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 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.

2011

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	١.	For	the 2011 calendar year, or tax year beginning $7/01$, 2011, and ending $6/30$, 2012
E	3	Check	if applicable: C	D Em	ploye	· IdentIfication number
	╝	Addre	ss change REDWOOD CITY ROTARY CHARITABLE FOUND	9.	4-2	682890
		Name	change C/O JAMES W. NEWELL, 260 SHERIDAN #440			e number
		nitial	return PALO ALTO, CA 94306-2011	6		462-0400
		Termi	nated	0.	30-	402-0400
ļ	===		ded return	F Gro	oup E	Exemption
1	_		ation pending			·
G						ne organization is not
ı		Web	\ \	ed to a	attacl	h Schedule B (Form 990-PF).
J			exempt status (ck only one) $ \Lambda$ 501(c)(3) $-$ 501(c) () Λ (insert no.) $-$ 494/(a)(1) or $-$ 527			
K			ck ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organi			
		norn	nally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e uctions). But if the organization chooses to file a return, be sure to file a complete return.	-posto	ard)	may be required (see
_						
L	•	Add acce	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	if total	► \$	146,944.
8	5%	433C	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructi	onc	for Port I \
	a		- · · · · · · · · · · · · · · · · · · ·			·
			Check if the organization used Schedule O to respond to any question in this Part I		4	X 8,899.
		-	Contributions, gifts, grants, and similar amounts received	-		0,033.
	ı	2	Program service revenue including government fees and contracts.		2	
	- 1	3	Membership dues and assessments	-	3	
		4	Investment income	إ	4	RECEIVED :
			Gross amount from sale of assets other than inventory		A	Itomey General's Offico
			Less: cost or other basis and sales expenses			
	1	C	: Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	[5 c	NOV 1 5 2012
		6	Gaming and fundraising events	100		1101 20 2012
	R E	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		zu.v.	Registry of
	۲	Ŀ	Gross income from fundraising events (not including \$ of contributions		• (Charitable Trusts
	REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	Ē			<u>`</u>	2.7	
	ŀ	C	Less: direct expenses from gaming and fundraising events 6c 42,5	68.		
		c	Net income or (loss) from gaming and fundraising events (add lines 6a and	9		
	ļ		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	[6d	95,476.
	1	7 a	Gross sales of inventory, less returns and allowances	1000	8	
	1	b	Less: cost of goods sold			
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	
	١	8	Other revenue (describe in Schedule O)		8	
	ı	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	104,376.
	T	10	Grants and similar amounts paid (list in Schedule O)		10	106,696.
	ĺ	11	Benefits paid to or for members		11	
Ę	E	12	Salaries, other compensation, and employee benefits		12	******
í	9	13	Professional fees and other payments to independent contractors.		13	
	Ī	14	Occupancy, rent, utilities, and maintenance		14	W. 2000 100 100 100 100 100 100 100 100 10
È	2	15	Printing, publications, postage, and shipping			
\$		16	Other expenses (describe in Schedule O)		15	
	- 1	17	Total expenses. Add lines 10 through 16	···	16	100 000
	-	18	Excess or (deficit) for the year (Subtract line 17 from line 9).		17	106,696.
		10	Excess of (deficit) for the year (Subtract line 17 from line 9)		18	-2,320.
N	ŝ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	,		
E	E	~~	figure reported on prior year's return)	· · · · ·	19	126,721.
N E T	S		Other changes in net assets or fund balances (explain in Schedule 0)		20	
	Д.	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	. 🖊 :	21	124,401.
3/	٩A	For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2011)

Par	Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	estion in this Part II			·
	Check if the organization used Sche	saule o to respond to any qu	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments					124,401.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			126,721.	25	124,401.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27					27	124,401.
Par	till Statement of Program Serv				Dog	Expenses uired for section
110 . 1 .	Check if the organization used Sc				01(c	:)(3) and 501(c)(4)
Desc	is the organization's primary exempt purpose? SEI ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	E SCHEDULE O complishments for each of e manner, describe the servi-	its three largest program	n services, as er of persons	rgan 947(nizations and section (a)(1) trusts; optional
	fited, and other relevant information for e	each program title.		' 10	or ot	hers.)
28	OPERATION OF ROTARY CHARI	TABLE FOUNDATION	-			
	(Grants \$) If th			,	28 a	106,696.
29	(Grants 5) ii tii	is amount includes loreign g	rants, check here		20 a	100,050.
23						
				-		
	(Grants \$) If th	is amount includes foreign of	rants check here	▔▔▔▔▔▔	29 a	
30						·
-	-					
		-				
	(Grants \$) If th	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch					
	(Grants \$) If th	is amount includes foreign g	rants, check here		31 a	
	Total program service expenses (add lin	nes 28a through 31a)		> 3	32	106,696.
Par	t IV List of Officers, Directors,					
	Check if the organization used So				• • • •	
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	yee	(e) Estimated amount of other compensation
CEE	SCHEDULE_Q			uelerred compensatio	<i>/</i> 11	
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Form 990-EZ (2011) REDWOOD CITY ROTARY CHARITABLE FOUND

