Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is atwww.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public Inspection

A	For	the 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30	, 2014			
В		if applicable: C	mployer identification number			
F	1		94-6084463			
	1	return C/O JAMES W NEWELL E T	Telephone number			
	Termi	260 SHERIDAN AVE #440	650-462-0400			
	Amen	PALO ALTO, CA 94306-2011	Group Exemption			
	Applic	ration pending	lumber ▶ 0573			
G	Acco	ounting Method: X Cash Accrual Other (specify) ► H Check ► X	X if the organization is not			
1	Web		attach Schedule B (Form			
J	Tax-e	exempt status (check only one) — ☐ 501(c)(3) 🛛 501(c) ( 4 ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527 990, 990-E	Z, or 990-PF).			
K		n of organization: Corporation Trust Association Other				
L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totats (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al ►\$ 43,858.			
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc				
		Check if the organization used Schedule O to respond to any question in this Part I	X			
	1	Contributions, gifts, grants, and similar amounts received	1			
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3 43,858.			
	4	Investment income	4			
	5 a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a				
ž		Gross income from fundraising events (not including \$ of contributions				
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
	С	Less: direct expenses from gaming and fundraising events				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d			
	7 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c			
	8	Other revenue (describe in Schedule O).	8			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 43,858.			
	10	Grants and similar amounts paid (list in Schedule O)	10			
	11	Benefits paid to or for members	11			
Ē	12	Salaries, other compensation, and employee benefits	12			
P	13	Professional fees and other payments to independent contractors	13			
N	14	Occupancy, rent, utilities, and maintenance	14			
XPENSES	15	Printing, publications, postage, and shipping	15 148.			
5	16	Other expenses (describe in Schedule O)	16 37,226.			
	17	Total expenses. Add lines 10 through 16	17 37,374.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6,484.			
A NS EE T	19	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).	35672H3M			
T E S	20	Other changes in net assets or fund balances (explain in Schedule O)	20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.				
BA	0.74%	r Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2013)			

