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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

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. **\$ 187,833**

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	63,278
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	34
	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	100,816
	b Gross income from fundraising events (not including \$ 52,122 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	23,705
c Less direct expenses from gaming and fundraising events	6c	59,687	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	64,834	
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	128,146	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	117,063
	11 Benefits paid to or for members	11	0
	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	7,319
	17 Total expenses. Add lines 10 through 16	17	124,382
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,764
	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	140,417
	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	144,181

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	190,509	22	206,713
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	4,786
25 Total assets	190,509	25	211,499
26 Total liabilities (describe in Schedule O)	50,092	26	67,318
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	140,417	27	144,181

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

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

28 PROVIDED TARGETED GRANTS TO LOCAL AND NATIONAL TAX-EXEMPT ORGANIZATIONS PROMOTING MUSIC, THEATRE, YOUTH PROGRAMS, MEDICAL OUTREACH, ELDER CARE AND HOMELESS SERVICES (Grants \$ 117,063) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	117,063
29 PROVIDED GIFTS TO NEEDY CHILDREN AT OUR "CHRISTMAS WITH SANTA" EVENT (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,398
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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) <input type="checkbox"/>	32	121,461

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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 Telephone no Located at ZIP + 4
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside 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 during the year? 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		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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		No
48		No
49a		No
49b		

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

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

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

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

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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: *****
 Date: 2014-01-24
 Type or print name and title: SANDRA YOUNG PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: Preparer's signature: NASI RAISSIAN Date: Check if self-employed PTIN: P01023106
 Firm's name: ROBERT LEE & ASSOCIATES LLP Firm's EIN: 27-1155496
 Firm's address: 226 AIRPORT PARKWAY SUITE 350 SAN JOSE, CA 95110 Phone no: (408) 855-6770

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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDRA YOUNG PRESIDENT	4 00	0	0	0
KIMBERLEY HARTZ FOSTER PAST PRESIDENT	4 00	0	0	0
SANDRA YOUNG FOUNDATION TREASURER	4 00	0	0	0
TERRI LANDON SECRETARY	4 00	0	0	0
BRIAN HUGHES DIRECTOR	4 00	0	0	0
ALMOS ADORJAN DIRECTOR	4 00	0	0	0
DAN SMITH DIRECTOR	4 00	0	0	0
CHUCK CANADA PRESIDENT ELECT	4 00	0	0	0
BOB HAGG DIRECTOR	4 00	0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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.

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 described in **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related 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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,735	23,064	23,920	53,022	63,278	182,019
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	154,667	149,038	149,573	99,582		552,860
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	173,402	172,102	173,493	152,604	63,278	734,879
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)						734,879

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	173,402	172,102	173,493	152,604	63,278	734,879
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	809	399	110	68	34	1,420
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	809	399	110	68	34	1,420
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.)	174,211	172,501	173,603	152,672	63,312	736,299
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 2012 (line 8, column (f) divided by line 13, column (f))	15	99.810 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.560 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.190 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.440 %

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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

2012

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. Form 990-EZ filers are not required to complete this part.

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 email 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... 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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CHILI COOK OFF</u> (event type)	<u>BULL RIDE</u> (event type)	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1 Gross receipts	61,008	14,819		75,827
	2 Less Contributions	37,303	14,819		52,122
	3 Gross income (line 1 minus line 2)	23,705			23,705
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,094	1,876		25,970
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					-2,265

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))
		1 Gross revenue			100,816
Direct Expenses	2 Cash prizes			7,700	7,700
	3 Non-cash prizes			2,200	2,200
	4 Rent/facility costs			18,818	18,818
	5 Other direct expenses			4,999	4,999
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					33,717
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					67,099