Pa	Other Information (Note the Schedule A and personal benefit contract statement re	•	SEE SCH			. X
	the instructions for Part V.) Check if the organization used Schedule O to respond to an				Yes	
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provies activity in Schedule O			33	X	
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents i	if they reflect	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the yea (such as those reported on lines 2, 6a, and 7a, among others)?	ar from business a	activities	35 a	х	
1	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	explanation in Sc	hedule O.	35 b	Х	
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	ion 6033(e) notice II	∋, 	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N		ing the	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► b Did the organization file Form 1120-POL for this year?		0.	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key	employee or were	e l		WHAT.	2:15:22
	any such loans made in a prior year and still outstanding at the end of the tax year covered b If 'Yes,' complete Schedule L, Part II and enter the total	by this return?		38 a	107010	X
	amount involved	38b	N/A			
	Section 501(c)(7) organizations. Enter:		NT / 7			
	a Initiation fees and capital contributions included on line 9		N/A			
	b Gross receipts, included on line 9, for public use of club facilities		N/A		Maria de Maria de la composição	REKARA
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the		0			
	section 4911 ► 0.; section 4912 ► 0.; section 495		0.			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year to any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	hat has not been	reported	40 b	100000000000000000000000000000000000000	X
•	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed					
		•				
	by the organization	· · · · · · · · · · · · · · · · · · ·	0.		À	
	e All organizations. At any time during the tax year, was the organization a party to a prohibite	ed tax		40 e		X
	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax		40 e		X
(e All organizations. At any time during the tax year, was the organization a party to a prohibite	ed tax		40 e		X
(e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax		40 e		X
41	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T					X
41	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of TREASURER	Telephone no.	- 650-46	52-04		X
41 42:	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of TREASURER Located at 260 SHERIDAN, 440, PALO ALTO, CA	Telephone no. !	► 650-46 ► 94306-	52-04	1	
41 42:	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of TREASURER Located at 260 SHERIDAN, 440, PALO ALTO, CA At any time during the calendar year, did the organization have an interest in or a signature	Telephone no. 1	► 650-46 ► 94306-	52-04 -201		
41 42:	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE TREASURER Located at 260 SHERIDAN, 440, PALO ALTO, CA At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other foreign country (such as a bank account, securities account, or other foreign country (such as a bank account.)	Telephone no. 1	► 650-46 ► 94306-	52-04	1	
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41 42 42 43 44 a b c	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE TREASURER Located at 260 SHERIDAN, 440, PALO ALTO, CA At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fil 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals At any time during the calendar year, did the organization maintain an office outside of the Unit 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 1 ZIP + 4 1 or other authority nancial account)? ncial Accounts. J.S.?	► 650-46 ► 94306- over a 	42b 42c	Yes	No X X X N/A No
41 42 42 43 44 a b c	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE TREASURER Located at 260 SHERIDAN, 440, PALO ALTO, CA At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals At any time during the calendar year, did the organization maintain an office outside of the User's,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 1 ZIP + 4 1 or other authority nancial account)? ncial Accounts. D.S.?	► 650-46 ► 94306- over a 	42b 42c 44a 44a 44b	Yes	N/A N/A NO X
41 42 42 43 44 a b c c d	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE TREASURER Located at 260 SHERTDAN, 440, PALO ALTO, CA At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fif 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals at All any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 in Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' p Schedule O.	Telephone no. 1 ZIP + 4 1 or other authority inancial account)? ncial Accounts. D.S.? seck here ust be completed 0 must be comple	► 650-46 ► 94306- over a 	42b 42c	Yes	N/A N/A NO X
41 42: 43 44:a b cd 45:a	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE TREASURER Located at 260 SHERIDAN, 440, PALO ALTO, CA At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fif 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals At any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 99 or Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?	Telephone no. 1 ZIP + 4 1 or other authority nancial account)? ncial Accounts. J.S.?	► 650-46 ► 94306- over a instead instead attion in	42b 42c 44a 44a 44b 44c 44d 45a	Yes	No X X N/A NO X X X X X
41 42: 43 44:a b cd 45:a	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE TREASURER Located at 260 SHERTDAN, 440, PALO ALTO, CA At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fif 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals at All any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 in Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' p Schedule O.	Telephone no. 1 ZIP + 4 1 or other authority nancial account)? ncial Accounts. J.S.?	► 650-46 ► 94306- over a over a instead eted	42b 42c 44a 44b 44c 44d 45a	Yes	No X N/A N/A No X X X X X X

