### 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)

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service 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.

Open to Public

Inspection

For the 2012 calendar year, or tax year beginning , 2012, and ending 7/01 , 2013 Check if applicable D Employer identification number Address change REDWOOD CITY ROTARY CHARITABLE FOUND 94-2682890 Name change C/O JAMES W NEWELL Telephone number Initial return 260 SHERIDAN AVE #440 650-462-0400 Terminated PALO ALTO, CA 94306-2011 Amended return Group Exemption Number ...... Application pending Accounting Method: Accrual Other (specify) X Cash Check ► X if the organization is **not** required to attach Schedule B (Form Website: ► N/A 990, 990-EZ, or 990-PF). 527 X 501(c)(3) 501(c) ( ) <(insert no.) 4947(a)(1) or Tax-exempt status (check only one) -Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . ▶ \$ 181,336. Part 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..... Contributions, gifts, grants, and similar amounts received ..... 9,655. Program service revenue including government fees and contracts...... 2 Membership dues and assessments..... 3 4 1. 5 a **5a** Gross amount from sale of assets other than inventory..... **b** Less: cost or other basis and sales expenses..... 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)..... 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)..... b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)..... 171,680 c Less: direct expenses from gaming and fundraising events..... 40,012. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)..... 6 d 131,668. 7a Gross sales of inventory, less returns and allowances..... b Less: cost of goods sold ..... 7 c Other revenue (describe in Schedule O). 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9 141,324. 10 117,124. Benefits paid to or for members..... 11 11 12 Salaries, other compensation, and employee benefits..... 12 13 Professional fees and other payments to independent contractors ..... 13 14 Occupancy, rent, utilities, and maintenance ..... 14 15 Printing, publications, postage, and shipping ..... 15 Other expenses (describe in Schedule O)..... 16 17 17 Total expenses. Add lines 10 through 16. 117,124. Excess or (deficit) for the year (Subtract line 17 from line 9). 18 18 24,200. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)..... 19 124,401. 20 20 148,601 BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

29	(Grants \$	) If th	is amount includes foreign g	rants, check here	▶ □ 28	a 117,124.
	Conta	 	siz amount includes foreign o	worts shock hors		
30	(Grants \$	) !! !!	is amount includes foreign g	rants, check here	29	a
50		· · · · · · · · · · · · · · · · · · ·				***************************************
	(Grants \$		is amount includes foreign g	rants, check here		a
31	Other program services (describ					
	(Grants \$		is amount includes foreign g		> 31	a
32	Total program service expenses	s (add li	nes 28a through 31a)		≥ 32	117,124.
Par	List of Officers, Direction	ctors,	Trustees, and Key Emp thedule O to respond to any	oloyees. List each one eve	en if not compensated, (see	the instructions for 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
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PRE	SIDENT		0	0.	0	0.
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BAA			TEEA0812L (	3/14/13		Form <b>990-EZ</b> (2012)

