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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)

OMB No. 1545-1150

2001

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- B Check if applicable: [X] Address change, Name change, Initial return, Final return, Amended return, Application pending

C REDWOOD CITY ROTARY CHARITABLE FOUND C/O JAMES W. NEWELL, 260 SHERIDAN #440 PALO ALTO, CA 94603-2011

D Employer Identification Number 94-2682890 E Telephone Number 42683 -650-462-0400 F Enter 4-digit (GEN) >

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify) >

I Web site: > N/A

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

J Organization type (check only one) - [X] 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ > \$ 54,987.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows 5a-5c, 6a-6c, 7a-7c. Total revenue 33,931. Total expenses 40,740. Net assets at end of year 43,651.

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Columns (A) Beginning of year, (B) End of year. Total assets 52,947. Total liabilities 0. Net assets or fund balances 52,947.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2001)

Attorney General's
Registry of Charitable Trusts

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Part III Statement of Program Service Accomplishments (see instructions)		Expenses	
What is the organization's primary exempt purpose? ROTARY CHARITABLE FOUNDATION		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>OPERATION OF ROTARY CHARITABLE FOUNDATION</u>		
	(Grants \$ <u>40,740.</u>)	28a	40,740.
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32	40,740.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)		SEE STATEMENT 5	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)			X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b	Did the organization file Form 1120-POL for this year?			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 unpaid at the start of the period covered by this return?			X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911		0.	
	Section 4912		0.	
	Section 4955		0.	
b	501(c)(3) and (4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation			X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization			0.
41	List the states with which a copy of this return is filed			CALIFORNIA
42	The books are in care of			TREASURER
	Located at			260 SHERIDAN, 440, PALO ALTO, CA
	Telephone no.			650-462-0400
	ZIP + 4			94063-1709
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	43		N/A

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.

Please Sign Here
 Signature of Officer: Carol Ebner Date: 11/5/02
 Type or Print Name and Title: CAROL EBNER TREASURER

Paid Preparer's Use Only
 Preparer's Signature: James W. Newell Date: 10/24/02
 Firm's name (or yours if self-employed), address, and ZIP + 4: PEARSON, DEL PRETE & CO., LLP 260 SHERIDAN AVE., SUITE 440 PALO ALTO, CA 94306-2011
 Check if self-employed:
 Preparer's SSN or PTIN (see General instruction W): P00049550
 EIN: 94-1355040
 Phone no.: (650) 462-0400

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Schedule A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

2001

Department of the Treasury Internal Revenue Service

Supplementary Information - (see separate instructions)

Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization: REDWOOD CITY ROTARY CHARITABLE FOUND; Employer Identification Number: 94-2682890

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Content is 'NONE'.

Total number of other employees paid over \$50,000: 0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Content is 'NONE'.

Total number of others receiving over \$50,000 for professional services: 0

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Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3. Does the organization make grants for scholarships, fellowships, student loans, etc?; 4. Do you have a section 403(b) annuity plan for your employees?; Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only One applicable box):

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [X] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple rows for data entry.

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for calendar year (2000, 1999, 1998, 1997) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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Part V Private School Questionnaire (See instructions.) (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

Yes No

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32 a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 d

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

33 a

b Admissions policies?

33 b

c Employment of faculty or administrative staff?

33 c

d Scholarships or other financial assistance?

33 d

e Educational policies?

33 e

f Use of facilities?

33 f

g Athletic programs?

33 g

h Other extracurricular activities?

33 h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34 a

b Has the organization's right to such aid ever been revoked or suspended?

34 b

If you answered 'Yes' to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

35

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed Only by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

Table with columns for line numbers (36-44) and descriptions of lobbying expenditures, including total lobbying, exempt purpose, and nontaxable amounts.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2001, 2000, 1999, 1998, and Total, and rows for lines 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Table with columns for Yes, No, and Amount, corresponding to the lobbying activity categories listed on the left.

- List of lobbying activity categories: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, e Publications, f Grants to other organizations, g Direct contact with legislators, h Rallies, i Total lobbying expenditures.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Part VI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Description, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [X] Yes [] No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: ROTARY CLUB OF REDWOOD CY, 501(C) (4), AFFILIATE.

