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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2012

Department of the Treasury  
Internal Revenue Service

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 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

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</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	<b>C</b> Name of organization <b>NEENAH ROTARY CLUB</b>		<b>D</b> Employer identification number <b>39-6076886</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 275</b>		<b>E</b> Telephone number <b>920-722-2141</b>
	City or town, state or country, and ZIP + 4 <b>NEENAH, WI 54957-0275</b>		<b>F</b> Group Exemption Number <b>0573</b>
			<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**I** Website: **WWW.NEENAHROTARY.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)(4) (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.

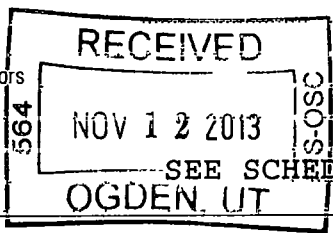
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 131,023.**

## 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

SCANNED NOV 26 2013 Revenue 6 2013

1	Contributions, gifts, and similar amounts received	1	7,050.	
	2	Program service revenue including government fees and contracts	2	
		3	24,333.	
	4	Membership dues and assessments	3	
		4	268.	
	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		
b Gross income from fundraising events (not including \$ 7,050. 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	97,596.	
c Less: direct expenses from gaming and fundraising events		6c	83,071.	
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,525.	
	7a			
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	1,776.	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,952.	
10	Grants and similar amounts paid (list in Schedule O)	10	19,069.	
	11	Benefits paid to or for members	11	
		12		
	13	Salaries, other compensation, and employee benefits	12	
		13	816.	
	14	Professional fees and other payments to independent contractors	13	
		14		
	15	Occupancy, rent, utilities, and maintenance	14	
15		1,939.		
16	Printing, publications, postage, and shipping	15		
	16	14,888.		
17	Other expenses (describe in Schedule O)	16		
	17 Total expenses. Add lines 10 through 16	17	36,712.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	17	11,240.	
	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)	18	
		19	48,241.	
	20	Other changes in net assets or fund balances (explain in Schedule O)	19	
		20	0.	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	59,481.	



LHA For Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2012) 25

**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	47,335.	22	62,401.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	6,106.	24	2,300.
25 Total assets	53,441.	25	64,701.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	5,200.	26	5,220.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,241.	27	59,481.

**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? SERVE AND SUPPORT THE COMMUNITY

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 <b>HOLD SEVERAL EVENTS TO RAISE FUNDS IN ORDER TO PROVIDE BENEFITS TO THE COMMUNITY. ALSO A MAJOR CONTRIBUTOR TO THE EXCHANGE STUDENT PROGRAM.</b>	(Grants \$ <u>19,069.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,035.
29 _____	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
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)		32	3,035.

**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	10.00	0.	0.	0.
SANDY DREXLER PRESIDENT-ELECT	5.00	0.	0.	0.
BOBBIE HACKBARTH PAST PRESIDENT	5.00	0.	0.	0.
JULIE HUTH TREASURER	5.00	0.	0.	0.
DANA KOHLMAYER SECRETARY	8.00	0.	0.	0.
JOHN ANDERSON DIRECTOR	3.00	0.	0.	0.
JEFF HAYES DIRECTOR	3.00	0.	0.	0.
WALLY BERGSTROM DIRECTOR	3.00	0.	0.	0.
NATE KOK DIRECTOR	3.00	0.	0.	0.
RENEE NEUMEYER DIRECTOR	3.00	0.	0.	0.
JERRY RICKMAN DIRECTOR	3.00	0.	0.	0.
SCOTT SCHANHOFER DIRECTOR	3.00	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]

- 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. Otherwise, explain the change on Schedule O (see instructions)
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)?
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
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
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
b 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?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b 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
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
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
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
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

Table with columns Yes and No. Rows 33-40e. Values: 33 (No), 34 (No), 35a (No), 35b (N/A), 35c (No), 36 (No), 37a (0), 37b (No), 38a (No), 38b (N/A), 39a (N/A), 39b (N/A), 40a (No), 40b (No), 40c (0), 40d (0), 40e (No).

41 List the states with which a copy of this return is filed WI
42a The organization's books are in care of JULIE HUTH Telephone no. 920-722-2141
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.
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:

Table with columns Yes and No. Rows 42b, 42c. Values: 42b (No), 42c (No).