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26

Part III

	the instructions for Part V) Check if the organization used Schedule O to respond to an	y question in this Part V			X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'	· · · · · · · · · · · · · · · · · · ·		Yes	No
55	provide a detailed description of each activity in Schedule Q		33		X
34					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
25.	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from		34		X
308	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a	X	
ł	of 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an		35 b	X	
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part				
		II	35 c		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		36		Х
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions.		30		
	Did the organization file Form 1120-POL for this year?	[ 37 a ] U.	37 b		Х
		employee <b>or</b> were			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	38 a		Х
t	p if 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b   N/A		Herenzii.	REVERN
39	Section 501(c)(7) organizations. Enter:	N/A			
	Initiation fees and capital contributions included on line 9	39a N/A	G 100 100		
	Gross receipts, included on line 9, for public use of club facilities	39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	L			
	section 4911 ► 0 .; section 4912 ► 0 .; section 495	-			
ŧ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4	958 excess benefit		Party Manager	
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has		40 b		v
,	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 D		X
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	_			
	by the organization	0.			
€	All organizations. At any time during the tax year, was the organization a party to a prohibit shelter transaction? If 'Yes,' complete Form 8886-T	ed tax	40 e		Х
41	List the states with which a copy of this return is filed NONE		406		
41	The state of the s		406		
	List the states with which a copy of this return is filed NONE		400		
	List the states with which a copy of this return is filed NONE  The organization's			400	
	List the states with which a copy of this return is filed NONE  The organization's books are in care of TREASURER	Telephone no. ► 650-4	52-0		
<b>42</b> a	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. ► 650-4 ZIP + 4 ► 94306	52-0		No
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42 a b c c	The organization's books are in care of 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 or other financial account in a foreign country (such as a bank account, securities account, or other of the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fine. At any time during the calendar year, did the organization maintain an office outside of the lift 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and 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 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?	Telephone no.   ZIP + 4   94306  r authority over a financial account)?  ancial Accounts.  J.S.?  heck here  completed instead	62-04-201 42b 42c	Yes	No X X N/A No
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Form 990-	EZ (2012) REDWOOD CITY ROTARY	CHARITABLE FO	UND	94-268	2890	P	age 4
						Yes	No
<b>46</b> Did 1	the organization engage, directly or indire	ctly, in political campai	gn activities on behalf o	of or in opposition to	911891		
	didates for public office? If 'Yes,' complete				46	<u> </u>	X
Part VI	Section 501(c)(3) organizations	only		of EO annul accomplate	والمالية المالية		
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q	uestions 47-490 an	a 52, and complete	the table	25	
	Check if the organization used Schedul	la O ta rachand ta any	avoation in this Dart VI				[]
	Check if the organization used ochedu	le O to respond to any	question in this rait vi			Yes	<del></del>
<b>47</b> Did t	he organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	[ <del></del>	162	No
	plete Schedule C, Part II						X
	e organization a school as described in se	, , , , , , , ,					X
	the organization make any transfers to an	•					X
	es,' was the related organization a sectior						L
<b>50</b> Com	plete this table for the organization's five high loyees) who each received more than \$100,0	nest compensated emplo	yees (other than officers,	directors, trustees and ke	У		
empi	loyees) who each received more than \$100,0	oo or compensation nom	the organization, it there				
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee	(e) Estimate		
	paid more than \$100,000	to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other com	pensatio	n
NONE							
NONE _							
					·····		
							***************************************
			WP444444				
f Tota	I number of other employees paid over \$1	L .00 000 ►				~~~~~	~~~~
			endent contractors who ea	ach received more than \$1	00.000 of		
	plete this table for the organization's five high pensation from the organization. If there i						
(a)	Name and address of each independent contractor paid	more than \$100,000	<b>(b)</b> Type	of service	<b>(c)</b> Comp	ensatio	n
NONE							
	WARR NAME THAN THE THAN THE THE THE THE THAT THE THAT THE THAT THE THAT THE THAT THE THAT THE						
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	THE PART OF THE PA						
<b>d</b> Total	I number of other independent contractors	s each receiving over \$	100,000				
	he organization complete Schedule A? No				[रह]	r	
***************************************	itable trusts must attach a completed Sch				► X Yes		<u>No</u>
Under penaltic true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying scheon  including accompanying scheon	dules and statements, and to the which preparer has any know	e best of my knowledge and beli ledge.	ef, it is		
		***************************************			<del></del>	***************************************	
Sign	Signature of officer			Date			
Here							
	Type or print name and title.					······	***************************************
<del></del>	Print/Type preparer's name	Preparer's signature	Date /	<i>a</i>	IN		
Daid	JAMES W. NEWBLANCO	Newell	_ 11/13/	19 Check ☐ if self-employed P(	004955	0	
Paid Preparer	Firm's name VAVRINEK, TRINE	, DAY & CO., LI	.P	110	<del>, , , , , , , , , , , , , , , , , , , </del>	<u> </u>	
Use Only	Firm's address ► 260 SHERIDAN AVI	<del></del>		Firm's EIN	95-2648	289	
<b></b>	PALO ALTO, CA 94	······································		Phone no. (650			
May the IR	RS discuss this return with the preparer sh		ictions		► X Yes		No
	The state of the s	220.01 000 11000					
					Form <b>99</b> 1	3-EZ (	ZU1Z)

