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Form **990-EZ**
 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 black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NILES ROTARY FOUNDATION	D Employer identification number 94-2931147
	Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 7104	E Telephone number (925) 676-7060
	City or town, state or country, and ZIP + 4 FREMONT, CA 94537	F Group Exemption Number

G Accounting method: Cash Accrual Other (specify) _____

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

I Website: N/A

J Tax-Exempt status (check only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 152,672**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	53,022
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	68
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	35,302
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	64,280	
c Less direct expenses from gaming and fundraising events	6c	28,229	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	71,353	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	124,443	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	112,225
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	7,677
17 Total expenses. Add lines 10 through 16	17	119,902	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,541
	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)	19	135,876
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	140,417

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	169,802	22 190,509
23 Land and buildings		23
24 Other assets (describe in Schedule O)	4,760	24 0
25 Total assets	174,562	25 190,509
26 Total liabilities (describe in Schedule O)	38,686	26 50,092
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,876	27 140,417

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

PROVIDE CHARITABLE SUPPORT TO THE COMMUNITY AND CHARITABLE ORGANIZATIONS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROVIDED TARGETED GRANTS TO LOCAL AND NATIONAL TAX-EXEMPT ORGANIZATIONS PROMOTING MUSIC, THEATRE, YOUTH PROGRAMS, MEDICAL OUTREACH, ELDER CARE AND HOMELESS SERVICES (Grants \$ 112,224) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	112,224
29 PROVIDED FOOD AND SERVED SEVERAL HUNDRED MEALS TO NEEDY AND HOMELESS PERSONS IN OUR COMMUNITY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,400
30 PROVIDED GIFTS TO NEEDY CHILDREN AT OUR "CHRISTMAS WITH SANTA" EVENT (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,001
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	118,625

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the 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? If "Yes," provide a detailed description of each activity in Schedule O
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
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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
42c 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
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 **Yes** **No**

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47 **Yes** **No**

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 **Yes** **No**

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a **Yes** **No**

b If "Yes," was the related organization a section 527 organization?

49b **Yes** **No**

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

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.

Sign Here	***** Signature of officer	2013-05-08 Date		
	SANDRA YOUNG PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> NASI RAISSIAN	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P01023106
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> ROBERT LEE & ASSOCIATES LLP 226 AIRPORT PARKWAY SUITE 350 SAN JOSE, CA 95110			EIN <input type="checkbox"/> 27-1155496
			Phone no <input type="checkbox"/> (408) 855-6770	

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NILES ROTARY FOUNDATION

Employer identification number

94-2931147

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,260	18,735	23,064	23,920	53,022	137,001
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	94,335	154,667	149,038	149,573	99,582	647,195
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	112,595	173,402	172,102	173,493	152,604	784,196
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b 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
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						784,196

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	112,595	173,402	172,102	173,493	152,604	784,196
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,043	809	399	110	68	3,429
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,043	809	399	110	68	3,429
11 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.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	114,638	174,211	172,501	173,603	152,672	787,625
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.560 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.440 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Department of the Treasury Internal Revenue Service

Name of the organization NILES ROTARY FOUNDATION

Employer identification number 94-2931147

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CHILI COOK OFF (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	64,280			64,280
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	64,280			64,280
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	22,596			22,596
	7 Food and beverages				
	8 Entertainment	558			558
	9 Other direct expenses	625			625
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(23,779)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				40,501	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue			35,302	35,302
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes			2,450	2,450
	4 Rent/facility costs				
	5 Other direct expenses			2,000	2,000
6 Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100.000</u> % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(4,450)	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				30,852	

9 Enter the state(s) in which the organization operates gaming activities CA

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	100 000 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ KIMBERLY HARTZ-FORSTER

Gaming manager compensation ▶ \$

Description of services provided ▶ FUNDRAISING EVENT COMMITTEE CHAIR INCOMING PRESIDENT HOLDS POSITION ON ANNUAL AUCTION