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 N/A

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
c Did the organization receive any payments for indoor tanning services during the year?
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
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)

Table with columns Yes and No. Rows 44a-45b. Values: 44a (No), 44b (No), 44c (No), 44d (No), 45a (No), 45b (No).

		<b>Yes</b>	<b>No</b>
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

		<b>Yes</b>	<b>No</b>
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	
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	
49b	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
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 ▶ \_\_\_\_\_

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.

<b>Sign Here</b>	Signature of officer <i>Sandra J. Drexler</i>	Date <i>11-8-2013</i>
	Type or print name and title <i>Sandra J. Drexler President</i>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KEITH A. DEPIES, CPACPA</b>	Preparer's signature <b>KEITH A. DEPIES,</b>	Date <b>09/24/13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00070440</b>
	Firm's name ▶ <b>ROBERTS, RITSCHKE AND TYCZKOWSKI, LTD.</b>	Firm's EIN ▶ <b>39-1504406</b>		Phone no. <b>(920) 722-2141</b>	
	Firm's address ▶ <b>335 FIRST STREET, PO BOX 679 NEENAH, WI 54957-0679</b>				

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



**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 (add col. (a) through col (c))
		SEAFOOD FESTIVAL (event type)	WINE TASTING - UNCORKED (event type)	NONE (total number)	
Revenue	1	Gross receipts	73,803.	30,843.	104,646.
	2	Less: Contributions	7,050.		7,050.
	3	Gross income (line 1 minus line 2)	66,753.	30,843.	97,596.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,178.	7,747.	14,925.
	7	Food and beverages	29,185.	627.	29,812.
	8	Entertainment			
	9	Other direct expenses	28,548.	9,786.	38,334.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 83,071 )
11	Net income summary. Combine line 3, column (d), and line 10			14,525.	

**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		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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		%
b An outside facility		%
- 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 CLUB

Employer identification number

39-6076886

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

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	268.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
SEAFOOD FEST RAFFLE, NET OF EXPENSE	580.
MEALS, NET OF EXPENSE	1,196.
TOTAL TO FORM 990-EZ, LINE 8	1,776.

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

ACTIVITY CLASSIFICATION:	AMOUNT GIVEN:
GRANTEE NAME: VARIOUS-SEE ATTACHED	8,822.

ACTIVITY CLASSIFICATION:	AMOUNT GIVEN:
GRANTEE NAME: STUDENT EXCHANGE	3,945.

ACTIVITY CLASSIFICATION:	AMOUNT GIVEN:
GRANTEE NAME: ROTARY INT'L & NEENAH ROTARY FDN	2,018.

ACTIVITY CLASSIFICATION:	AMOUNT GIVEN:
GRANTEE NAME: WORLD AFFAIRS SEMINAR	

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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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 CLUB** Employer identification number **39-6076886**

**AMOUNT GIVEN:** 1,020.

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME: ROTORACT**

**AMOUNT GIVEN:** 764.

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME: CLUB'S INTERNATIONAL FUND**

**AMOUNT GIVEN:** 2,000.

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME: COMMUNITY OUTREACH**

**AMOUNT GIVEN:** 500.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10** 19,069.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:** **AMOUNT:**

**DUES/ASSESSMENTS** 8,805.

**CONFERENCES & MEETINGS** 465.

**WEBSITE** 695.

**CHANGING OF THE GUARD** 757.

**STRIVE & STRIVE II** 3,035.

**FELLOWSHIP** 806.

**MARKETING** 325.

**TOTAL TO FORM 990-EZ, LINE 16** 14,888.

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 CLUB

Employer identification number

39-6076886

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	6,106.	2,300.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
STRIVE PRESIDENT'S GIFT	200.	0.
ARROWHEAD PARK	5,000.	5,000.
FIRST NATIONAL BANK VISA	0.	220.
TOTAL TO FORM 990-EZ, LINE 26	5,200.	5,220.

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

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.



