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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 All other organizat ons 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 JUL 1, 2012 and ending JUN 30, 2013

B Check if appl cable
- ☐ Address change
- ☐ Name change
- ☐ In tial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEENAH ROTARY FOUNDATION, INC

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

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

D Employer identification number
39-6058381

E Telephone number
920-725-8968

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 ▶ $ 65,656

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	6,175
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income SEE SCHEDULE O		4	6,872
	5a	Gross amount from sale of assets other than inventory	5a 30,302		
	b	Less cost or other basis and sales expenses	5b 26,174		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	4,128
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15 000)	6a		
	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 22,307		
	c	Less direct expenses from gaming and fundraising events	6c 8,264		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	14,043
	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	31,218
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	23,250
	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	710
	14	Occupancy rent utilities and maintenance		14	
	15	Printing publications postage and shipping		15	
	16	Other expenses (describe in Schedule O)		16	
	17	**Total expenses** Add lines 10 through 16 ▶		17	23,960
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,258
	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	341,056
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O		20	29,623
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	377,937

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 [X]

		(A) Beginning of year		(B) End of year
22	Cash savings and investments	8,783	22	3,716
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	332,273	24	374,221
25	**Total assets**	341,056	25	377,937
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	341,056	27	377,937

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 [X]

What is the organization s primary exempt purpose? SEE SCHEDULE O

Describe the organizat on s program service accomplishments for each of its three largest program services as measured by expenses In a clear and conc se 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 PROVIDE FINANCIAL SUPPORT TO STUDENTS ATTENDING POST-HIGH SCHOOL STUDIES DETAILS OF SUPPORT AVAILABLE UPON REQUEST

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a 23,250

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 (describe in Schedule O)

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

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 23,250

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
PAUL HUXTABLE PRESIDENT	2 00	0	0	0
SANDY DREXLER VICE PRESIDENT	2 00	0	0	0
DAVID KOHLMEYER SECRETARY	2 00	0	0	0
RONALD ROBERTS TREASURER	2 00	0	0	0
D WALLY BERGSTROM DIRECTOR	1 00	0	0	0
DENNIS SIMON DIRECTOR	1 00	0	0	0
ROBERTA HACKBARTH DIRECTOR	1 00	0	0	0
NATE KOK DIRECTOR	1 00	0	0	0
LORI HILL DIRECTOR	1 00	0	0	0

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 Sch O to respond to any question in this Part V [X]

			Yes	No
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	33		X
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 Otherwise explain the change on Schedule O (see instructions)	34		X
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)?	35a		X
b	If "Yes" to line 35a has the organization filed a Form 990 T for the year? If "No" provide an explanation in Schedule O	35b	N/A	
c	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	35c		X
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	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 tax year 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 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0			
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 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	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 ▶ RONALD E ROBERTS, CPA Telephone no ▶ 920-725-8968 Located at ▶ P O BOX 275, NEENAH, WI ZIP + 4 ▶ 54957-0275			
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)? 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**	42b		X
c	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 ▶	42c		X
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes" Form 990 must be completed instead of Form 990 EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes" Form 990 must be completed instead of Form 990 EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c has the organization filed a Form 720 to report these payments? *If "No" provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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)	45b		

			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		X

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	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes" complete Sch C Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non charitable related organization?	49a		X
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 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 NONE

(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 ▶

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 7/31/13

▶ RONALD E ROBERTS, CPA, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer s name	Preparer s signature	Date	Check ☐ if self employed	PTIN
KEITH A DEPIES, CPA	KEITH A DEPIES, CPA	07/16/13		P00070440

Firm s name ▶ ROBERTS, RITSCHKE AND TYCZKOWSKI, LTD Firm s EIN ▶ 39-1504406

Firm s address ▶ 335 FIRST STREET, PO BOX 679 NEENAH, WI 54957-0679 Phone no (920) 722-2141

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

SCHEDULE A
(Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
NEENAH ROTARY FOUNDATION, INC	39-6058381

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?

	Yes	No
11g(i) (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?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
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)	23,692	32,543	24,333	25,329	28,482	134,379
2 Tax revenues levied for the organ ization 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	23,692	32,543	24,333	25,329	28,482	134,379
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)						9,671
6 **Public support** Subtract line 5 from line 4						124,708

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	23,692	32,543	24,333	25,329	28,482	134,379
8 Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources	8,592	6,710	7,912	7,673	6,872	37,759
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						172,138

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 section 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	72 45 %
15 Public support percentage from 2011 Schedule A Part II line 14	15	69 74 %

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)						
2 Gross receipts from admissions merchandise sold or services per formed or facilities furnished in any activity that is related to the organization s tax exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513						
4 Tax revenues levied for the organ ization 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						
7a Amounts included on lines 1 2 and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

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						
10a Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975						
c Add lines 10a and 10b						
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)						