Form 990-EZ (2011) REDWOOD CITY ROTARY CHARITABLE FOUND

94-2682890

Page 3

Page 4

Yes No

46 Did	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campai	gn activities on behalf o	of or in opposition to	46	X
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	s and section 4947 ction 4947(a)(1) no	(a)(1) nonexempt c	haritable trusts or	ıly. All sectior	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.			🔲
					Yes	No
47 Did com	the organization engage in lobbying activi	ties or have a section 5	001(h) election in effect	during the tax year? If	Yes, 47	Х
48 Is th	ne organization a school as described in so	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48	Х
	the organization make any transfers to an	•	· ·		·	X
	es, was the related organization a section	-				
50 Corr emp	nplete this table for the organization's five ployees) who each received more than \$10	highest compensated (0,000 of compensation)	employees (other than o from the organization.	officers, directors, trusti If there is none, enter	ees and key 'None.'	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and 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 amo	
NONE						
		 				
	-					
- · · · · -						· · · -
						
e Tota	Il number of other employees paid over \$	100,000 ▶	<u> </u>			
	nplete this table for the organization's five pensation from the organization. If there i		ndependent contractors	who each received mo	ore than \$100,00	0 of
	pensation from the organization. If there in Name and address of each independent contractor paid			of service	(c) Compensat	
NONE			(1,7,2)			
NONE_						
					1	
		·				
			-			
			-			-
			-			
			-			
	I number of other independent contractors	-	·			
52 Did t	I number of other independent contractors the organization complete Schedule A? Note that the schedule is the schedule that the schedule is th	ote: All section 501(c)(3	3) organizations and 494	► 17(a)(1) nonexempt	► X Yes	- No
52 Did t	the organization complete Schedule A? Note trusts must attach a completed Sch	ote: All section 501(c)(3	3) organizations and 494	· · · · · · · · · · · · · · · · · · ·	. ► X Yes	□ No
52 Did t	he organization complete Schedule A? No	ote: All section 501(c)(3	3) organizations and 494	· · · · · · · · · · · · · · · · · · ·		No
52 Did t char Under penaltitrue, correct,	the organization complete Schedule A? Notitable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer other than office	ote: All section 501(c)(3) edule A including accompanying scherr) is based on all information of	B) organizations and 494 dules and statements, and to the f which preparer has any knowl	· · · · · · · · · · · · · · · · · · ·		No
52 Did t char Under penaltitrue, correct,	the organization complete Schedule A? Note that I have examined this return, and complete. Declare that I have examined this return, and complete. Declaration of prepare softer than office. Signature of officer	ote: All section 501(c)(3) edule A including accompanying scherr) is based on all information of	B) organizations and 494 dules and statements, and to the f which preparer has any knowl	e best of my knowledge and beedge.		No
52 Did t	the organization complete Schedule A? Notitable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer other than office Signature of officer Type or print name and title.	ote: All section 501(c)(3) edule A including accompanying scheory is based on all information of the companying scheory is based on the companying scheory in the companying scheory is based on the companying scheory in the companying scheory is based on the companying scheory in the companying scheory is based on the companying scheory in the companying sch	B) organizations and 494 ules and statements, and to the f which preparer has any knowle	e best of my knowledge and be edge. Date	elief, it is	□ No
52 Did t chari Under penaltitrue, correct, Sign Here	the organization complete Schedule A? Notitable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer other than office Signature of officer Type or print name and title. Print/Type preparer's name	ote: All section 501(c)(3) edule A	B) organizations and 494 dules and statements, and to the f which preparer has any knowl	be best of my knowledge and be edge. Date	elief, it is	□ No
52 Did t char Under penaltitrue, correct,	the organization complete Schedule A? Notitable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer other than office Signature of officer Type or print name and title.	ote: All section 501(c)(3) edule A including accompanying scheory is based on all information of the companying scheory is based on the companying scheory in the companying scheory is based on the companying scheory in the companying scheory is based on the companying scheory in the companying scheory is based on the companying scheory in the companying sch	alules and statements, and to the f which preparer has any knowledge. Date 10-(3)	be best of my knowledge and be edge. Date	elief, it is	No
52 Did to chari Under penaltirue, correct, Sign Here Paid Preparer	the organization complete Schedule A? Notitable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer Jother than office Signature of officer Type or print name and title. Print/Type preparer's name JAMES W. NEWELL	ote: All section 501(c)(sectule A	alules and statements, and to the f which preparer has any knowledge. Date 10-(3)	be best of my knowledge and be edge. Date Check if P self-employed P	elief, it is	
52 Did to chari Under penaltitrue, correct, Sign Here Paid Preparer Jse Only	the organization complete Schedule A? Note that I have examined this return, and complete. Declaration of prepare fother than office Signature of officer Value V	Preparer's signature DAY & CO., LI E., SUITE 440	alules and statements, and to the first preparer has any knowledge. CER Date 10 (31)	be best of my knowledge and be edge. Date Check if P self-employed P	TIN 00049550 95-2648289 0) 462-040	
52 Did to chari Under penaltitrue, correct, Sign Here Paid Preparer Use Only	the organization complete Schedule A? Note that I have examined this return, and complete. Declaration of prepare fother than office Signature of officer Type or print name and title. Print/Type preparer's name JAMES W. NEWELL Firm's name VAVRINEK, TRINE, Firm's address 260 SHERIDAN AVI	Preparer's signature DAY & CO., LI E., SUITE 440	alules and statements, and to the first preparer has any knowledge. CER Date 10 (31)	best of my knowledge and be edge.	TIN 00049550 95-2648289) No