	Oncor in the organization asca Othi					<u>L</u>
22	Cook sovings and investments			N) Beginning of year		(B) End of year
22 23	Cash, savings, and investments  Land and buildings			15,328		21,812.
24	Other assets (describe in Schedule O)			-	23	
25	Total assets			15 200	24	01 010
26	Total liabilities (describe in Schedule O)			15,328		21,812.
27	Net assets or fund balances(line 27 of c			15 320	. 26	0.
	MILE Statement of Program Service Acco			15,328	. 27	21,812. Expenses
<u>अतः</u> द्धाः	Check if the organization used So	shedule O to respond to any	ons for rail iii) question in this Part III	[X]	(Rea	uired for section 501
What	is the organization's primary exempt purpose? SE	E SCHEDULE O	quodion in the rate in.		(c)(3)	) and 501(c)(4)
Desc	ribe the organization's program service a	accomplishments for each of	its three largest program	n services, as		nizations and section (a)(1) trusts; optional
mea	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for e	e manner, describe the servi	ces provided, the numb	er of persons	for of	thers.)
28	OPPATION OF POTARY CITIE	sacri program title.	-			
20	OPERATION OF ROTARY CLUB					
	(Grants \$ ) If th	is amount includes foreign o	rants, check here		28a	37,004.
29						37,004.
	(Grants \$ ) If th	is amount includes foreign of	irants, check here	╌╌╌╌┢┍┪	29 a	
30						
		<del></del>				
	(Grants \$ ) If th	is amount includes foreign g	rants, check here	╌╌╌╌┍┪	30 a	
31	Other program services (describe in Sch	iedule O)				
		is amount includes foreign g			31 a	
32	Total program service expenses(add lin	es 28a through 31a)		<b>.</b>	32	37,004.
	List of Officers, Directors, To				see th	
	Check if the organization used Sc	hedule O to respond to any	question in this Part I.V.			·
		(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo	ine	(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter-0-)	benefit plans, and defe	rred	other compensation
CIIC	ANI HOLIETT			Compensation		
	AN HOWELL				0.	0
	T PRESIDENT RBARA BONILLA	0	0.			0.
	DVIV DOMITTE				٠.	
	יכדה שווים חומים התומים חומים התומים התומים התומים התומים חומים התומים התומים התומים התומים התומים התומים התומים התומים	<u></u>				
ממע	SIDENT	0	0.		0.	
מדת	NNA DOOLEY				0.	0.
	NNA DOOLEY ECTOR	0				0.
CAR	NNA_DOOLEY ECTOR OL EBNER	0	0.		0.	0.
CAR	INNA DOOLEY ECTOR OL EBNER ECTOR		0.		0.	0.
CAR DIR CAR	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS	0	0.		0. 0.	0. 0.
CAR DIR CAR DIR	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR	0	0.		0.	0. 0.
CAR DIR CAR DIR JEF	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN	0	0. 0.		0. 0. 0.	0. 0. 0.
CAR DIR CAR DIR JEF SEC	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN	0	0. 0.		0. 0.	0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR	INNA DOOLEY ECTOR OL EBNER LECTOR LOS BOLANOS ECTOR FREY HAYDEN ERETARY EN KRUEGER	0	0. 0. 0.		0. 0. 0.	0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN ERTARY EN KRUEGER ECTOR	0	0. 0. 0.		0. 0. 0.	0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR ROL	INNA DOOLEY LECTOR COL EBNER LECTOR LOS BOLANOS LECTOR FREY HAYDEN RETARY EN KRUEGER ECTOR AND HAGA	0 0	0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR ROL TRE	INNA DOOLEY LECTOR COL EBNER LECTOR LOS BOLANOS LECTOR FREY HAYDEN RETARY LEN KRUEGER LECTOR LAND HAGA LASURER	0	0. 0. 0. 0.		0. 0. 0.	0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR ROL TRE	INNA DOOLEY ECTOR COL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN RETARY EN KRUEGER ECTOR AND HAGA ASURER	0 0	0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR ROL TRE SCO DIR	INNA DOOLEY ECTOR COL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN RETARY EN KRUEGER ECTOR AND HAGA ASURER TT SCHWARTZ ECTOR	0 0 0	0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR ROL TRE SCO DIR JOH	INNA DOOLEY ECTOR COL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN RETARY EN KRUEGER ECTOR AND HAGA ASURER	0 0 0	0. 0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR ROL TRE SCO DIR JOH PRE	INNA DOOLEY LECTOR COL EBNER LECTOR LOS BOLANOS LECTOR FREY HAYDEN RETARY LEN KRUEGER LECTOR LAND HAGA LASURER LECTOR LAND HAGA LASURER LECTOR LECTOR LECTOR LAND HAGA LASURER LECTOR LE	0 0 0	0. 0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR TRE SCO DIR JOH PRE STE	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN FRETARY EN KRUEGER ECTOR AND HAGA ASURER TT SCHWARTZ ECTOR IN MCAFEE	0 0 0	0. 0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR DIR ROL TRE SCO DIR JOH PRE STE	INNA DOOLEY LECTOR LOL EBNER LECTOR LLOS BOLANOS LECTOR FREY HAYDEN RETARY LEN KRUEGER LECTOR LAND HAGA LASURER LTT SCHWARTZ LECTOR IN MCAFEE LSIDENT ELECT VE WAGSTAFFE	0 0 0	0. 0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR ROL TRE SCO DIR JOH PRE DIR JOH JOH	INNA DOOLEY LECTOR LOL EBNER LECTOR LLOS BOLANOS LECTOR FREY HAYDEN LECTOR LECTOR LECTOR LAND HAGA LASURER LECTOR	0 0 0	0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR ROL TRE SCO DIR JOH PRE DIR JOH JOH	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN FRETARY EN KRUEGER ECTOR AND HAGA ASURER TT SCHWARTZ ECTOR IN MCAFEE SIDENT ELECT IVE WAGSTAFFE ECTOR IN LOWE	000000000000000000000000000000000000000	0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0.	0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR ROL TRE SCO DIR JOH PRE DIR JOH JOH	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN FRETARY EN KRUEGER ECTOR AND HAGA ASURER TT SCHWARTZ ECTOR IN MCAFEE SIDENT ELECT IVE WAGSTAFFE ECTOR IN LOWE	000000000000000000000000000000000000000	0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR ROL TRE SCO DIR JOH PRE DIR JOH JOH	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN FRETARY EN KRUEGER ECTOR AND HAGA ASURER TT SCHWARTZ ECTOR IN MCAFEE SIDENT ELECT IVE WAGSTAFFE ECTOR IN LOWE	000000000000000000000000000000000000000	0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
CAR DIR CAR DIR JEF SEC KAR ROL TRE SCO DIR JOH PRE DIR JOH JOH	INNA DOOLEY ECTOR OL EBNER ECTOR LOS BOLANOS ECTOR FREY HAYDEN FRETARY EN KRUEGER ECTOR AND HAGA ASURER TT SCHWARTZ ECTOR IN MCAFEE SIDENT ELECT IVE WAGSTAFFE ECTOR IN LOWE	000000000000000000000000000000000000000	0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