14 **First five years** If the Form 990 is for the organization s first second third fourth or fifth tax year as a section 501(c)(3) organization check this box and **stop here** ▶ ☐

Section C Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8 column (f) divided by line 13 column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D Computation of Investment Income Percentage

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

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 ▶ ☐

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

2012

Open To Public Inspection

Name of the organization

NEENAH ROTARY FOUNDATION, INC

Employer identification number

39-6058381

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 and address 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 contributions 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 GOLF/DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	22,307			22,307
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	22,307			22,307
Direct Expenses	4 Cash prizes	964			964
	5 Noncash prizes	96			96
	6 Rent/facility costs				
	7 Food and beverages	6,251			6,251
	8 Entertainment				
	9 Other direct expenses	952			952
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(8,263)
	11 Net income summary Combine line 3, column (d), and line 10			▶	14,044

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			▶	

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? ☐ 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	%

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? ☐ 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 ▶ _____

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? ☐ Yes ☐ No

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 ▶ $ _____

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)

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 990 EZ or to provide any additional information

▶ Attach to Form 990 or 990 EZ

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization: NEENAH ROTARY FOUNDATION, INC

Employer identification number: 39-6058381

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME

DESCRIPTION OF PROPERTY	AMOUNT
INTEREST	1
DIVIDENDS	6,871
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	6,872

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS

ACTIVITY CLASSIFICATION SCHOLARSHIPS

GRANTEE NAME VARIOUS (SEE ATTACHED)

PROPERTY DESCRIPTION CASH

AMOUNT GIVEN 23,250

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS

CHANGES IN NET ASSETS OR FUND BALANCES	AMOUNT
UNREALIZED APPRECIATION OF MARKETABLE SECURITIES	29,623

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS

DESCRIPTION	BEG OF YEAR	END OF YEAR
EQUITIES	332,273	374,221

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS ATTENDING POST HIGH SCHOOL STUDIES

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

SCHEDULE O
(Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Serv ce

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization
NEENAH ROTARY FOUNDATION, INC

Employer identification number
39-6058381

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

Neenah Rotary Foundation
Schedule of Disbursements
Year Ended June 30 2013

Date	Check Number	Payee	Amount	Scholarships	Other	Description
07/18/12	1366	University of Minnesota	1 500 00	1 500 00		Rachel Binning 2012 Jack Casper Award
07/18/12	1367	University of Minnesota	1 500 00	1 500 00		Amber Hopfensperger 2012 Jack Casper Award
08/02/12	1368	Iowa State University	1 000 00	1 000 00		Meghan Johnson 2012 Renewable
08/16/12	1369	Michigan Technological University	1 500 00	1 500 00		Jacob Ahles 2012 Jack Casper Award
08/30/12	1370	UW LaCrosse	1 000 00	1 000 00		Ryan Bonikowske 2012 Neenah
08/30/12	1371	Marquette University	2 000 00	2 000 00		Lindsay Cushman 2009 Renewable missed the payment last year so doubled up this year
08/30/12	1372	UW Fox Valley	1 500 00	1 500 00		Jacob DeBruin 2012 Dan Johnson
08/30/12	1373	Fox Valley Technical College	1 000 00	1 000 00		Regular scholarships 2 students $500 each
09/18/12	1374	Bradley University	1 500 00	1 500 00		Elizabeth Knapinski 2012 Dan Johnson
09/30/12	1375	UW Madison	1 000 00	1 000 00		Breanna Bredesen 2012 Renewable
09/30/12	1376	Fox Valley Technical College	1 250 00	1 250 00		Ehrik Hildebrandt 2012 STRIVE
		Totals Quarter Ended 9/30/12	14,750 00	14,750 00		
10/25/12	1377	Roberts Ritschke & Tyczkowski Ltd	700 00		700 00	Preparation 990 YE 6/30/12
12/14/12	1378	Fox Valley Technical College Foundation	1 500 00	1 500 00		Regular 2012 scholarships
12/14/12	1379	Department of Financial Institutions	10 00		10 00	Annual Report Filing Fee
		Totals Quarter Ended 12/31/12	2 210 00	1 500 00	710 00	
		Totals Year To Date 12/31/12	16 960 00	16 250 00	710 00	
		Totals Quarter Ended 3/31/13				
		Totals Year To Date 3/31/13	16 960 00	16 250 00	710 00	
		Crossfoot				
04/25/13	1380	UW Fox Valley Foundation	6 000 00	6 000 00		Annual scholarships
06/10/13	1381	Coe College	1 000 00	1 000 00		Marissa Franke 2013 NHS renewable
		Totals Quarter Ended 6/30/13	7 000 00	7,000 00		
		Totals Year Ended 6/30/13	23 960 00	23,250 00	710 00	
		Crossfoot				