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 4,000

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
NILES ROTARY FOUNDATION

Employer identification number

94-2931147

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 68
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JAZMINE HINTON GRANTEE ADDRESS 4314 EL DORADO ST OAKLEY, CA 94561 DATE OF GIFT 07/21/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME ALAMEDA COUNTY BLUE STAR MOMS GRANTEE ADDRESS PO BOX 2006 FREMONT, CA 94536 DATE OF GIFT 06/14/12 AMOUNT GIVEN 3,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME CASEY JENNINGS DATE OF GIFT 03/27/12 AMOUNT GIVEN 400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME CITY OF FREMONT GRANTEE ADDRESS 3300 CAPITOL AVE FREMONT, CA 94538 DATE OF GIFT 06/14/12 AMOUNT GIVEN 4,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME CHRISTIAN NGUYEN DATE OF GIFT 09/08/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME DIVYA GUPTA DATE OF GIFT 09/08/11 AMOUNT GIVEN 400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME FREMONT ARTS ASSOCIATION GRANTEE ADDRESS 37695 NILES BLVD FREMONT, CA 94536 DATE OF GIFT 06/14/12 AMOUNT GIVEN 2,750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME FREMONT EDUCATION FOUNDATION GRANTEE ADDRESS 39120 ARGONAUT WAY, #381 FREMONT, CA 94538 DATE OF GIFT 06/14/12 AMOUNT GIVEN 2,300
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME FREMONT STAGE 1 THEATRE GRANTEE ADDRESS 39375 CEADAR BLVD FREMONT, CA 94536 DATE OF GIFT 06/14/12 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME FREMONT SYMPHONY GRANTEE ADDRESS PO BOX 104 FREMONT, CA 94537 DATE OF GIFT 06/14/12 AMOUNT GIVEN 3,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME FREMONT/NEWARK YMCA GRANTEE ADDRESS 41811 BLACOW ROAD FREMONT, CA 94538 DATE OF GIFT 06/14/12 AMOUNT GIVEN 4,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME HERS BREAST CANCER FOUNDATION GRANTEE ADDRESS 2500 MOWRY AVE, SUITE 130 FREMONT, CA 94538 DATE OF GIFT 06/14/12 AMOUNT GIVEN 3,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME LEAF GRANTEE ADDRESS PO BOX 2816 FREMONT, CA 94536 DATE OF GIFT 06/14/12 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME MATH SCIENCE NUCLEUS GRANTEE ADDRESS 4074 EGGERS DRIVE FREMONT, CA 94536 DATE OF GIFT 01/26/12 AMOUNT GIVEN 4,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME MISSION PEAK DISTRICT OF SFBAC GRANTEE ADDRESS 1001 DAVIS STREET SAN LEANDRO, CA 94577 DATE OF GIFT 06/14/12 AMOUNT GIVEN 2,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME MUSIC FOR MINORS II GRANTEE ADDRESS 37141 SECOND STREET FREMONT, CA 94536 DATE OF GIFT 06/14/12 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME MILES ESSANAY SILENT FILM MUSEUM GRANTEE ADDRESS 37417 NILES BLVD FREMONT, CA 94536 DATE OF GIFT 06/14/12 AMOUNT GIVEN 700
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME OLIVE HYDE ART GUILD GRANTEE ADDRESS 123 WASHINGTON BLVD FREMONT, CA 94539 DATE OF GIFT 06/14/12 AMOUNT GIVEN 1,440
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME ONE CHILD FOUNDATION GRANTEE ADDRESS 4329 WOODMAN AVE, #2 SHERMAN OAKS, CA 91423 DATE OF GIFT 06/14/12 AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME TIBA FOUNDATION GRANTEE ADDRESS 4200 PARK BLVD OAKLAND, CA 94602 DATE OF GIFT 11/03/11 AMOUNT GIVEN 3,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME TRI-CITY HEALTH CENTER GRANTEE ADDRESS 39500 LIBERTY ST FREMONT, CA 94538 DATE OF GIFT 06/14/12 AMOUNT GIVEN 13,300
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME TRI-CITY YOUNG LIFE GRANTEE ADDRESS 4360 CENTRAL AVE FREMONT, CA 94536 DATE OF GIFT 06/14/12 AMOUNT GIVEN 2,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME WASHINGTON HOSPITAL FOUNDATION GRANTEE ADDRESS 2000 MOWRY AVE FREMONT, CA 94538 DATE OF GIFT 06/14/12 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME ADOBE SERVICES GRANTEE ADDRESS 40849 FREMONT BLVD FREMONT, CA 94538 DATE OF GIFT 06/14/12 AMOUNT GIVEN 6,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME NILES ROTARY GRANTEE ADDRESS 2500 MOWRY AVE FREMONT, CA 94539 DATE OF GIFT 02/06/12 AMOUNT GIVEN 4,489
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME WASHINGTON HIGH SCHOOL GRANTEE ADDRESS 38442 FREMONT BLVD FREMONT, CA 94536 DATE OF GIFT 06/07/12 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME LIFE ELDER CARE GRANTEE ADDRESS 3300 CAPITOL AVE FREMONT, CA 94538 DATE OF GIFT 06/30/12 AMOUNT GIVEN 5,780
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME FREMONT CHRISTIAN SCHOOL GRANTEE ADDRESS 4760 THORNTON AVE FREMONT, CA 94536 DATE OF GIFT 06/07/12 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME IRVINGTON HIGH SCHOOL GRANTEE ADDRESS 41800 BLACOW ROAD FREMONT, CA 94538 DATE OF GIFT 06/30/12 AMOUNT GIVEN 385
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME LOGAN HIGH SCHOOL GRANTEE ADDRESS 1800 H ST UNION CITY, CA 94587 DATE OF GIFT 06/30/12 AMOUNT GIVEN 283
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME ROTARACT OF GREATER FREMONT GRANTEE ADDRESS 43377 MISSION BLVD FREMONT, CA 94587 DATE OF GIFT 06/30/12 AMOUNT GIVEN 470
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME WASHINGTON HIGH SCHOOL GRANTEE ADDRESS 38442 FREMONT BLVD FREMONT, CA 94536 DATE OF GIFT 06/30/12 AMOUNT GIVEN 148
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME TRI-CITY YOUNG LIFE GRANTEE ADDRESS 4360 CENTRAL AVE FREMONT, CA 94536 DATE OF GIFT 06/30/12 AMOUNT GIVEN 130
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME ALISA ANN RUCH BURN FOUNDATION GRANTEE ADDRESS 2601 MISSION ST SAN FRANCISCO, CA 94110 DATE OF GIFT 06/30/12 AMOUNT GIVEN 8,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME TRI CITY VOLUNTEERS GRANTEE ADDRESS 37350 JOSEPH ST FREMONT, CA 94536 DATE OF GIFT 06/30/12 AMOUNT GIVEN 4,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME TRI CITY ROTARY CLINIC GRANTEE ADDRESS 2000 MOWRY AVE FREMONT, CA 94538 DATE OF GIFT 06/30/12 AMOUNT GIVEN 8,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME WASHINGTON ON WHEELS GRANTEE ADDRESS 2000 MOWRY AVE FREMONT, CA 94538 DATE OF GIFT 06/30/12 AMOUNT GIVEN 8,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 112,225
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK CHARGES AMOUNT 1,227 DESCRIPTION LICENSE FEE TO ATTORNEY GENERAL AMOUNT 50 DESCRIPTION FOOD COSTS FOR FEEDING THE HUNGRY AMOUNT 2,400 DESCRIPTION FOOD COSTS FOR PIZZA WITH SANTA EVENT AMOUNT 4,000 TOTAL TO FORM 990-EZ, LINE 16 7,677
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PLEDGES AND GRANTS RECEIVABLE, NET BEG OF YEAR AMOUNT 4,760 END OF YEAR AMOUNT 0