#### **SCHEDULE A** (Frm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047 2012

Open to Public Inspection

Employer identification number

Name of	the organization		D CITY ROTA		CABLE FO	DUND				' '		tion number		
Dome Original Co.	**************************************		MES W NEWEI					4 . 41 . 1		<del></del>	682890			
			ic Charity Stat te foundation bec							See i	nstruct	IONS.		
			of churches or as											
1	<b>∟</b> ; `		or charciles or as section 170(b)(1				Section	1170(1)	(1)(^()(1)	•				
2	Li						ntian 17	0/63/13/	A VZEIA					
3	L1 '	•	rative hospital se	-						0/L\/1\/	ANGEN EN	star tha hac	nitalla	
4	LJ		rganization opera	tea in conjunc	uon with a i	nospitai	uescribe	a in sec	3011 17	υ(υ)(υ)	۸)(۱۱۱)، شا ا	itei tile nos	shirai 2	
		, and state												
5	└ <u></u> 170(b)(1)(/	<b>4)(iv).</b> (Cor	ed for the benefit on mplete Part II.)							i unit des	scribea ir	Section		
6			cal government o											
7	님 in section	170(b)(1)(A	ormally receives a s <b>\)(vi).</b> (Complete	Part II.)				iental un	it or fron	n the ger	neral pub	lic described	j	
8		•	scribed in <b>sectio</b>				•							
9	related to it unrelated bu (Complete	ts exempt fu siness taxable Part III.)	rmally receives: (1) inctions – subject t e income (less sectio	to certain excep n 511 tax) from b	tions, and (2 usinesses acq	2) no mor juired by tl	e than 3 he organiz	3-1/3% o cation afte	of its sup er June 30	port fror ), 1975. S	and gross n gross in See <b>sectio</b> n	receipts fro nvestment ir n 509(a)(2).	m activi ncome a	ities and
10		~	nized and operate				-							
11	An organiza supported of supporting	ation organiz organization organizatio	ed and operated ex s described in sect on and complete	clusively for the ion 509(a)(1) or lines 11e throu	benefit of, to section 509 igh 11h.	perform (a)(2). S	the func ee <b>sectic</b>	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	urposes o ox that de	of one or mo escribes the	re publi type of	icly
	a Type	l b	Type II	c Type I	II – Functio	nally inte	egrated	;	d ¯	Type III	- Non-f	unctionally	integra	ated
e	By checkir other than section 50	foundation n	I certify that the nanagers and other	organization is r than one or m	not control ore publicly :	lled dired supported	ctly or in d organiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ified persor (1) or	าร	
f	If the organ	ization rece	ived a written dete	rmination from	the IRS that	is a Type	l, Type	II or Typ	e III sup	porting o	organizati	on,		. 🔲
g	Since Aug	ust 17, 200	6, has the organiz	zation accepte	d any gift o	or contrib	oution fr	om any	of the fo	ollowing	persons	?		
													Yes	No
	(i) A pe belov	rson who d w, the gove	irectly or indirectl rning body of the	y controls, eith supported org	ner alone or anization?.	togethe	r with pe	ersons c	lescribe	d in (ii)	and (iii)	11 g (i)		
	(ii) A far	nily membe	er of a person des	scribed in (i) a	bove?				,			. 11 g (ii)		
	(iii) A 35	 % controlle	d entity of a pers	on described i	n (i) or (ii) a	above?						11 g (iii)		
h			information abou									9 ()		
	(i) Name of s organiza	upported ation	(ii) EIN	(iii) Type o (described above or (see ins	f organization on lines 1-9 IRC section tructions))	organiz column ( your go	Is the zation in i) listed in overning ment?	(v) Did yo the organ column ( supp	ou notify ization in i) of your port?	organiz	Is the ration in mn (i) ed in the S.?	(vii) Amount sup	t of mone	etary
						Yes	No	Yes	No	Yes	No			
(A)								ļ						
(B)														
(C)						<u> </u>			<u> </u>	····		***************************************		
(D)										***************************************				***************************************
(E)														
Total									R GERMAN					
BAA F	or Paperworl	k Reduction	n Act Notice, see	the Instruction	ns for Form	990 or 9	90-EZ.			Schedule	A (Form	n 990 or 990	-EZ) 20	J12