**Neenah Rotary Club**

**Treasurer's Report**

**Special Contributions Report - Modified Cash Basis  
For The Years Ending**

<u>Paid To</u>	<u>June 30, 2009</u>	<u>June 30, 2010</u>	<u>June 30, 2011</u>	<u>June 30, 2012</u>	<u>June 30, 2013</u>
Badger Boys State	705 00	470 00	705 00	235 00	250 00
Badger Girls State	450 00	480 00	480 00	240 00	240 00
Beaming	1,000 00				
Bergstrom Mahler Museum		700 00	500 00		
Best Friends of Neenah/Menasha	2,000 00	2,000 00	1,500 00	1,750 00	
Boys & Girls Brigade - Leadership Conference	4,000 00	2,000 00	1,000 00	1,500 00	
Boys & Girls Brigade - Christmas	1,500 00	2,000 00	1,750 00	1,000 00	
Boys & Girls Bngade - Strive help	500 00				
Buckets for Hunger		500 00			
Building for Kids					
Camp Intervention Program					
Candlelight Vision	1,000 00				
Christine Ann Domestic Abuse Services		2,000 00	1,000 00		
City of Neenah - Round - a-bouts					
Community Clothes Closet		250 00			
Fox Cities Marathon	1,500 00	1,000 00		700 00	700 00
Fox Cities Victim Crisis Response	500 00				
Fox Valley Sailing School	1,600 00				
Friends of the Clock Tower	4,500 00				
Friendship Place		750 00			
Future Neenah		2,000 00		120 00	
Girl Scouts of Northwestern Great Lakes				350 00	350 00
GREAT Kids	1,000 00				
Heckrodt Wetland Reserve		375 00		250 00	
Hoover School/Author visit/Julie Petit			350 00		
Leaven	1,000 00				
Lutheran Social Services					
Menasha Police Explorers Post 9106					300 00
Neenah Baseball	275 00	275 00	300 00		
Neenah High School - Vanguard Marching Band					500 00
Neenah High School - Edge of Reality	500 00				
Neenah High School- Destination Imagination				2,000 00	
Neenah High School - Elem Health Edu	980 00				
Neenah High School - Madrigal Singers	150 00	150 00	150 00	150 00	150 00
Neenah High School - Mosaic Artist Program		500 00			
Neenah High School - Parents Education					
Neenah High School - Post Prom Party		500 00	150 00	500 00	500 00
Neenah Schools - Snack Pack Program	500 00				
Neenah-Menasha Red Cross	500 00				
Neenah-Menasha Emergency Society			750 00		1750 00
Partners in Education	300 00				
Research Counseling Services Inc				500 00	500 00
Shelter Box	1,000 00	1,000 00			
St Joseph Food Pantry					
Town of Menasha - Fritse Park-emblem		150 00			
Tri County Community Dental Center	2,000 00				
VNA Senior Services			1,230 77		331 78
YMCA of Neenah-Menasha	2,000 00	2,500 00	1,000 00	1,750 00	1750 00
Youth Go Inc	2,500 00	1,500 00	1,000 00	2,000 00	1500 00
<b>TOTALS</b>	<b>\$ 31,960 00</b>	<b>\$ 21,100 00</b>	<b>\$ 11,865.77</b>	<b>\$ 13,045 00</b>	<b>\$ 8,821.78</b>
<b>OTHER CONTRIBUTIONS paid to</b>	<b><u>June 30, 2009</u></b>	<b><u>June 30, 2010</u></b>	<b><u>June 30, 2011</u></b>	<b><u>June 30, 2012</u></b>	<b><u>June 30, 2013</u></b>
Arrowhead Park Build				5000 00	
*Brigade Scholarship Assistance	520 00				
Brazil - Bakery Project	3,211 00				
Brazil - Diaper Machine					
*Fox Valley Tech - Welding Scholarships		1,000 00			500 00
Habitat for Humanity - STRIVE Shed	800 00		800 00	1,600 00	
Habitat for Humanity - House Build		5 000 00	5,000 00		
Neenah - Rocket Slike Project					
Neenah Schools - Fine Arts Scholarship	1,000 00				
Town of Menasha - Fritse Park		15 000 00	5,000 00		
World Affairs Seminar		2,040 00	1,000 00		
<b>TOTALS</b>	<b>\$ 5,011 00</b>	<b>\$ 23,040 00</b>	<b>\$ 11,800 00</b>	<b>\$ 6,600 00</b>	<b>\$ 500 00</b>