Га	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part.V			. 📙
33	Did the organization engage in any significant activity not previously reported to the IRS?	91	Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	off 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0.			
E	Did the organization file Form 1120-POL for this year?	37 b	Date Parent	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeær were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	olf 'Yes,' complete Schedule L, Part II and enter the total	0.53703937699	S/70.003621994	A SERVIN MAN
	amount involved			
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A			
	y			
ь	section 4911 N/A; section 4912 N/A; section 4955 N/A; section 4955 N/A Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
155	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part.I.	40 b		X
С	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.			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
		医复数糖	連続を行るから	のできずる
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	1202	and nation	V
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X.
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X.
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Χ.
41	shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE	40 e	and the control of th	Χ.
41	shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's		400	X.
41 42 a	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	52-0		X.
41 42 a	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	52-0	1	
41 42 a	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	52-0- -201		No
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	52-0- 201 42b	1	
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	52-0- -201	1	No
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	52-0- 201 42b	1	No
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	52-0- 201 42b	1	No
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country: ►	52-0- 201 42b	1	No
41 42 a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  The organization's books are in care of ► TREASURER  Telephone no. ► 650-46  ZIP + 4 ► 94306-  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	52-0- 201 42b	1	No X
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country: ►	52-0- 201 42b	1	No
41 42 a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  The organization's books are in care of ► TREASURER  Telephone no. ► 650-46  ZIP + 4 ► 94306-  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	52-0 -201 42b	1	No X
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	52-0 -201 42b	1	No X
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	52-0 -201 42b	1	No X
41 42 a b	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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	52-0 -201 42b	1	No X
41 42 a b	The organization's books are in care of TREASURER  Telephone no. 650 - 46  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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the states are named to the foreign country: If 'Yes,' enter the states are	52-0- 201 42b	1 Yes	No X
41 42 a b c c	The organization's books are in care of TREASURER  Telephone no. F 650-46  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 authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: Foreign Bank and Financial Accounts.  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: Foreign Bank and Financial Accounts.	52-0- 201 42b	Yes	No X X
41 42 a b c c	The organization's books are in care of TREASURER  Telephone no. 650 - 46  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 or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: If 'Yes,' enter the states are named to the foreign country: If 'Yes,' enter the states are	52-0- 201 42b	Yes	No X X
41 42 a b c c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	52-0- 201 42b	Yes	No X X
41 42 a b c c	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  Pid the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead.	52-0- -201 42b	Yes	No X X N/A No
41 42 a b c c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  List the states with which a copy of this return is filled by NONE  Telephone no. * 650-46  ZIP + 4 * 94 306-46  ZIP + 4 * 94 306-46  Telephone no. * 650-46  At any time during the calendar year, did the organization favor a signature or other authority over a financial account; or other financial account; or other financial account.	52-0- 2011 42b	Yes	No X X
41 42 a b c c 43 44 a b	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  Pid the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead.	52-0- -201 42b	Yes	No X X N/A N/A No X
41 42 a b c c 43 44 a b	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 SHERTDAN, 440 PALO ALTO CA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here 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 completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42c	Yes	No X  X  N/A  N/A  No  X  X
41 42 a b c d	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here 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 completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed 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?	42c 44a 44b	Yes	No X X X N/A No X X X X
41 42 a b c d	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 SHERTDAN, 440 PALO ALTO CA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here 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 completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yo,' provide an explanation in Schedule O.	42 c 44 a 44 b 44 c	Yes	No X  X  N/A  N/A  No  X  X
41 42 a b c d	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here 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 completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed 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?	42c 44a 44a 44b	Yes	No X X X X N/A No X X
41 42 a b c d 45 a b	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 SHERTDAN, 440 PALO ALTO CA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here 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 completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yo,' provide an explanation in Schedule O.	42c 44a 44b 44c 44d	Yes	No X X X X X X X X