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FEDERAL STATEMENTS

PAGE 1

REDWOOD CITY ROTARY CHARITABLE FOUND

94-2682890

STATEMENT 1
FORM 990-EZ, PART I, LINE 6
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
DUCK RACE, ETC	48,013.	0.	48,013.	21,056.	26,957.
TOTALS	\$ 48,013.	\$ 0.	\$ 48,013.	\$ 21,056.	\$ 26,957.

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: AMOUNT GIVEN:	SEQUOIA YMCA	\$	1,625.
DONEE'S NAME: AMOUNT GIVEN:	KAINOS	\$	4,140.
DONEE'S NAME: AMOUNT GIVEN:	BOY'S & GIRL'S CLUB	\$	3,635.
DONEE'S NAME: AMOUNT GIVEN:	SCHOLARSHIPS	\$	1,500.
DONEE'S NAME: AMOUNT GIVEN:	SEQUOIA HOSPITAL FOUND	\$	1,075.
DONEE'S NAME: AMOUNT GIVEN:	REDWOOD CITY ROTARY TRUST	\$	6,000.
DONEE'S NAME: AMOUNT GIVEN:	POLICE ACTIVITIES LEAGUE	\$	10,440.
DONEE'S NAME: AMOUNT GIVEN:	SHERIFFS CAMP	\$	1,000.
DONEE'S NAME: AMOUNT GIVEN:	SALVATION ARMY	\$	1,800.
DONEE'S NAME: AMOUNT GIVEN:	FAMILY CONNECTIONS	\$	3,634.
DONEE'S NAME: AMOUNT GIVEN:	HABITAT FOR HUMANITY	\$	165.
DONEE'S NAME: AMOUNT GIVEN:	PROJECT READ	\$	450.
DONEE'S NAME: AMOUNT GIVEN:	LEARNING FOR LIFE	\$	310.

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REDWOOD CITY ROTARY CHARITABLE FOUND

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	MARINE SCIENCE INSTITUTE		
AMOUNT GIVEN:		\$	166.
DONEE'S NAME:	REDWOOD SYMPHONY		
AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	PENINSULE COVENANT		
AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	SAMARITAN HOUSE		
AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	WOODSIDE HIGH SCHOOL		
AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	REDWOOD CITY PARKS DEPT		
AMOUNT GIVEN:		\$	1,800.
TOTAL CASH GRANTS AND ALLOCATIONS		\$	40,740.
TOTAL GRANTS AND ALLOCATIONS		\$	40,740.
TOTAL GRANTS AND SIMILAR AMOUNTS PAID		\$	40,740.

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DECREASE IN MARKET VALUE OF SECURITIES.....	\$	-2,487.
TOTAL	\$	-2,487.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SEE SCHEDULE ATTACHED	NONE	\$ 0.	\$ 0.	\$ 0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

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2001

FEDERAL STATEMENTS

PAGE 3

REDWOOD CITY ROTARY CHARITABLE FOUND

94-2682890

STATEMENT 5
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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

REDWOOD CITY ROTARY CHARITABLE FOUNDATION94-2682890FORM 990EZ, YEAR ENDED 6/30/02

<u>OFFICERS AND DIRECTORS</u>	(1)	(2)	(3)	(4)
Linda Schmidt 867 15th Ave Menlo Park, CA 94025	President Part time	None	None	None
Bill Nicolet 955 Edgecliff Way Redwood City, CA 94061	Past Pres Part time	None	None	None
Sam Dafnis P. O. Box 188 Redwood City, CA 94064	Secretary Part time	None	None	None
Carol Ebner 255 Wyndham Drive Portola Valley, CA 94028	Treasurer Part time	None	None	None
Carlos Bolanos 1301 Maple St Redwood City, CA 94063	Director Part time	None	None	None
Bob Boland P O Box 868 Redwood City, CA 94064	Director Part time	None	None	None
Fritz Eberly 355 Convention Way Redwood City, CA 94063	Director Part time	None	None	None
Bill Conklin 647A Veterans Blvd Redwood City, CA 94063	Director Part time	None	None	None
Judy Cooper 8123 Merion Drive Newark, CA 94560	Director Part time	None	None	None

(1) Title and time devoted to position

(2) Compensation

(3) Contributions to benefit plans

(4) Expense account