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION GRANTS PAYABLE BEG OF YEAR AMOUNT 38,686 END OF YEAR AMOUNT 50,092

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: NILES ROTARY FOUNDATION

EIN: 94-2931147

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 94-2931147
Name: NILES ROTARY FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SANDRA YOUNG PO BOX 7104 FREMONT, CA 94537	PRESIDENT ELECT 4 00	0	0	0
KIMBERLEY HARTZ FOSTER PO BOX 7104 FREMONT, CA 94537	PRESIDENT 4 00	0	0	0
TIM GAVIN PO BOX 7104 FREMONT, CA 94537	FOUNDATION TREASURER 4 00	0	0	0
TERRI LANDON PO BOX 7104 FREMONT, CA 94537	SECRETARY 4 00	0	0	0
BRIAN HUGHES PO BOX 7104 FREMONT, CA 94537	BOARD MEMBER 4 00	0	0	0
BOB HIGHBAUGH PO BOX 7104 FREMONT, CA 94537	BOARD MEMBER 4 00	0	0	0
STEVE LANDON PO BOX 7104 FREMONT, CA 94537	BOARD MEMBER 4 00	0	0	0
CHUCK CANADA PO BOX 7104 FREMONT, CA 94537	BOARD MEMBER 4 00	0	0	0