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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> A F</u>	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	<u>JUN 30, 201</u>	L O		
B c	heck if oplicable	use IRS	D Employer iden	tification number		
	Addres change	label or REDMOND ROTARY CLUB FOUNDATION				
	Name chang	Doing Business As	94-	<u>-3168972</u>		
Ļ]initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s				
<u> </u>	Termir ated Amend	Instruc- P.O. BOX 563		9-298-9288		
늗	Jreturn Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	72,614.		
	tion pendir	REDMOND, WA 30073	H(a) Is this a grou	. — —		
		F Name and address of principal officer VICKY NOLLETTE	for affiliates? H(b) Are all affiliates			
	22.02	empt status: X 501(c) (3		h a list (see instructions)		
		te: NWW.REDMONDROTARY.O	H(c) Group exemp			
				M State of legal domicile: WA		
	rt I	Summary		<u> </u>		
9		Briefly describe the organization's mission or most significant activities: TO PROVI	DE FOR CHAR	TABLE NEEDS		
Activities & Governance		ON A LOCAL AND INTERNATIONAL LEVEL Check this box if the organization discontinued its operations or disposed of its process.	more than 25% of its ne	t accate		
Veri	Į.	Number of voting members of the governing body (Part VI, line 1a)	11016 (11211 25%) 01 113 116	3 45		
မွ		Number of independent voting members of the governing body (Part VI, line 1b)	ļ	4 45		
•ජ ගු		Total number of employees (Part V, line 2a)	Ţ	5 0		
/ţie		Total number of volunteers (estimate if necessary)	Ī	6 0		
į		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a 0.		
_	b	Net unrelated business taxable income/from Form 990-T, line 34		7ь 0.		
		RECENTED	Prior Year	Current Year		
9		Contributions and grants (Part VIII, line 1h				
Revenue		Program service revenue (Part VIII, Infe 2d)	27			
ě	10	Investment income (Part VIII, column to lines 3, 4, and qui of the lines 4, and qui	2,48			
_	11	Other revenue (Part VIII, column (A) lines 5.6d, 8c, 9c, 10c, and 11e)	60,863	2. 41,521. 2. 41,558.		
		Total revenue · add lines 8 through 11 (must oqual Part VIII, column (A), line 12)	34,99			
		Grants and similar amounts paid (Part IX, column (A), lines (3)		00,033.		
, 0		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)				
per		Total fundraising expenses (Part IX, column (D), line 25)				
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,74	3,499.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	39,73			
	19	Revenue less expenses Subtract line 18 from line 12	23,60	-42,776.		
ces ces			Beginning of Current Ye			
alar	20	Total assets (Part X, line 16)	107,42			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	4,44			
	22	Net assets or fund balances Subtract line 21 from line 20	102,97	9. 60,203.		
Z P	ırt II	Signature Block Under penalties of perjuty, I declare that I have examined this return, including accompanying schedules and statem	ante and to the best of my kno	wooden and halief it is true, correct		
PEANNE		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know	edge	wiedge and belief, it is the, correct,		
Z .		Wiede Northette	1 10	121/12		
Her	n -	Signature of officer	Date	/ - ·] !_ V		
⊃ner	e	VICKY NOLLETTE, TREASURER				
AON		Type or print name and title	•	<u></u>		
		Preparer's Date		reparer's identifying number ee instructions)		
©n ©n Faff		signature (21/10				
Preparer's Carm's name (VANDER POL & ZAGER, P.S.						
	Unity	self-employed), 11808 NORTHUP WAY, SUITE W-301				
		ZIP+4 BELLEVUE, WA 98005-1922	Phone no.	<u> 425-827-3775</u>		
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No		
9320	01 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)		