Form 990-EZ (2011) REDWOOD CITY ROTARY CHARITABLE FOUND

SCHEDULE A (Form 990 or 990-EZ)

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.

2017

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer Identification number

(Par	WOOD CITE ROTAR		to the first terminal						682890		
	t 🕄 Reason for Pul) See	nstruct	ions.	
	organization is not a priv		•	_	•	-	•				
1			ciation of churches des		n sectio	n 1/0(b	χιχαχι).			
2 3	_		(Attach Schedule			04.2424	ANZUIN				
3 4	—		ce organization describ					10/L\/1\/	ANCILIN C		-ال-4:
4			d in conjunction with a	nospitai	aescribe	ea in se	ction 17	(D)(1)(d)U	A)(III). Er	nter the nosp	oitai's
5	name, city, and sta		of a college or universit	v owner	Tor oper	ated by	a dove	rnmenta	Lunit de	scribed in se	ction
	170(b)(1)(A)(iv). (C	omplete Part II.)	or a conege of aniversit	y owner	2 O1 OPO1	alou by	u govo	· · · · · · · · · · · · · · · · · · ·	i unit uo	3011000 111 30	
6			overnmental unit descr								
7	An organization tha	t normally receives a (A)(vi). (Complete Pa	substantial part of its s	upport f	rom a go	overnme	ental uni	it or fror	n the ger	neral public o	described
8	1 1		70(b)(1)(A)(vi). (Comple	ata Part	11.3						
	(CC)		1) more than 33-1/3% of		-	m contr	ihutions	membe	ershin fe	es and ares	s receints
·	from activities related investment income	ed to its exempt funct	ions – subject to certai ss taxable income (less	in excep	tions. ar	nd (2) n	o more	than 33.	1/3% of	its support f	rom aross
10			exclusively to test for p		-						
11	more publicly suppo	orted organizations de	exclusively for the bene scribed in section 509(tion and complete lines	a)(1) or	section !	509(a)(2	nctions (2). See s	of, or ca section	rry out tl 509(a)(3)	ne purposes . Check the	of one or box that
	a Type I	b 🗌 Type II			ctionally				d 🗌	Type III -	
е	By checking this bo other than foundation section 509(a)(2).	x, I certify that the orgon managers and other	ganization is not contro r than one or more put	lled dire olicly su	ctly or in	idirectly organiza	by one ations d	or more escribed	disquali in section	fied persons on 509(a)(1)	or
f	If the organization r	eceived a written dete	ermination from the IRS	that is	а Туре І	, Type I	l or Typ	e III sup	porting	organization,	
g			ion accepted any gift				of the f	ollowina	persons	?	
-	- ,		, , ,					.	,		res No
	(i) A person who	directly or indirectly of	ontrols, either alone or	togethe	er with pe	ersons o	describe	d in (ii)	and (iii)	44 45	
	_		pported organization?.								
			bed in (i) above?								
h			described in (i) or (ii) a ne supported organizati					• • • • • • •		11g (iii)	
	(I) Name of supported	(II) EIN	1		I = 4b -	63.03			· · · · · · · · · · · · · · · · · · ·		
	organization	(11) = 114	(III) Type of organization (described on lines 1-9	(iv) Is the (v) Did you		(Iv) Is the rganization in the organization in organization in			(vii) Amount of support		
			I shove or IPC section	organi	ization in	the organ	nization in	organiz	ation in	(vIi) Amount o	of support
			above or IRC section (see Instructions))	column your g	(I) listed in overning	colum	nization in in (i) of upport?	colur organize	ation in nn (i) ed in the	(vli) Amount o	of support
				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vII) Amount o	of support
				column your g	(I) listed in overning	colum	ın (i) of	colur organize	ation in nn (i) ed in the	(vli) Amount o	of support
(A)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vli) Amount o	of support
(A)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vli) Amount o	of support
(A) (B)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount d	of support
(B)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount o	of support
(B)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount a	of support
(B) (C)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount o	of support
(B) (C)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount o	of support
-11-				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount o	of support
(B) (C) (D)				your g docu	(I) listed in overning iment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount o	of support
(B) (C) (D) (E)	For Paperwork Reductio	·	(see Instructions))	column your g doct Yes	(i) listed in overning ment?	your s	in (i) of upport?	colur organize U.S	ation in nn (i) ed in the 5.?	(vii) Amount o	of support