	and the second s					res	140
46 Di	d the organization engage, directly or indire ndidates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part I	ign activities on behalf o	of or in opposition to	46		X
Part V	Section 501(c)(3) organizations	only			40		Λ
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q	uestions 47-49b an	d 52, and complete	e the table	5	
	Check if the organization used Schedu	le O to respond to any	question in this Part V.I				. Г
47 Die	d the organization engage in lobbying activi	tion or have a coetion l	501/h) plantian in offert	during the territory of	17/1	Yes	No
CO	mplete Schedule C, Part II				47		
48 ls	the organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		
	d the organization make any transfers to an						
<b>b</b> If '	Yes,' was the related organization a section	527 organization?			49 ь		
em	mplete this table for the organization's five aployees) who each received more than \$10	nignest compensated (	employees (other than on the form the organization).	officers, directors, truste If there is none, enter	ees and key		
	· · · · · · · · · · · · · · · · · · ·		T	(d) Health henefits			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	amount ensation	t of n
					9		
f Tot	tal number of other employees paid over \$1	00,000					
<b>51</b> Cor	mplete this table for the organization's five	highest compensated i	ndependent contractors	who each received mo	re than \$100	,000 c	of
cor	npensation from the organization. If there is  (a) Name and business address of each independent co		<b>(b)</b> Type o	f and in	(-) C		
	(4) Halic and business address of each independent co	in actor	(в) туре с	or service	(c) Compe	isation	
	al number of other independent contractors						
52 Did	the organization complete Schedule A? Not	te. All section 501(c)(3)	organizations and 4947	7(a)(1) nonexempt	. П.,		1
	ritable trusts must attach a completed Sche				. ► ∐Yes		No
true, correct	ies of perjury, I declare that I have examined this return, include, and complete. Declaration of preparer (other than officer)	is based on all information of	which preparer has any knowle	dge.			
Cian	Signature of officer	pennes	The same of the sa	Date	,		
Sign Here	LLIENI S CUPY	Treas. RWC.	Polacy Clu	ch 4/251	15		
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Visite 1. /	Check I if PT	ÎN		
Paid	JAMES W. NEWELL	HAMES W. NEWEL	2/11/1		00049550		
Preparer		DAY & CO., LL	P				
Use Only	Firm's address > 260 SHERIDAN AVE PALO ALTO, CA 94				95-26482		
May the II	RS discuss this return with the preparer sho		ctions	Phone no. (650			
nay tric i	The discuss the retain with the preparer Site	own above: See mstru	CHOHS		Yes Yes	N	
					Form <b>990</b> -	<b>LL</b> (21	U13)

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY INTERNATIONAL REDWOOD CITY C/O JAMES W NEWELL 94-6084463 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE ROTARY CLUB

2013 **SCHEDULE O - SUPPLEMENTAL INFORMATION** PAGE 2 ROTARY INTERNATIONAL REDWOOD CITY **CLIENT 7175900** C/O JAMES W NEWELL 94-6084463 1/22/15 10:33AM FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES 7,945. 25,374. 1,944. 1,963. 37,226. DUES AND CONFERENCES \$ MISCELLANEOUS SUPPLIES..... TOTAL \$