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year inning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20						%
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	<u>%</u>
16	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	3-1/3% or more, c	heck this box
1	33-1/3% support test — 2011. If the and stop here. The organization	he organization o qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	oa, and line 15 is	33-1/3% or more, o	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
I	<ul> <li>70%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and</li> </ul>	meets the 'facts-:	and-circumstances	s' test, check this	box and stop her	e Explain in Part	IV how the
18	Private foundation. If the organia	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	s box and see inst	ructions 🕨

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						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
	received. (Do not include		77 403	10 010	0 000	0 655	CF 4C0
2	Gross receipts from admis-	24,584.	11,481.	10,849.	8,899.	9,655.	65,468.
<i>~</i>	sions, merchandise sold or					***	
	services performed, or facilities						
	furnished in any activity that is related to the organization's				İ		
	tax-exempt purpose	119,315.	116,981.	172,848.	106,260.	146,394.	661,798.
3	Gross receipts from activities						· · · · · · · · · · · · · · · · · · ·
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						<u> </u>
	organization's benefit and	***************************************					
	either paid to or expended on its behalf						0.
5	The value of services or						<del>-</del>
	facilities furnished by a governmental unit to the						
	organization without charge					ļ	0.
6	Total. Add lines 1 through 5	143,899.	128,462.	183,697.	115,159.	156,049.	727,266.
7 a	Amounts included on lines 1,						*
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ł	Amounts included on lines 2	<u> </u>	· ·	<u> </u>	U,		
•	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	**************************************					
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0,	0.	0.
8	Public support (Subtract line 7c from line 6.)						727 266
202	tion B. Total Support					<u> </u>	727,266.
	* * * * * * * * * * * * * * * * * * * *			4.5.0010	4.b. 0013		(A T - 1 - 1
Calon	dar year (or fiscal ur beginning in) 🛌	(a) 2008 L	<b>(b)</b> 2009 (	1012000	(m 201) (	(A) 2012 1	(II) (OIA)
	dar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008 143, 899.	<b>(b)</b> 2009 128, 462.	183,697.	115,159.	156,049.	727,266.
9	Amounts from line 6						
9	Amounts from line 6						
9 10 a	Amounts from line 6						
9 10 a	Amounts from line 6	143,899.	128,462.	183,697.	115,159.	156,049.	727,266.
9 10 a	Amounts from line 6	143,899.	128,462.	183,697.	115,159.	156,049.	727,266.
9 10 a	Amounts from line 6	143,899.	128,462. 30.	183,697. 160.	115,159. 1. 7,416.	156,049. 1. 5,525.	727,266. 1,404. 12,941.
9 10 a b	Amounts from line 6	143,899.	128,462.	183,697.	115,159.	156,049.	727,266. 1,404.
9 10 a b	Amounts from line 6	143,899.	128,462. 30.	183,697. 160.	115,159. 1. 7,416.	156,049. 1. 5,525.	727,266. 1,404. 12,941.
9 10 a b	Amounts from line 6	143,899.	128,462. 30.	183,697. 160.	115,159. 1. 7,416.	156,049. 1. 5,525.	727,266. 1,404. 12,941. 14,345.
9 10 a b	Amounts from line 6	143,899.	128,462. 30.	183,697. 160.	115,159. 1. 7,416.	156,049. 1. 5,525.	727,266. 1,404. 12,941.
9 10 a b	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	143,899.	128,462. 30.	183,697. 160.	115,159. 1. 7,416.	156,049. 1. 5,525.	727,266. 1,404. 12,941. 14,345.
9 10 a b	Amounts from line 6	143,899.	128,462. 30.	183,697. 160.	115,159. 1. 7,416.	156,049. 1. 5,525.	727,266. 1,404. 12,941. 14,345.
9 10 a b	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.).	1,212. 1,212.	30.	183,697. 160.	115,159. 1. 7,416. 7,417.	156,049. 1. 5,525. 5,526.	727,266.  1,404.  12,941. 14,345.  0.
9 10 a b 11 12	Amounts from line 6	1,212. 1,212. 1,212.	30. 30.	183,697. 160. 160.	115,159. 1. 7,416. 7,417.	156,049. 1. 5,525. 5,526. 161,575.	727,266.  1,404.  12,941. 14,345.  0.  741,611.
9 10 a b c 11 12 13 14	Amounts from line 6	143,899.  1,212.  1,212.  145,111. Is for the organiza stop here	30. 30. 128,492. tion's first, second	183,697. 160. 160.	115,159. 1. 7,416. 7,417.	156,049. 1. 5,525. 5,526. 161,575.	727,266.  1,404.  12,941. 14,345.  0.  741,611.
9 10 a b 11 12 13 14 Sec	Amounts from line 6	143,899.  1,212.  1,212.  1,212.  145,111. is for the organiza stop here	30. 30. 30.	183,697.  160.  183,857. d, third, fourth, or	1. 7,416. 7,417. 122,576.	156,049.  1.  5,525. 5,526.  161,575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611.