	1996 (2009) REDMOND ROTARY CLUB FOUN	<u>DATION</u>		<u>94-316</u>	8972	Page 2
Ра	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission NONE					
		-				
		-				
2	Did the organization undertake any significant program services during the the prior Form 990 or 990-EZ?	year which were	e not listed on		Yes	XNo
_	If "Yes," describe these new services on Schedule O.				□ v _{aa}	X No
3	Did the organization cease conducting, or make significant changes in how If "Yes," describe these changes on Schedule O.	v it conducts, an	iy program services?		res	NO LA
4	Describe the exempt purpose achievements for each of the organization's					
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts allocations to others, the total expenses, and revenue, if any, for each prog			jrants and		
4a	(Code:) (Expenses \$ including gi	rants of \$	12,500.)(Re	venue \$)
	BELLEVUE COLLEGE FOUNDATION					
						
		· · · · · · · · · · · · · · · · · · ·				
4b	(Code) (Expenses \$ including gi	rants of \$	12,500.)(Re	evenue \$)
	HOPELINK GRANT					
				•		
						
				_		
4c	(Code:) (Expenses \$ including gi	rants of \$	10,000.)(Re	venue \$)
	ROTARY FIRST HARVEST					
		······································				
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ 45, 8	35.)(Revenu	ue \$	1		
4e	Total program service expenses ►\$ 80,835.	J J • J (nevent	ωο ψ			
			- 		Form 99	90 (2009)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
••	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	i		İ
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Ì	İ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
• • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		T
15	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
_20	Did the organization operate one of more hospitals: ii Tes, complete ochedule ii		990	(2009)

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orm 990 (2009)	REDMOND ROTARY CLUB FOUNDATION	<u> </u>
Part IV Checklist o	of Required Schedules (continued)	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u></u> .	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			ļ
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	İ		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u></u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2009)

Form 990 (2009)

12a

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11b

amounts due or received from them)

94-3168972

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sec	tion A. Governing Body and Management					-	
		1	1	4 -		Yes	<u>No</u>
1a	Enter the number of voting members of the governing body	1a	<u> </u>	45 45		ļ	
b	Enter the number of voting members that are independent	1b	<u> </u>	45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner				v
_	officer, director, trustee, or key employee?		-4		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e aire	ct supervision		,		X
_	of officers, directors or trustees, or key employees to a management company or other person?	00	Owner filed?	ł	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		o was illeu?	}	5		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	is r		}	6	<u> </u>	
6	Does the organization have members or stockholders?	mbar	o of the	}	_		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s or title		7a	Х	
	governing body?	roone	,	ŀ	7b	X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per Did the organization contemporaneously document the meetings held or written actions undertaken			ł	70		
8		GGIIII	y tile year				
_	by the following:				8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?			}	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	chod	at the	Ì	-00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cried	at tile		9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal R	Peveni	e Code I				
566	tion B. Policies (This Section B requests information about policies not required by the internal N	evenu	e code /			Yes	No
102	Does the organization have local chapters, branches, or affiliates?			ĺ	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers. affiliates.	Ì			
J	and branches to ensure their operations are consistent with those of the organization?	·	,,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	ilına th	ne form?	l	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ĺ			
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that coi	uld aiv	e rise				
_	to conflicts?	J			12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe				
_	in Schedule O how this is done				12c		<u> </u>
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by ı	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		<u>X</u>
b	Other officers or key employees of the organization				15b		X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			,	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	its participation	on			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janizat	ion's				
	exempt status with respect to such arrangements?	_			16b	<u> </u>	
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) a	vailable	for		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request					_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest p	olicy, ar	nd fina	ıncıal	
	statements available to the public.				_		
20	State the name, physical address, and telephone number of the person who possesses the books a	ind red	cords of the o	rganızat	ion 🕨	-	
	JAY VANDER POL - 425-827-3775						
	11808 NORTHUP WAY SUITE W-301, BELLEVUE, WA 98005	<u> </u>				000	(2009)
					Form	330	(2009)