# TAXABLE YEAR

2013

# California Exempt Organization Annual Information Return



199

	ear 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013 , anganization Name	d ending (mm/dd/yyyy) 6/30/20	
Corporation/O	ROTARY INTERNATIONAL REDWOOD CITY		California corporation number
Address (suite	C/O JAMES W NEWELL		D-0318155
1000 000 W	**************************************		The state of the same and the s
260 SH	ERIDAN AVE #440	State ZIP Code	94-6084463
	* mo		
PALO A		CA 94306-2011	
A First Ret	unii organ	mpt under R&TC Section 23701d, has the lization during the year: (1) participated in a	ny
B Amended	l Information Return	cal campaign, or (2) attempted to influence	
C IRC Sect		ation or any ballot measure, or (3) made an R&TC Section 23704.5 (relating to lobbying	
	prmation Return? Dissolved Surrendered (Withdrawn)	c charities)?	Yes No
	erged/Reorganized	s,' complete and attach form FTB 3509.	N/A
		organization exempt under R&TC Section 2	3701g? • Yes X No
	If 'Ye	s, enter gross receipts from	
		ember sources	۶
1 X F Federal r	L If org	anization is exempt under R&TC Section 23	
1 •	uilu i	s exclusively religious, educational, or charit s supported primarily (50% or more) by pul	able, blic
L		butions, check box. No filing fee is required	
		organization a Limited Liability Company? .	Yes X No
	ganization in a group exemption?	ne organization file Form 100 or Form 109 to	report —
	What's the parent's name? taxab RY INTERNATIONAL	le income?	Yes X No
I Did the c	rganization have any changes in its activities,	organization under audit by the IRS or has ed in a prior year?	the IRS
governing that have	not been reported to the Franchise Tax Board?  Yes X No		
	explain, and attach copies of revised documents.		CACA1112L 11/20/13
Part I	Complete Part I unless not required to file this form. See General Ins	tructions B and C.	CACATTIZE TITZOTIS
	1 Gross sales or receipts from other sources. From Side 2, Part II,		1
	2 Gross dues and assessments from members and affiliates	AND A STATE OF THE PROPERTY OF	2 43,858.
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received		3
Revenues	4 Total gross receipts for filing requirement test. Add line 1 throug	h line 3.	
	This line must be completed. If the result is less than \$50,000, s	ee General Instruction B •	4 43,858.
	5 Cost of goods sold	240	
	6 Cost or other basis, and sales expenses of assets sold •	6	
	7 Total costs. Add line 5 and line 6		7
	8 Total gross income. Subtract line 7 from line 4		8 43,858.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9 37,374.
	10 Excess of receipts over expenses and disbursements. Subtract I		6,484.
	11 Filing fee \$10 or \$25. See General Instruction F		1 10.
Filing	12 Total payments		3
Fee	13 Penalties and Interest. See General Instruction J	The state of the s	4
	15 Balance due. Add line 11, line 13, and line 14.		<del></del>
	Then subtract line 12 from the result	• 1	5 10.
6:	Under penalties of perjury, I declare that I have examined this return, including accompanying sched correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic	lules and statements, and to the best of my know on of which preparer has any knowledge.	ledge and belief, it is true,
Sign Here	CLICATIO CODY	Date	<ul> <li>Telephone</li> </ul>
	Signature ►		650-462-0400
	Preparer's Daniel Da		PTIN
Paid .	signature JAMES W. NEWELL / COCCO	Hills self- employed ►	P00049550
Preparer's Use Only	Firm's name  VAVRINEK, TRINE, DAY & CO., LLP		• FEIN
	self-employed) 260 SHERIDAN AVE., SUITE 440		95-2648289 • Telephone
	PALO ALTO, CA 94306		
	May the FTB discuss this return with the preparer shown above? See	instructions	(650) 462-0400 • X Yes   No
	may the 11D discuss this return with the preparer shown above? See	11 15 ti UCti UT 15	V 162 140

Part II Organizations with gross receipts of more than \$50,000 and private foundations