9 10 a b 11 12 13 14 Sec	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 Pul	143,899.  1,212.  1,212.  145,111. is for the organiza stop here	30. 30. 30. 128,492. tion's first, secondercentage (f) divided by line	183,697.  160.  183,857. d, third, fourth, or third, fourth, or the second control of th	1. 7,416. 7,417. 122,576.	156,049.  1.  5,525. 5,526.  161,575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611.  98.07 %
9 10 a b 11 12 13 14 Sec 15 16	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 Pul Public support percentage from 20	143,899.  1,212.  1,212.  1,212.  145,111.  Is for the organiza stop here	30. 30. 30. 128, 492. tion's first, secondarcentage (f) divided by line Part III, line 15	183, 697.  160.  160.  183, 857. d, third, fourth, or e 13, column (f))	1. 7,416. 7,417. 122,576.	156,049.  1.  5,525. 5,526.  161,575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611.
9 10 a b 11 12 13 14 Sec 15 16 Sec	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 Pul Public support percentage from 20 public support percentage from 21 tion D. Computation of Invettion	143,899.  1,212.  1,212.  1,212.  1,212.  Stop the organiza stop here	128, 462.  30.  30.  128, 492.  tion's first, second for divided by line Part III, line 15	183,697.  160.  160.  183,857. d, third, fourth, or e 13, column (f)).	115,159.  1.  7,416. 7,417.  122,576. r fifth tax year as	156,049.  1.  5,525. 5,526.  161,575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611. ) 98.07 % 98.77 %
9 10 a b 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	143,899.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.	128, 462.  30.  30.  30.  128, 492.  tion's first, second sercentage (f) divided by line Part III, line 15  ie Percentage column (f) divided	183, 697.  160.  160.  183, 857. d, third, fourth, or e 13, column (f)).	115,159.  1.  7,416. 7,417.  122,576. r fifth tax year as	156,049.  1.  5,525. 5,526.  161,575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611.  98.07 % 98.77 %  1.93 %
9 10 a b 11 12 13 14 Sec 15 16 Sec 17	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 Pul Public support percentage from 20 public support percentage from 21 tion D. Computation of Invettion	143,899.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.	128, 462.  30.  30.  30.  128, 492.  tion's first, second sercentage (f) divided by line Part III, line 15  ie Percentage column (f) divided	183, 697.  160.  160.  183, 857. d, third, fourth, or e 13, column (f)).	115,159.  1.  7,416. 7,417.  122,576. r fifth tax year as	156,049.  1.  5,525. 5,526.  161,575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611. ) 98.07 % 98.77 %
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  Is for the organiza stop here	128, 462.  30.  30.  30.  128, 492.  tion's first, second and a second	183, 697.  160.  160.  183, 857.  d, third, fourth, or e 13, column (f)).  by line 13, column those on line 14, as	115,159.  1.  7,416. 7,417.  122,576. r fifth tax year as	156, 049.  1.  5, 525. 5, 526.  161, 575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611.  98.07 % 98.77 %  1.93 % 1.23 % ad line 17
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	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 Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests — 2012. If is not more than 33-1/3%, check	143,899.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.	128, 462.  30.  30.  30.  30.  128, 492.  tion's first, secondercentage (f) divided by line Part III, line 15  ie Percentage column (f) divided e A, Part III, line lid not check the here. The organi	183, 697.  160.  160.  183, 857.  d, third, fourth, or third, fourth, fourth	115,159.  1.  7,416. 7,417.  122,576. r fifth tax year as  mn (f))	156, 049.  1.  5, 525. 5, 526.  161, 575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611.  98.07 % 98.77 %  1.93 % 1.23 % ad line 17
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a b	Amounts from line 6	143,899.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.  1,212.	128, 462.  30.  30.  30.  30.  128, 492.  tion's first, second the second secon	183, 697.  160.  160.  183, 857.  d, third, fourth, or  e 13, column (f)).  box on line 14, ar  zation qualifies a  ex on line 14 or line er organization quality	115,159.  1.  7,416. 7,417.  122,576. r fifth tax year as  mn (f))	156, 049.  1.  5, 525.  5, 526.  161, 575. a section 501(c)(3	727,266.  1,404.  12,941. 14,345.  0.  741,611.  98.07 % 98.77 %  1.93 % 1.23 % ad line 17