Form 990 (2009) REDMOND ROTARY CLUB FOUNDATION 94-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	6		Pos		ı app	k/\	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT FORENZA										
PAST PRESIDENT	1.00		1			<u> </u>		0.	0.	0.
DAVID MARKLEY							Ì			
PRESIDENT	1.00	<u> </u>	ļ	_		<u> </u>		0.	0.	0.
GAYLE CUDWORTH										_
SECRETARY	1.00			<u> </u>				0.	0.	0.
VICKY NOLLETTE										
TREASURER	1.00	<u> </u>		ļ				0.	0.	0.
STEPHEN BOZICK			Ì		l					
PRESIDENT ELECT	1.00	<u> </u>		<u> </u>	<u> </u>	<u> </u>		0.	0.	_0.
HUGH JUDD						1				
VICE PRESIDENT	1.00				<u> </u>	<u> </u>		0.	0.	0.
SUZY BURKE-MYERS	1 00									
DIRECTOR	1.00	<u> </u>	<u> </u>	<u> </u>	_	_		0.	0.	0.
STEPHAN KOEN	1			-			ļ			_
DIRECTOR	1.00	 	-		-		-	0.	0.	0.
SUZANNE COCKLIN-MILLS	1.00		1					0.	0.	0.
DIRECTOR	1.00							0.		
						_				
									:	70.

Form 990 (2009)

<u> </u>	t VII Section A. Officers, Directors, Tr (A)	ustees, Key Er (B)	nplo	yee	s, aı (C		High	<u>est</u>	Compensated Employ (D)	ees (continued) (E)	(F)				
	Name and title	Average	١,,		Posi	tion			Reportable	Reportable			ımate		
		hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	ated ot			tion e on ed	
			ļ <u>.</u>										-		
	· · · · · · · · · · · · · · · · · · ·														
			-												
1b	Total		_				▶		0.		0.			0.	
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bov	e) w	no r	eceived more than \$100	,000 in reportable)			0	
													Yes	No	
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y em	nplo	yee,	or h	highest compensated ei	nployee on		3		Х	
4	For any individual listed on line 1a, is the s	um of reportab	le c							the organization	Ī				
_	and related organizations greater than \$15										}	4		X	
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Schee				rom	any	y uni	relat	ted organization for serv	ices rendered to		5		х	
Sec	tion B. Independent Contractors	<u> </u>													
1	Complete this table for your five highest countries the organization NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	ation fi	rom		
	the organization NONE (A)								(B)			(C			
	Name and busines	s address					_		Description of s	services	С	omper	nsatio	n	
2	Total number of independent contractors		not li	mıte	d to		_	stec	d above) who received n	nore than		_			
	\$100,000 in compensation from the organ	ization >					0					Form 9	990 a	20091	