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cald beg	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			, , , , , , , , , , , , , , , , , , , ,			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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					70 E W	
12	Gross receipts from related activ	ities, etc (see ins	tructions)				
13	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
	tion C. Computation of Pul			·-			
	Public support percentage for 20						<u>"</u>
	Public support percentage from 2						%_
16 <i>a</i>	33-1/3% support test – 2011 . If t and stop here . The organization	he organization d qualifies as a pub	id not check the t licly supported or	oox on line 13, and ganization	d the line 14 is 33	-1/3% or more, c	neck this box
t	33-1/3% support test — 2010. If t and stop here. The organization	he organization d qualifies as a pub	id not check a bo licly supported or	x on line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances terms or more, and if the organization the organization meets the 'facts-	neets the 'facts-a	nd-circumstances	: test check this l	nov and stop have	Evolain in Dart	IV/ how
	10%-facts-and-circumstances ter or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a l-circumstances' t	nd-circumstances est. The organiza	' test, check this t tion qualifies as a	oox and stop here publicly supporte	. Explain in Part d organization	IV how the
	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see inst	ructions ►
BAA					Sch	edule A (Form 99)	0 or 990-F7) 2011

Partilli Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees		,				
	received. (Do not include	34,188.	24,584.	11,481.	10,849.	8,899.	90,001.
2	any 'unusual grants.') Gross receipts from admis-	34,100.	24,364.	11,401.	10,649.	0,033.	30,001.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's	116 600					
9	tax-exempt purpose	116,682.	119,315.	116,981.	172,848.	106,260.	632,086.
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						
5	its behalf						0.
•	facilities furnished by a					·	
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	150,870.	143,899.	128,462.	183,697.	115,159.	722,087.
	Amounts included on lines 1,						.22,0011
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ı	Amounts included on lines 2	0.	0.	0.	0.	0.	<u> </u>
-	and 3 received from other than					}	
	disqualified persons that exceed the greater of \$5,000 or				İ		
	1% of the amount on line 13						•
	for the year	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	U.	U.	0.	0.	0.	0.
	7c from line 6.)						722,087.
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · ·
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Caler 9	dar year (or fiscal yr beginning in) ► Amounts from line 6	(a) 2007 150,870.	(b) 2008 143, 899.	(c) 2009 128, 462.	(d) 2010 183, 697.	(e) 2011 115, 159.	(f) Total 722, 087.
Caler 9	dar year (or fiscal yr beginning in) Amounts from line 6						
Caler 9	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents.						
Caler 9	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	150,870.	143,899.	128,462.	183,697.	115,159.	722,087.
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	150,870.	143,899.	128,462.	183,697.	115,159.	722,087.
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	150,870.	1,212.	30.	183,697.	115,159. 1. 7,416.	722,087. 1,564. 7,416.
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	150,870.	143,899.	128,462.	183,697.	115,159.	722,087. 1,564.
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 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	150,870.	1,212.	30.	183,697.	115,159. 1. 7,416.	722,087. 1,564. 7,416.
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	150,870.	1,212.	30.	183,697.	115,159. 1. 7,416.	722,087. 1,564. 7,416. 8,980.
Caler 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	150,870.	1,212.	30.	183,697.	115,159. 1. 7,416.	722,087. 1,564. 7,416.
