See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
NEENAH ROTARY CLUB

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 275

City or town, state or country, and ZIP + 4
NEENAH, WI 54957-0275

D Employer identification number
39-6076886

E Telephone number
920-722-2141

F Group Exemption Number ▶ 0573

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW.NEENAHROTARY.ORG

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

J Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 167,253.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	7,700.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	28,379.
	4	Investment income		4	569.
	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	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 7,700. of contributions reported on line 1)	6a 124,713.		
	b	Less: direct expenses other than fundraising expenses	6b 88,080.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	36,633.
	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 ▶ SEE STATEMENT 2)		8	5,892.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	79,173.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3		10	64,058.
	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	724.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	4,595.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	20,698.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	90,075.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-10,902.
	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	43,790.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	32,888.

RECEIVED SEP 10 2010 OGDEN, UT

SCANNED SEP 30 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	38,160.	22	27,244.
23	Land and buildings		23	
24	Other assets (describe ▶ ACCOUNTS RECEIVABLE)	5,630.	24	5,644.
25	**Total assets**	43,790.	25	32,888.
26	**Total liabilities** (describe ▶)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	43,790.	27	32,888.

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

What is the organization's primary exempt purpose? SERVE AND SUPPORT THE COMMUNITY

Describe what was achieved in carrying out the organization's exempt purposes. 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 HOLD SEVERAL EVENTS TO RAISE FUNDS IN ORDER TO PROVIDE BENEFITS TO THE COMMUNITY. ALSO A MAJOR CONTRIBUTOR TO THE EXCHANGE STUDENT PROGRAM.

(Grants $ 64,058.) If this amount includes foreign grants, check here ▶ ☐ 28a 296.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 296.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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 STATEMENT 5				

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	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	40e		X

41 List the states with which a copy of this return is filed. ▶ WI

42a The organization's books are in care of ▶ MICHELLE BAUER Telephone no. ▶ 920-722-2141

Located at ▶ P.O. BOX 275, NEENAH, WI ZIP + 4 ▶ 54957-0275

			Yes	No
b	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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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 ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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
N/A				

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."

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

Sign Here

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

▶ Michelle D Bauer — Signature of officer — Date 9/6/2010

▶ Michelle D. Bauer, Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
KEITH A. DEPIES, CPA	08/16/10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROBERTS, RITSCHKE AND TYCZKOWSKI, LTD.
335 FIRST STREET, PO BOX 679
NEENAH, WISCONSIN 54957-0679

EIN ▶

Phone no. ▶ (920) 722-2141

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ 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.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
NEENAH ROTARY CLUB

Employer identification number
39-6076886

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

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

2 a 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) 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
Total ▶						

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 SEAFOOD FESTIVAL (event type)	(b) Event #2 WINE TASTING - UNCORKED (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	94,680.	36,845.	888.	132,413.
	2 Less Charitable contributions	7,700.			7,700.
	3 Gross income (line 1 minus line 2)	86,980.	36,845.	888.	124,713.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,525.			7,525.
	7 Food and beverages	31,128.	9,343.		40,471.
	8 Entertainment				
	9 Other direct expenses	31,579.	8,505.		40,084.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(88,080.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	36,633.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column (d), and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain.			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter 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?		15a		
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 ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ 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?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
DUES/ASSESSMENTS	10,439.
CONFERENCES & MEETINGS	4,840.
WEBSITE	3,175.
MISCELLANEOUS	1,948.
STRIVE	296.
TOTAL TO FORM 990-EZ, LINE 16	20,698.

FORM 990-EZ OTHER REVENUE STATEMENT 2

DESCRIPTION	AMOUNT
SEAFOOD FEST RAFFLE, NET OF EXPENSE	1,264.
MEALS, NET OF EXPENSE	4,628.
TOTAL TO FORM 990-EZ, LINE 8	5,892.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
VARIOUS	NONE	24,140.
STUDENT EXCHANGE	NONE	5,613.
ROTARY INT'L & NEENAH ROTARY FDN	NONE	9,305.
COMMUNITY OUTREACH PROJECTS	NONE	20,000.
MORNING ROTARY SPONSORSHIP	NONE	5,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		64,058.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RAY APPEL P.O. BOX 275, NEENAH, WI 54957-0275	PRESIDENT 10.00	0.	0.	0.
JERRY RICKMAN P.O. BOX 275, NEENAH, WI 54957-0275	PAST PRESIDENT 5.00	0.	0.	0.
PETE WEYENBERG P.O. BOX 275, NEENAH, WI 54957-0275	VICE PRESIDENT 5.00	0.	0.	0.
DANA KOHLMEYER P.O. BOX 275, NEENAH, WI 54957-0275	SECRETARY 8.00	0.	0.	0.
MICHELLE BAUER P.O. BOX 275, NEENAH, WI 54957-0275	TREASURER 5.00	0.	0.	0.
BONNIE DEBRAAL P.O. BOX 275, NEENAH, WI 54957-0275	HISTORIAN 3.00	0.	0.	0.
DAVE WOLLANGK P.O. BOX 275, NEENAH, WI 54957-0275	SPOKES EDITOR/ DIRECTOR 4.00	0.	0.	0.
MARK DUERWAECHTER P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
BOBBIE HACKBARTH P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
JEFF HANES P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
PAM SEIDL P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
VIVIAN HUTH P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
ROBERT KARRMANN P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
VIRGINIA SATTLER P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.