		(2009) REDMOND ROTARY CLUB I	FOUNDATION	· · · · · · · ·	<u>94-3168</u>	972 Page 9
	rt VII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1d 1e 1f				
S E	_	Noncash contributions included in lines 1a-1f \$				
Program Service C Revenue	2 a		9			
E Š	þ			-		
Ye S	C					
Re	d		-			
g	e 4	All other program service revenue				
		Total. Add lines 2a-2f		-	-	
	3	Investment income (including dividends, interest, and other similar amounts)	37.	37.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (3 Part (3 Part	-			
	٠.	(i) Real (ii) Personal	-{			
	6 a		4			
	b	• • • • • • • • • • • • • • • • • • • •	-			
	C		-			
		The folial modeling of (1888)				
	7 a	Gross amount from sales of (i) Securities (ii) Other	\dashv			
	_	assets other than inventory	\dashv			
	b	Less: cost or other basis				
		and sales expenses				
		Gain or (loss)				
e		Net gain or (loss) Gross income from fundraising events (not				
Other Revenue		including \$ of contributions reported on line 1c) See Part IV, line 18	<u>.</u>	44 504		
		Net income or (loss) from fundraising events	41,521.	41,521.	 -	
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a	_			
		b Less direct expenses b				
		Net income or (loss) from gaming activities				_
	10 a	Gross sales of inventory, less returns				
	_	and allowances a	4			
1		Less cost of goods sold b	-			
}		Net income or (loss) from sales of inventory				
}		Miscellaneous Revenue Business Cod	<u>e</u>			
	11 a					
	b	·	 	-		
	C			 		
	d	All other revenue	 	 		
ļ		Total. Add lines 11a-11d	41 550	41 550		
93200 02-04	12 19 - 10	Total revenue. See instructions.	41,558.	41,558.	0.	0 . Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	80,835.	80,835.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	2,701.		2,701.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				.,,
g	Other _				
12	Advertising and promotion				<u></u>
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			ı	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	500		500	
а	WEB HOSTING	500.		500.	
b	BANK CHARGES	272.		272.	
C	OTHER	26.	_	26.	
d				. 	
е		-			
f	All other expenses	0.4.00.4	00 005	2 400	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	84,334.	80,835.	3,499.	. 0.
26	Joint costs. Check here Life following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	105,327.	1	52,116.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,100.	4	8,425
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	<u> </u>
7	Notes and loans receivable, net		7 _	<u> </u>
8	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets	_	14	_
15	Other assets. See Part IV, line 11	405 405	15	60 541
16	Total assets. Add lines 1 through 15 (must equal line 34)	107,427.	16	60,541
17	Accounts payable and accrued expenses	4,448.	17	338
18	Grants payable		18	· - ,
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	·
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons Complete Part II			
	of Schedule L		22	<u> </u>
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	4,448.	25	338
26	Total liabilities. Add lines 17 through 25	4,448.	26	330
	Organizations that follow SFAS 117, check here and complete			
07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
27		·	28	
28	Temporarily restricted net assets Permanently restricted net assets	-	29	
29	Organizations that do not follow SFAS 117, check here		25	
			l	
30	complete lines 30 through 34. Capital stock or trust principal, or current funds	0.	30	_ 0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	102,979.	32	60,203
27 28 29 30 31 32 33	Total net assets or fund balances	102,979.	33	60,203
33	Total her goods of fully palatices	107 407	33	CO E41

60,541. Form **990** (2009)

Total liabilities and net assets/fund balances

	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	i		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			l
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			İ
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury

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

Inspection

Internal Revenue Service

Name of the organization

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

Employer identification number

				ROTARY CLUB						94	<u>-3168</u>	<u>972</u>	
Pa	ırt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions.				
The	organ	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2				'0(b)(1)(A)(ii). (Attach Sc									
3				tal service organization		n section	170(b)(1)(A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter the	e hospital	s nam	e,
		city, and state		•		•				•	•		·
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governr	mental unr	t described	l in		
			(b)(1)(A)(iv), (Comple		•	·	•	Ū					
6		A federal, sta	ite. or local governm	ent or governmental unr	t described	d ın sectio	n 170(b)(1)(A)(v).					
7				eives a substantial part					r from the	general pu	ıblıc desc	nbed it	ı
			b)(1)(A)(vi). (Comple				•			•			
8		•		section 170(b)(1)(A)(vi).	(Complete	Part II)							
	$\overline{\mathbf{x}}$			eives (1) more than 33			rom contri	butions, m	nembershi	n fees, and	aross red	eints f	rom
_				nctions - subject to certa									
			· ·	axable income (less sect			•				-		
			509(a)(2). (Complete	•		·,			, 3			-,	_
10				perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	1)_				
11	一			perated exclusively for the						v out the o	urposes o	f one o	or
		-		ations described in secti						•			
				organization and compl				,		-,,-,-			
		a Type I	- · · ·	¬ ·		e III - Func		egrated		d \square	Type III - C	ther	
е				at the organization is not					r more disc	gualified pe	ersons oth	er thai	า
		-	•	han one or more publicly		-	-	-		•			
f				tten determination from t		-				. (-/(-/		(/(-/-	
•		-	rganization, check th				, .,	, ,					
g	1		•	organization accepted ar	nv aift or co	ontribution	from anv	of the folio	owina pers	sons?			
3	,			lirectly controls, either al								Yes	No
		• • •	•	upported organization?	J					, ,	11g(i)		
		-	• •	n described in (i) above?							11g(ii)		
			•	person described in (i) o		∍?					11g(iii)		
h			•	about the supported or	• •								
			9		J	·-,							
(1)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Am	iount of	 F
(1)		inization	(11) 2114	organization		sted in your			organizátio (i) organiz	on in col. ed in the	Sup		
	*** 6			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	Ü.S	.7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
		-											
					}								
			= **										
										<u> </u>			
		-							_				
<u> </u>	al			<u> </u>									
_HA	For P	rivacy Act an	d Paperwork Redu	ction Act Notice, see th	ne Instruc	tions for			Schedul	e A (Form	990 or 99	0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