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Caler 9 10 a t t t t t t t t t t t t t t t t t t	dar year (or fiscal yr beginning in) Amounts from line 6 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 Put	150,870. 161. 161. 151,031. Is for the organiza stop here. Diic Support Petal (line 8, column	1,212. 1,212. 1,212. 1,212. tion's first, secondercentage (f) divided by line	30. 30. 31. 31. 32. 33. 33. 33. 33. 33. 33. 33. 33. 33	183,697. 160. 160. 183,857. fifth tax year as a	115,159. 1. 7,416. 7,417. 122,576. a section 501(c)(3	722,087. 1,564. 7,416. 8,980. 0. 0. 731,067.
11 12 13 14 Sect 15 16	dar year (or fiscal yr beginning in) Amounts from line 6 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 Pution.	150,870. 161. 161. 151,031. Is for the organiza stop here Diic Support Pe	1,212. 1,212. 1,212. 1,212. tion's first, secondercentage (f) divided by line Part III, line 15	30. 30. 31. 31. 32. 33. 33. 33. 33. 33. 33. 33. 33. 33	183,697. 160. 160. 183,857. fifth tax year as a	115,159. 1. 7,416. 7,417. 122,576. a section 501(c)(3	722,087. 1,564. 7,416. 8,980. 0. 0. 731,067.
11 12 13 14 Sect 15 16 Sect	dar year (or fiscal yr beginning in) Amounts from line 6 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 Public support percentage from 2 ion D. Computation of Investion D. Computation of Investigation.	150,870. 161. 161. 151,031. Is for the organiza stop here Dlic Support Perestop here 2010 Schedule A, lestment Incom	1,212. 1,212. 1,212. 1,212. 1,212. ition's first, second ercentage (f) divided by line Part III, line 15	30. 30. 31. 31. 32. 33. 33. 33. 33. 33. 33. 33. 34. 35. 35.	183,697. 160. 160. 183,857. fifth tax year as a	115,159. 1. 7,416. 7,417. 122,576. a section 501(c)(3	722,087. 1,564. 7,416. 8,980. 0. 731,067. 98.77 % 99.65 %
Caler 9 10 a 10 a 11 11 12 13 14 Sect 17 18	dar year (or fiscal yr beginning in) Amounts from line 6	151,031. 151,031. Is for the organiza stop here Diic Support Pell (line 8, column 2010 Schedule A, lestment Incom or 2011 (line 10c, com 2010 Schedule	1,212. 1,212. 1,212. 1,212. 1,212. tion's first, second ercentage (f) divided by line Part III, line 15 tie Percentage column (f) divided at A, Part III, line 1	128, 462. 30. 30. 128, 492. d, third, fourth, or e 13, column (f)).	183,697. 160. 160. 183,857. fifth tax year as a	115,159. 1. 7,416. 7,417. 122,576. a section 501(c)(3	722,087. 1,564. 7,416. 8,980. 0. 731,067. 98.77 % 99.65 % 1.23 % 0.35 %
Caler 9 10 a 10 a 11 11 12 13 14 Sect 17 18	dar year (or fiscal yr beginning in) Amounts from line 6	151,031. 151,031. Is for the organiza stop here Diic Support Pell (line 8, column 2010 Schedule A, lestment Incom or 2011 (line 10c, com 2010 Schedule	1,212. 1,212. 1,212. 1,212. 1,212. tion's first, second ercentage (f) divided by line Part III, line 15 tie Percentage column (f) divided at A, Part III, line 1	128, 462. 30. 30. 128, 492. d, third, fourth, or e 13, column (f)).	183,697. 160. 160. 183,857. fifth tax year as a	115,159. 1. 7,416. 7,417. 122,576. a section 501(c)(3	722,087. 1,564. 7,416. 8,980. 0. 731,067. 98.77 % 99.65 % 1.23 % 0.35 %
11 12 13 14 Sect 17 18 19 a b	dar year (or fiscal yr beginning in) Amounts from line 6	150,870. 161. 161. 151,031. Is for the organizastop here. It (line 8, column 2010 Schedule A, lestment Incomor 2011 (line 10c, com 2010 Schedule the organization of this box and stop the organization of the organization organization organization organization organization organizatio	1,212. 1,212. 1,212. 1,212. 1,212. 1,212. ition's first, second ercentage (f) divided by line Part III, line 15. ie Percentage column (f) divided e A, Part III, line 1 id not check the bete. The organization of the present in the present i	128, 462. 30. 30. 128, 492. d, third, fourth, or e 13, column (f)). by line 13, column 7 cox on line 14, and exation qualifies as	183, 697. 160. 160. 183, 857. fifth tax year as a publicly support	115,159. 1. 7,416. 7,417. 122,576. a section 501(c)(3. 15 16 17 18 than 33-1/3%, and ted organization.	722,087. 1,564. 7,416. 8,980. 0. 731,067. 98.77 % 99.65 % 1.23 % 0.35 % d line 17. X