MIKE DILLON P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
LORI HILL P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
GAIL ONDRESKY P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
BILL CASPER P.O. BOX 275, NEENAH, WI 54957-0275	STUDENT COORDINATOR 4.00	0.	0.	0.
WALLY BERGSTROM P.O. BOX 275, NEENAH, WI 54957-0275	DIRECTOR 3.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

Neenah Rotary
Special Contributions Report - Modified Cash Basis
For The Years Ending

Paid To	June 30, 2006	June 30, 2007	June 30, 2008	June 30, 2009	June 30, 2010	
Badger Boys State	695	705	705	705	470	
Badger Girls State	450	450	450	450	480	
Beaming				1,000		
Bergstrom Mahler Museum					700	
Best Friends of Neenah/Menasha	-	1,000	1,500	2,000	2,000	
Boys & Girls Brigade - Leadership Conferen	1,500	1,500	2,000	4,000	2,000	
Brigade - Christmas Giving	1,500	1,500	1,500	1,500	2,000	
Brigade - Strive help				600		
Brigade - Scholarship Assistance				520		
Brazil - Bakery Project	-	3,211	3,211	3,211	-	
Brazil - Diaper machine	-	-	1,000	-		
Buckets for Hunger					500	
Building For Kids	-	-	750	-		
Camp Intervention Program	-	500	500	-		
Candlelight Vision	-	500	500	1,000		
Christine Ann Domestic Abuse Services					2,000	
City of Neenah - Round-a-bouts	-	-	1,000	-		
Community Clothes Closet					250	
Fox Cities Children's Museum	-	500	-	-		
Fox Cities Marathon				1,500	1,000	
Fox Cities Victim Crisis Response	-	-	300	500		
Fox Valley Sailing School	-	1,500	1,600	1,600		
Fox Valley Tech - Welding Scholarships	-	1,000	1,000	-	1,000	
Fox Valley Tech - Culinary Arts Scholarship	-	500	-	-		
Friends of the Clock Tower				4,500		
Friendship Place	-	500	-	-	750	
Future Neenah					2,000	
Girl Scouts of the Fox River Area	-	1,000	-	-		
GREAT Kids				1,000		
Habitat for Humanity - STRIVE Shed	-	800	800	800		
Habitat for Humanity - House build					5,000	CO Proj
Heckrodt Wetland Reserve					375	
Leaven	-	750	1,000	1,000		
Lutheran Social Services	-	-	200	-		
Neenah Baseball	275	275	275	275	275	
Neenah High School - Chess Team	-	-	500	-		
Neenah High School - Edge of Reality				500		
Neenah High School - Elem Health Educ				980		
Neenah High School - Heart Club Diversity F	-	-	-	-		
Neenah High School - Madrigal Singers				150	150	
Neenah High School - Mosiac Artist Prgm					500	
Neenah High School - Parent's Education Si	-	-	1,500	-		
Neenah High School - Post Prom Party					500	
Neenah Schools - Snack Pack Program				500		
Neenah-Menasha Red Cross	-	-	1,000	500		
Neenah Park - Rocket Slide Project	-	10,000	10,000	-		
Neenah Riverwalk	15,000	-	-	-		
Neenah Schools - Fine Arts Scholarships	1,000	1,769	2,000	1,000		
Partners in Education				300		
Shelter Box				1,000	1,000	
St Joseph Food Pantry	-	-	800	-		
Town of Menasha - Fritse Park					15,000	CO Proj
Town of Menasha - Fritse Park - emblem					150	
Tri-County Community Dental Clinic				2,000		
VNA - Potting Shed	-	4,231	-	-		
World Affairs Seminar	2,030	-	-	-	2,040	
YMCA of Neenah-Menasha	1,500	1,500	1,500	2,000	2,500	
Youth Go, Inc.	1,200	1,000	2,400	2,500	1,500	
Miscellaneous	2,276	-	-	-		
	-	-	-	-	-	
TOTALS	$ 27,428	$ 34,691	$ 37,991	37,491	44,140	
Budget 2009-2010 - combined					35,000	