Schedule A	(Form 990 or 99	30-EZ) 2012	REDWO	OD CITY	ROTARY	CHARIT.	ABLE FO	OUND	94-2682890	Page 4
PLYIV	Supplemer Part II, line (See instru	ntal Informa 17a or 17b ctions).	ation. Cor o; and Par	mplete th t III, line	is part to 12. Also	provide t complete	he expla this par	anations t for any	required by Part II, line additional information.	10;
			. <u></u> -				*******************************			
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#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

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.

C/O JAMES W		IARLTAB	LE FOUL	ND		94-268289	
Fundraising Activities. Com	plete if the orga	anization a	nswered '	Yes' to Form 990, Part	IV, line		
Form 990-EZ filers are not re  1 Indicate whether the organization				owing activities. Check	all that	annly	
a Mail solicitations	raisca ranas ir	noagn any	e e	Solicitation of non-			
<b>b</b> Internet and email solicitation	s		í	Solicitation of gove	-		
c Phone solicitations	·		g g	Special fundraising		9	
d In-person solicitations			9	openial fallarations	<i>y</i> 0101110		
2a Did the organization have a written of	or oral agreemen	nt with any i	individual (i	ncludina officers, directo	irs triiste	es or kev	
employees listed in Form 990, Pa	rt VII) or entity	in connect	tion with p	rofessional fundraising	services	;?.,, ;?.,,	Yes No
b If 'Yes,' list the ten highest paid indi- compensated at least \$5,000 by to	viduals or entitie he organization	s (fundraise I.	ers) pursua	nt to agreements under	which the	fundraiser is to	be
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) An	nount paid to etained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	**************************************	have custo of conti	dy or control ributions?	from activity	fundra	aiser listed in	organization
					C	olumn (i)	
		Yes	No		***		
1					***************************************		
2		-					
3							
4							
5							
6							
7							
8							
9							
10							
Total		···				***************************************	
3 List all states in which the organizati				ontributions or has been	notified i	t is exempt from	registration
or licensing.							
No. 200 000 000 100 100 100 100 100 100 100							
							····· ···· ···· ···· ···· ···· ···· ····
ATT THE THE THE THE THE THE THE THE THE T							