Schedule A	(Form 990 o	r 990-EZ)	2011	REDWO	OD CI	ΤY	ROTARY	CHARI	TABLE	FOUND	94-2682890	Page 4
Part IV	Suppleme Part II, lin (See instr	e ntal Info e 17a or uctions)	ormatio 17b; a	on. Con and Par	nplete t III, li	this ne 1	part to 2. Also	provide comple	the ex te this	planations part for a	94-2682890 s required by Part II, line ny additional information	: 10;
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

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.

Name of the organization					Employer identific	
REDWOOD CITY ROTARY CHAR	TABLE FOU	IND			94-268289	0
Part Fundraising Activities. Comp Form 990-EZ filers are not rec	lete if the orga auired to compl	nization a lete this p	nswered '\ art.	Yes' to Form 990, Part I	V, line 17.	
 Indicate whether the organization Mail solicitations Internet and email solicitations Phone solicitations 	raised funds th			owing activities. Check Solicitation of non- Solicitation of gove	all that apply. government grants ernment grants	-
d In-person solicitations 2a Did the organization have a writter employees listed in Form 990, Par						
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by th			araisers) p	oursuant to agreements	under which the fundra	aiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	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						
		<u> </u>	1			
List all states in which the organization or licensing.	ition is register	ed or lice	nsed to so	licit contributions or has	s been notified it is exe	mpt from registration
				·		
						
	-	· 				

		Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the second state of the second state	event contribution	nswered 'Yes' to Forsi and gross income	rm 990, Part IV, II on Form 990-EZ,	lines 1 and 6b.
		·	(a) Event #1 CAR RAFFLES	(b) Event #2 FARMERS' MARKE	(c) Other events	(d) Total events (add column (a) through column (c))
R			(event type)	(event type)	(total number)	
REVEXUE	1	Gross receipts	103,785.	31,784.		135,569.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	103,785.	31,784.		135,569.
	4	Cash prizes	18,000.			18,000.
D	5	Noncash prizes				
D-RECT	6	Rent/facility costs		12,000.		12,000.
	7	Food and beverages		859.		859.
X	8	Entertainment	·			
EXPERSES	9	Other direct expenses	2,509.	9,200.		11,709.
S	10	Direct expense summary. Add lines 4 thro	ouah 9 in column (d)		>	42,568.
	11	Net income summary. Combine line 3, co	lumn (d), and line 10.			93,001.
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Ye	s' to Form 990, Pari	t IV, line 19, or rep	ported more than
			() D'	(I-) Dull to be the stand	(-) Olless	(N Table 1 and 1
Z m < m Z			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
その スカヘヨゼ	1	Gross revenue	(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
		Gross revenue		bingo/progressive	(c) Other gaming	(add column (a)
-	2			bingo/progressive	(c) Other gaming	(add column (a)
SHOZERXE MCZEKEN	2	Cash prizes		bingo/progressive	(c) Other gaming	(add column (a)
EXPENSE	2 3 4	Cash prizes		bingo/progressive bingo	(c) Other gaming	(add column (a)
EXPENSE	2 3 4 5	Cash prizes		bingo/progressive	(c) Other gaming Yes% No	(add column (a)
EXPENSE	2 3 4 5	Cash prizes	Yes%	Yes%	Yes %	(add column (a)
EXPENSE	2 3 4 5 6 7	Cash prizes	Yes % No	Yes%	Yes%	(add column (a)
EXPENSES	2 3 4 5 6 7 8	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine line	Yes % No Pugh 5 in column (d) These 1, column (d) and	Yes % No	Yes%	(add column (a)
EXPENSES 9 a	2 3 4 5 6 7 8 Ente	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro	Yes % No rugh 5 in column (d) res 1, column (d) and rerates gaming activities activities in each of the	Yes % No line 7s:	Yes 8 No	(add column (a) through column (c))