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 _____

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

Name ▶ SANDRA YOUNG

Address ▶ P O BOX 7104
FREMONT, CA 94537

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ CHUCK CANADA

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 ▶ \$ 60,000

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 34
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME ALISA ANN RUCH BURN FOUNDATION GRANTEE ADDRESS 665 THIRD STREET STE 345 SAN FRANCISCO, CA 94107 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/31/13 AMOUNT GIVEN 6,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME FREMONT FIRE EXPLORERS GRANTEE ADDRESS CITY OF FREMONT FIRE DEPARTMENT FREMONT FIRE STATION #1/E FREMONT, CA 94537-5006 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/31/13 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME HOPE PROJECT MOBILE CLINIC GRANTEE ADDRESS ABODE SERVICES 40849 FREMONT BLVD FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/31/13 AMOUNT GIVEN 6,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME LIFE ELDER CARE, INC GRANTEE ADDRESS 3300 CAPITOL AVE FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/31/13 AMOUNT GIVEN 6,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME SANTA CLARA FIREFIGHTERS FOUNDATION GRANTEE ADDRESS 1124 WALSH AVE SANTA CLARA, CA 95050 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/31/13 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME TRI-CITY ROTARY CLINIC GRANTEE ADDRESS WARM SPRINGS ROTARY FOUNDATION P O BOX 14665 FREMONT, CA 94539 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/31/13 AMOUNT GIVEN 6,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME WASHINGTON ON WHEELS GRANTEE ADDRESS WASHINGTON HOSPITAL FOUNDATION 2000 MOWRY AVE FREMONT, CA 94538-1716 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/31/13 AMOUNT GIVEN 6,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME ROTARY DISTRICT 5170 GRANTEE ADDRESS 2570 N FIRST ST #200 SAN JOSE, CA 94131 GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/17/13 AMOUNT GIVEN 3,253
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME ABODE SERVICES GRANTEE ADDRESS 40849 FREMONT BLVD FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 2,400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME AMERICAN LEGION AUXILIARY, UNIT 837 GRANTEE ADDRESS P O BOX 1435 FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME AMP'D KIDS GRANTEE ADDRESS 3542 EAST AVE #A LIVERMORE, CA 94550 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME CITY OF FREMONT RECREATION SERVICE DIV GRANTEE ADDRESS 3300 CAPITOL AVE FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 3,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME DINO'S GRANTEE ADDRESS 36930 FREMONT BLVD FREMONT, CA 94536 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 2,400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME FREMONT CHRISTIAN SCHOOL GRANTEE ADDRESS 4760 THORNTON AVE FREMONT, CA 94536 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 4,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME FREMONT EDUCATION FOUNDATION GRANTEE ADDRESS 39120 ARGONAUT WAY #381 FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 2,767
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME FREMONT STAGE 1 GRANTEE ADDRESS 39375 CEADAR BLVD FREMONT, CA 94536 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME FREMONT SYMPHONY GRANTEE ADDRESS PO BOX 104 FREMONT, CA 94537 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME FREMONT NEWARK YMCA GRANTEE ADDRESS 41811 BLACOW ROAD FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 4,950
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME LEAF GRANTEE ADDRESS PO BOX 2816 FREMONT, CA 94536 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME NILES ELEMENTARY SCHOOL GRANTEE ADDRESS 37141 SECOND ST FREMONT, CA 94536 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 576
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME NILES ESSANAY SILENT FILM MUSEUM GRANTEE ADDRESS 37417 NILES BLVD FREMONT, CA 94536 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME ONE CHILD FOUNDATION GRANTEE ADDRESS 4329 WOODMAN AVE, #2 SHERMAN OAKS, CA 91423 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME NILES ROTARY CLUB GRANTEE ADDRESS 2500 MOWRY AVE FREMONT, CA 94539 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME NILES ROTARY FOUNDATION GRANTEE ADDRESS 2500 MOWRY AVE FREMONT, CA 94539 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME BAY AREA COUNCIL COUNCILL, BSA GRANTEE ADDRESS 1001 DAVIS ST SAN LEANDRO, CA 94577 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 2,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME WASHINGTON HIGH SCHOOL GRANTEE ADDRESS 38442 FREMONT BLVD FREMONT, CA 94536 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME STAR STRUCK THEATRE GRANTEE ADDRESS 42307 OSGOOD RD FREMONT, CA 94539 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 2,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME TRI-CITY HEALTH CENTER GRANTEE ADDRESS 39500 LIBERTY ST FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,225
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME YOUNG LIFE GRANTEE ADDRESS 4360 CENTRAL AVE FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME WASHINGTON HOSPITAL FOUNDATION GRANTEE ADDRESS 2000 MOWRY AVE FREMONT, CA 94538 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME INTERACT CLUBS GRANTEE ADDRESS 2000 MOWRY AVE FREMONT, CA 94539 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 2,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME MUSIC AT THE MISSION GRANTEE ADDRESS 43575 MISSION BLVD FREMONT, CA 94539 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME TIBA FOUNDATION GRANTEE ADDRESS 4200 PARK BLVD OAKLAND, CA 94602 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/30/12 AMOUNT GIVEN 3,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME ROTARY CLUB OF VISTA HERMOSA GRANTEE ADDRESS 70 AVENIDA 3-74 ZONA 9 , GUATAMAL, GUATEMALA GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/21/13 AMOUNT GIVEN 5,300
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME APPROVED FOR NEXT YEAR GRANTEE ADDRESS UNKNOWN UNKNOWN, CA 99999 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/30/13 APPROVED BUT NOT PAID BY FILING DEADLINE YES AMOUNT GIVEN 12,942 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 117,063
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK CHARGES AMOUNT 1,976 DESCRIPTION LICENSE FEE TO ATTORNEY GENERAL AMOUNT 50 DESCRIPTION FOOD COSTS FOR PIZZA WITH SANTA EVENT AMOUNT 4,398 DESCRIPTION OUTSIDE SERVICES - ACCOUNTING AMOUNT 850 DESCRIPTION SOFTWARE AMOUNT 45 TOTAL TO FORM 990-EZ, LINE 16 7,319
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 4,786
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION GRANTS PAYABLE BEG OF YEAR AMOUNT 50,092 END OF YEAR AMOUNT 59,819 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 7,499

**TY 2012 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.