Page 2 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

,,			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add column (a)
Ŗ			CAR RAFFLES (event type)	FARMERS' MARKE (event type)	(total number)	through column (c))
K	1	Gross receipts	141,546.	25,286.		166,832.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	141,546.	25,286.		166,832.
	4	Cash prizes	18,000.	····		18,000.
_	5	Noncash prizes				
D I RECT	6	Rent/facility costs		8,000.		8,000.
	7	Food and beverages		500.		500.
ехре≈ово	8	Entertainment				
12 NE	9	Other direct expenses	2,251.	11,261.		13,512.
5	10	Direct expense summary. Add lines 4 thr				40,012.
	11	Net income summary. Combine line 3, co				126,820.
Par	t	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	orted more than
#CZ#<#			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü	1	Gross revenue			~~~~	
F	2	Cash prizes				
D-RECT	3	Non-cash prizes				
Č S T E S	4	Rent/facility costs		·		
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)	• • • • • • • • • • • • • • • • • • • •		
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7		
а	ls th	er the state(s) in which the organization op ne organization licensed to operate gaming o,' explain:	activities in each of th	ese states?		
		e any of the organization's gaming license es,' explain:	. Which shall shoot White State Server draws would be to			

Schedule <b>G</b> (Form 990 or 990-EZ) 2012 REDWOO			Page 3 No
12 Is the organization a grantor, beneficiary or trus administer charitable gaming?	stee of a trust or a member of a partnership or	other entity formed to	 No
<ul> <li>13 Indicate the percentage of gaming activity of a The organization's facility</li></ul>			0,0
Address   15a Does the organization have a contact with a b if 'Yes,' enter the amount of gaming revenue of gaming revenue retained by the third part c if 'Yes,' enter name and address of the third	third party from whom the organization received by the organization ► \$ty ► \$	eives gaming revenue? Yes and the amount	No
			į
Gaming manager compensation ► \$			
Director/officer Employ			
a Is the organization required under state law to restate gaming license?  b Enter the amount of distributions required under organization's own exempt activities during  Part IV Supplemental Information. Co columns (iii) and (v), and Part this part to provide any additions.	r state law to be distributed to other exempt org	ganizations or spent in the	No O, ete
BAA	TEEA3703L 01/07/13	Schedule <b>G</b> (Form 990 or 990-EZ	) 2012

#### **SCHEDULE 0** (F၆ უ 990 or 990-EZ)

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

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization REDWOOD CITY ROTARY CHARITABLE FOUND	Employer identification number 94-2682890
C/O JAMES W NEWELL  FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	. <del>≾</del>
ROTARY CHARITABLE FOUNDATION	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
	T Variet hand draw under seath hand bland show white healt flank 6000 1000 1000 1000 1000 1000
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SCHEDULE O - SUPPLEMENTAL INFORMATION REDWOOD CITY ROTARY CHARITABLE FOUND	PAGE 2	
CLIENT 7175900C	C/O JAMES W NEWELL	94-2682890
11/12/13		03:50PM
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PA	ID IN EXCESS OF \$5,000	
DONEE'S NAME: CASH AMOUNT GIVEN:	FAMILY CONNECTIONS	\$ 16,620.
DONEE'S NAME: CASH AMOUNT GIVEN:	PETS IN NEED	\$ 17,620.
DONEE'S NAME: CASH AMOUNT GIVEN:	ST ANTHONY'S PADUA DINING ROOM	\$ 5,520.
DONEE'S NAME: CASH AMOUNT GIVEN:	KAINOS	\$ 6,175.
DONEE'S NAME: CASH AMOUNT GIVEN:	TIM GRIFFITH FOUNDATION	\$ 8,785.
DONEE'S NAME: CASH AMOUNT GIVEN:	SHERIFF'S ACTIVITY LEAGUE	\$ 21,635.
DONEE'S NAME: CASH AMOUNT GIVEN:	FRESHTAKE FILMS	\$ 13,450.
DONEE'S NAME: CASH AMOUNT GIVEN:	PARTNERS IN HOPE WATER PROJECT	\$ 6,045.