section 4912 <input type="text" value="N/A"/> ; section 4955 <input type="text" value="N/A"/>		
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		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. <input type="text" value="0"/>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text" value="0"/>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed <input type="text" value="NONE"/>		

42a The organization's books are in care of Telephone no.
 Located at ZIP + 4

	Yes	No
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)? If 'Yes,' enter the name of the foreign country: <input type="text"/>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <input type="text"/>		X

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. N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

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

Part VI Section 501(c)(3) organizations only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here
 Signature of officer: *[Signature]* Date: *4/25/15*
 Type or print name and title: *Treas. RWC Rotary Clubs.*

Paid Preparer Use Only
 Print/Type preparer's name: JAMES W. NEWELL
 Preparer's signature: *[Signature]* Date: *4/11/15*
 Firm's name: VAVRINEK, TRINE, DAY & CO., LLP
 Firm's address: 260 SHERIDAN AVE., SUITE 440, PALO ALTO, CA 94306
 Check if self-employed PTIN: P00049550
 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 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.

Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL REDWOOD CITY
C/O JAMES W NEWELL

Employer identification number

94-6084463

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

ROTARY CLUB

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 7175900

ROTARY INTERNATIONAL REDWOOD CITY
C/O JAMES W NEWELL

94-6084463

1/22/15

10:33AM

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DUES AND CONFERENCES.....	\$	7,945.
MEALS.....		25,374.
MISCELLANEOUS.....		1,944.
SUPPLIES.....		1,963.
	TOTAL \$	<u>37,226.</u>

TAXABLE YEAR

2013

California Exempt Organization Annual Information Return

CLIENT'S COPY FORM

199

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

Corporation/Organization Name: ROTARY INTERNATIONAL REDWOOD CITY C/O JAMES W NEWELL
Address: 260 SHERIDAN AVE #440 PALO ALTO CA 94306-2011
California corporation number: D-0318155

Part I Complete Part I unless not required to file this form. See General Instructions B and C.
A First Return
B Amended Information Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method
F Federal return filed?
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...

Table with 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total gross income: 43,858), Expenses (Total: 37,374), and Filing Fee (Total: 10).

Sign Here: Signature of officer (James W. Newell), Title, Date, Telephone (650-462-0400)
Paid Preparer's Use Only: Preparer's signature (James W. Newell), Date, Firm's name (VAVRINEK, TRINE, DAY & CO., LLP), Address, Telephone ((650) 462-0400)

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	
	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	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 1	●	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. SEE STATEMENT 2	●	17	37,374.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	37,374.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		15,328.		21,812.
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	Total assets		15,328.		21,812.
Liabilities and net worth					
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				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		15,328.		21,812.
22	Total liabilities and net worth		15,328.		21,812.

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	●	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.	
3	Excess of capital losses over capital gains	●		Attach schedule	●
4	Income not recorded on books this year. Attach schedule	●	9	Total. Add line 7 and line 8	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	10	Net income per return.	
6	Total. Add line 1 through line 5			Subtract line 9 from line 6	

CLIENT 7175900

94-6084463

2/11/15

12:35PM

STATEMENT 1
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	PAST PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
'				
BARBARA BONILLA	PRESIDENT 0	0.	0.	0.
'				
DEANNA DOOLEY	DIRECTOR 0	0.	0.	0.
'				
CAROL EBNER	DIRECTOR 0	0.	0.	0.
'				
CARLOS BOLANOS	DIRECTOR 0	0.	0.	0.
'				
JEFFREY HAYDEN	SECRETARY 0	0.	0.	0.
'				
KAREN KRUEGER	DIRECTOR 0	0.	0.	0.
'				
ROLAND HAGA	TREASURER 0	0.	0.	0.
'				
SCOTT SCHWARTZ	DIRECTOR 0	0.	0.	0.
'				
JOHN MCAFEE	PRESIDENT ELECT 0	0.	0.	0.
'				
STEVE WAGSTAFFE	DIRECTOR 0	0.	0.	0.
'				
JOHN LOWE	DIRECTOR 0	0.	0.	0.
'				
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2013

CALIFORNIA STATEMENTS
ROTARY INTERNATIONAL REDWOOD CITY
C/O JAMES W NEWELL

PAGE 2

CLIENT 7175900

94-6084463

1/22/15

10:33AM

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

DUES AND CONFERENCES.....	\$	7,945.
MEALS.....		25,374.
MISCELLANEOUS.....		1,944.
POSTAGE AND SHIPPING.....		148.
SUPPLIES.....		1,963.
	TOTAL \$	<u>37,374.</u>