13	First five years. If the Form 990 is for the organization's first, second, third, foundit, or fitth tax year as a section	1 30 1	(0)(3)	_
	organization, check this box and stop here			
Se	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		- %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15		9
16	a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, c	heck this box and	
	stop here. The organization qualifies as a publicly supported organization			
	b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or mo	ore, check this box	
	and stop here. The organization qualifies as a publicly supported organization			ightharpoonup
178	a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a	nd lın	e 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pai	t IV h	ow the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
ı	b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, ar	nd line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	ın Pa	rt IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ınızatı	on	▶Щ
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd se	e instructions	▶∟

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 REDMOND ROTARY CLUB FOUNDATION 94-3168972 Page 3

[Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	ction A. Public Support						
Çale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	2,995.	1,061.				4,056.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	79,387.	70,894.			: :	150,281.
2	Gross receipts from activities that	73,307.	70,031.				100,101
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						<u> </u>
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	82,382.	71,955.				154,337.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 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.
(Add lines 7a and 7b		-				0.
	Public support (Subtract line 7c from line 6)						154,337.
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	82,382.	71,955.				154,337.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	198.	375.				573.
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses	!					
	acquired after June 30, 1975						
	Add lines 10a and 10b	198.	375.				573.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		-				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	82,580.	72,330.	L	L	<u> </u>	154,910.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orgar	nization,
_	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<u> </u>		,	
15	Public support percentage for 2009 (line 8, column (f) d	ivided by line 13, o	column (f))		15	99.63 %
16						16	99.69 %
Se	ction D. Computation of Inve	stment Incom	e Percentage			 	
17	Investment income percentage for 20	009 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.37 %
18	Investment income percentage from					18	.31 %
198	a 33 1/3% support tests - 2009. If the						e 17 is not
	more than 33 1/3%, check this box a	-	_				▶ [X]
ŧ	o 33 1/3% support tests - 2008. If the						- F 1
	line 18 is not more than 33 1/3%, che		•				
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check			<u> </u>
					Sc	hedule A (Form 9	990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	REDMOND ROTARY CLU	JB FOUNDATION	94-3168972
Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	ımpermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	afied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	l after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements d	luring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes" to Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, n	•	
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tr		al gain, provide
	the following amounts required to be reported under SFAS	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

uncertain tax positions under FIN 48

	dule D (Form 990) 2009 REDMOND ROTARY CLUB FOUNDAT	ION		<u>94-316</u>	<u>8972</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Finar	ncial State	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		41,	558.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		84,	334.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-42	776.
4	Net unrealized gains (losses) on investments	-	4			
5	Donated services and use of facilities	•	5			
6	Investment expenses		6			
7	Pnor period adjustments	•	7			
8	Other (Describe in Part XIV.)	•	8	•		
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	۵	10		-42	776.
	t XII Reconciliation of Revenue per Audited Financial Statemen			Return		770.
1	Total revenue, gains, and other support per audited financial statements			1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			- -		
2		ا مہ ا				
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		-		
C	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV.)	2d		-		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b		4		
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	enses pe	r Return		
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
C	Other losses	2c		_		
d	Other (Describe in Part XIV)	2d	,	_		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		7		
	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; F	art IV, lines	1b and 2b, P	art V, line	4, Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple					
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				Schedule [) (Form 9	90) 2009

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SCHEDULE 1	(Form 990)

SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations,	to Organizations			OMB No 1545-0047
Department of the Treasury Internal Revenue Service		Comple	Governments Complete if the organization	Governments, and Individuals in the United States sorganization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	in the United Stal on Form 990, Par n 990.	es t IV, line 21 or 22.		Open to Public Inspection
Name of the organization	e organization REDMOND ROTARY CI	TARY CLUB	B FOUNDATION	Z				Employer identification number 94-3168972
1 Does the organiz	Does the organization maintain records to substantiate the amount of	substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	nce?	30 000	south or the state of the state	0000			Yes X No
Part II Grants an	Describe in Part by the organization's procedures for monitoring the use of grant lunds in the Office States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	vernments and	oring the use of grant J Organizations in the	Unids in the United States. C	omplete if the orga	inization answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient ti	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	000. Check this	box if no one recipier	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additions	Il space is needed
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLEVUE COLLEGE FOUNDATION	FOUNDATION			12,500.	0			
HOPELINK				12,500.	0.			
ROTARY PIRST HARVEST	TRST.			10 000	O			
REDMOND HIGH SCHOOL	OOL			13,269.	0			
CLINTON FOUNDATION	NO			10,000.	0	٠		
FAMILY RESOURCE CENTER	CENTER			2,500.	0			
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	government or	ganizations	•				
3 Enter total numb LHA For Privacy Ac	Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 22 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10 Part III

Page 2

94-3168972

REDMOND ROTARY CLUB FOUNDATION

Schedule I (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Employer Identification number 94-3168972 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Ö ö Ö ö o. ö (e) Amount of non-cash assistance 2,500. (d) Amount of cash grant 2,500. 3,000 1,000, 2,500 990 6 1,500 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. REDMOND ROTARY CLUB FOUNDATION (c) IRC section if applicable (p) EIN (a) Name and address of organization or government LIBERTY ROAD FOUNDATION HABITAT FOR HUMANITY Name of the organization EGYPTIAN ORPHANAGE NEW POET'S SOCIETY GIRLS ON THE RUN POLIO PLUS OTHER LHA

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number

Name of the organization

REDMOND ROTARY CLUB FOUNDATION 94-3168972 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: STUDENT SCHOLORSHIPS INCLUDING GRANTS OF \$ 13269. REVENUE \$ 0. EXPENSES \$ 0. CLINTON FOUNDATION EXPENSES \$ 0. INCLUDING GRANTS OF \$ 10000. REVENUE \$ 0. FAMILY RESOURCE CENTER INCLUDING GRANTS OF \$ 2500. EXPENSES \$ 0. REVENUE \$ 0. GIRLS ON THE RUN REVENUE \$ 0. INCLUDING GRANTS OF \$ 1500. EXPENSES \$ 0. HABITAT FOR HUMANITY INCLUDING GRANTS OF \$ 2500. REVENUE \$ 0. LIBERTY ROAD FOUNDATION EXPENSES \$ 0. INCLUDING GRANTS OF \$ 2500. REVENUE \$ 0. NEW POET'S SOCIETY INCLUDING GRANTS OF \$ 3000. REVENUE \$ 0. EXPENSES \$ 0.

EGYPTIAN ORPHANAGE

POLIO PLUS

EXPENSES \$ 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

INCLUDING GRANTS OF \$ 1000.

Schedule O (Form 990) 2009

REVENUE \$ 0.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization REDMOND ROTARY CLUB FOUNDATION 94-3168972 INCLUDING GRANTS OF \$ 2500. REVENUE \$ 0. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 7066. REVENUE \$ 0. EXPENSES \$ 0. FORM 990, PART VI, SECTION A, LINE 6: ALL MEMBERS IN GOOD STANDING OF ROTARY CLUB OF REDMOND WASHINGTON FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS IN GOOD STANDING OF ROTARY CLUB OF REDMOND WASHINGTON FORM 990, PART VI, SECTION A, LINE 7B: ANNUAL ELECTION OF OFFICERS AND APPROVAL OF BUDGET FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY CPA FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009