SCHE	edule G (Form 990 of 990-EZ) 2011 REDWOOD CITT ROTART CHARTTABLE FOUND	1-2002030	raye 3
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 for administer charitable gaming?	rmed to	No
13	Indicate the percentage of gaming activity operated in:		
ā	The organization's facility	13a	8
	An outside facility		왕
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:	
	Name ►		
	Address •		
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue of Yes,' enter the amount of gaming revenue received by the organization > \$ and the of gaming revenue retained by the third party > \$		No
c	If 'Yes,' enter name and address of the third party:		
	Name •		
	Address ►		I
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to ret state gaming license?.	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year ► \$	spent in the	
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic this part to provide any additional information (see instructions).	by Part I, line 2 able. Also comp	Pb, plete
		1442	
			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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 CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY_OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	<u>NO</u>
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY_OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	<u>NO</u>
FORM 990-EZ, PART V, LINE 33 - ACTIVITIES NOT PREVIOUSLY REPORTED TO THE	HE IRS
ORGANIZED FARMERS' MARKET	
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2011 SCH	EDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT 7175900C	REDWOOD CITY ROTARY CHARITABLE FOUND	94-2682890
10/31/12		12:33PM
FORM 990-EZ, PART I, LII GRANTS AND SIMILAR A	NE 10 MOUNTS PAID IN EXCESS OF \$5,000	
DONEE'S NAME: CASH AMOUNT GIVEN:	FAMILY CONNECTIONS \$	16,315.
DONEE'S NAME: CASH AMOUNT GIVEN:	PETS IN NEED \$	20,630.
DONEE'S NAME: CASH AMOUNT GIVEN:	ST ANTHONY'S PADUA DINING ROOM \$	6,995.
DONEE'S NAME: CASH AMOUNT GIVEN:	KAINOS \$	8,240.
DONEE'S NAME: CASH AMOUNT GIVEN:	TIM GRIFFITH FOUNDATION \$	8,545.
DONEE'S NAME: CASH AMOUNT GIVEN:	FILM PROJECT \$	5,500.
DONEE'S NAME: CASH AMOUNT GIVEN:	SHERIFF'S ACTIVITY LEAGUE \$	13,245.
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRE	CTORS, TRUSTEES, AND KEY EMPLOYEES	
NAME AND ADD	HEALTH BENEFITS & CONTRIB- AVERAGE HOURS COMPEN- BUTION TO PESS PER WEEK DEVOTED SATION EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
LILIA LEDEZMA	PRESIDENT 0 \$ 0.\$ 0.\$	0.

PRESIDENT ELECT

SECRETARY

TREASURER

PAST PRESIDENT

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SUSAN HOWELL

DEANNA DOOLEY

CAROL EBNER

GLENN NIELSEN

2011

# **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 3

**CLIENT 7175900C** 

**REDWOOD CITY ROTARY CHARITABLE FOUND** 

94-2682890

10/31/12

12:33PM

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

O \$ 0.\$ 0.\$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0.	NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
DIRECTOR   O	BRAD SHEPHERD		\$ 0.	\$ 0.	\$ 0.
O O. O. O. O.  ROLAND HAGA  DIRECTOR  O O. O. O. O.  JOSEPH LUCERO  DIRECTOR  O O. O. O.  JOHN MCAFEE  DIRECTOR  O O. O. O.  STEVE WAGSTAFF  DIRECTOR  O O. O. O.  O.	,				
ROLAND HAGA	KAREN KRUEGER		0.	0.	0.
O O. O. O.  JOSEPH LUCERO  DIRECTOR  O O. O. O.  JOHN MCAFEE  DIRECTOR  O O. O. O.  STEVE WAGSTAFF  DIRECTOR  O O. O. O.  O.	•				
JOSEPH LUCERO  DIRECTOR  0 0. 0. 0. 0.  JOHN MCAFEE  DIRECTOR  0 0. 0. 0. 0.  STEVE WAGSTAFF  DIRECTOR  0 0. 0. 0.  O. 0.	ROLAND HAGA		0.	0.	0.
O 0. 0. 0.  JOHN MCAFEE  DIRECTOR  O 0. 0. 0.  STEVE WAGSTAFF  DIRECTOR  O 0. 0. 0.  O 0. 0.	,				
JOHN MCAFEE  DIRECTOR  0 0. 0. 0.  STEVE WAGSTAFF  DIRECTOR  0 0. 0. 0.  0.	JOSEPH LUCERO		0.	0.	0.
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STEVE WAGSTAFF  DIRECTOR  0 0. 0. 0.	JOHN MCAFEE		0.	0.	0.
0 0. 0. 0.	,				
,	STEVE WAGSTAFF		0.	0.	0.
TOTAL $\frac{\$}{}$ 0. $\frac{\$}{}$ 0. $\frac{\$}{}$ 0.	,	•	•		
		TOTAL	\$ 0.	<u>\$ 0.</u>	\$ 0.