		regard	uress or amount or gross receipts— com	hiere Lair ii or intilizii zanzri	tute III	iormation.			
		1	Gross sales or receipts from all	business activities. See	instru	ctions		1	
		2	Interest	******				2	
_		3	Dividends					3	
Rece		4	Gross rents					4	
Other Sources		5	Gross royalties	5					
		6	Gross amount received from sal	6					
		7	Other income. Attach schedule.	7					
		8	Total gross sales or receipts from other						
		9	Contributions, gifts, grants, and similar a						
		10	Disbursements to or for member	10					
		11	Compensation of officers, direct	11	0.				
		12	Other salaries and wages					12	0.
Expe	enses	13	Interest					13	
and	urse-	14	Taxes					14	
men		15	Rents					15	
		16	Depreciation and depletion (See					16	
		17	Other Expenses and Disburseme						27 274
		18	Total expenses and disbursements. Add						37,374.
Cala	edule		Balance Sheets						37,374.
Asse		: L	Balance Sneets	Beginning of	taxan			d of taxa	ble year
A550			**********	(a)		(b)	(c)		(d)
2			receivable			13,320.			21,812.
3			eivable					•	
4								•	
5			tate government obligations				lg. ag to a force of	•	
6			n other bonds					•	
7			n stock					•	
8			\$					•	
9			ents. Attach schedule					•	
-			ssets.		8.00 (de)				
			ated depreciation	7					
11			acca depresention					•	
12			Attach schedule					•	
13						15,328.			21,812.
150000			et worth			13,320.		64700000 47000000	21,012.
14	Account	e nava	ble		Churse (3)	NAME OF STREET OF STREET			THE RESERVE AND A SECOND SECOND
			gifts, or grants payable					•	
16			tes payable						
17	Mortgag							•	
18			s. Attach schedule						
19			or principle fund					•	
20			ital surplus. Attach reconciliation					•	
21			ngs or income fund			15,328.			21,812.
			s and net worth			15,328.			21,812.
	edule				retur		Charles and the State of the Control	- ANTON-THE	
			Do not complete this schedul	e if the amount on Sche	dule L	., line 13, columr	(d), is less than	\$50,000	6.):
1	Net inco	me per	r books		7	Income recorded on	books this year not in	cluded	
			e tax				1 sch		A TOWN THE PROPERTY OF THE PARTY OF THE PART
3	Excess	of capit	tal losses over capital gains		8	Deductions in this re		1000	· 特别 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
			<u> </u>	·增加的 体心。		against book income			
			e	A March Control of Con				20 1/25	
			The state of the s	To the state of th	9		d line 8		AAST BELLEVINE TO THE TOTAL OF
			Attach schedule		10	Net income per			<b>企业</b>
6	rotal. Ad	id line	1 through line 5			Subtract line 9	from line 6		

2013

## **CALIFORNIA STATEMENTS**

PAGE 1

**CLIENT 7175900** 

### ROTARY INTERNATIONAL REDWOOD CITY C/O JAMES W NEWELL

94-6084463 12:35PM

2/11/15

STATEMENT 1 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

CURRENT OFFICERS:  NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-	BUTION TO	ACCOUNT/
SUSAN HOWELL	PAST PRESIDENT		\$ 0.	
1	·			
BARBARA BONILLA	PRESIDENT 0	0.	0.	0.
,				
DEANNA DOOLEY	DIRECTOR 0	0.	0.	0.
,				
CAROL EBNER	DIRECTOR 0	0.	0.	0.
CARLOS BOLANOS	DIRECTOR 0	0.	0.	0.
,				
JEFFREY HAYDEN	SECRETARY 0	0.	0.	0.
, KAREN KRUEGER	DIRECTOR	0.	0.	0.
,	0			
ROLAND HAGA	TREASURER 0	0.	0.	0.
,				
SCOTT SCHWARTZ	DIRECTOR 0	0.	0.	0.
JOHN MCAFEE	PRESIDENT ELECT	0.	0.	0.
,	0			
STEVE WAGSTAFFE	DIRECTOR 0	0.	0.	0.
•				
JOHN LOWE	DIRECTOR 0	0.	0.	0.
•				
	TOTAL	\$ 0.	\$ 0.	\$ 0.

2013 **CALIFORNIA STATEMENTS** PAGE 2 ROTARY INTERNATIONAL REDWOOD CITY C/O JAMES W NEWELL **CLIENT 7175900** 94-6084463 1/22/15 10:33AM **STATEMENT 2** FORM 199, PART II, LINE 17 OTHER EXPENSES 7,945. 25,374. 1,944. DUES AND CONFERENCES...... \$ MEALS..... MISCELLANEOUS POSTAGE AND SHIPPING 148. SUPPLIES..... 1,963. TOTAL \$ 37,374.