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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)

Open to Public Inspection

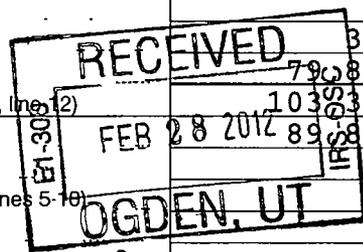
Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable	<b>C</b> Name of organization <b>NILES ROTARY FOUNDATION</b>	<b>D</b> Employer identification number <b>94-2931147</b>
<input type="checkbox"/> Address change	Doing Business As	<b>E</b> Telephone number <b>925-676-7060</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	<b>P.O. BOX 7104</b>	<b>G</b> Gross receipts \$ <b>226,103.</b>
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	<b>F</b> Name and address of principal officer <b>KIMBERLY HARTZ-FOSTER</b>	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>P.O. BOX 7104, FREMONT, CA 94537</b>	If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>N/A</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
<b>L</b> Year of formation: <b>1987</b>		<b>M</b> State of legal domicile: <b>CA</b>

Part I Summary			Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>PROVIDE CHARITABLE SUPPORT TO THE COMMUNITY AND CHARITABLE ORGANIZATIONS</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>		<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>23,064.</b>	<b>23,920.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>399.</b>	<b>110.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>79,853.</b>	<b>124,708.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>103,816.</b>	<b>148,738.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>89,818.</b>	<b>130,791.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>0.</b>	<b>0.</b>
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>974.</b>	<b>13,064.</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>90,792.</b>	<b>143,855.</b>
	<b>19</b> Revenue less expenses Subtract line 18 from line 12		<b>12,524.</b>	<b>4,883.</b>
	<b>20</b> Total assets (Part X, line 16)		<b>135,493.</b>	<b>174,562.</b>
<b>21</b> Total liabilities (Part X, line 26)		<b>4,500.</b>	<b>38,686.</b>	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		<b>130,993.</b>	<b>135,876.</b>	



**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	Date <b>11/10/11</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature
	Firm's name ▶	Firm's EIN ▶
	Firm's address ▶	Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

*MJ-12*

*2*  
*6*