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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Rotary International Oshkosh		D Employer identification number 39-1460106
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 1202		E Telephone number (920) 426-3586
Name change				
Initial return		City or town, state or country, and ZIP + 4 Oshkosh, WI 549031202		F Group Exemption Number
Terminated				
Amended return				
Application pending				





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




<b>I Website:</b> <input type="checkbox"/> www.oshkoshrotarysouthwest.org		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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.

<b>L</b> 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	<b>\$</b>	169,203
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<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue					
1	Contributions, gifts, grants, and similar amounts received . . . . .	1			
2	Program service revenue including government fees and contracts . . . . .	2			
3	Membership dues and assessments . . . . .	3		84,614	
4	Investment income . . . . .	4		3	
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 <b>gaming</b> , check here  				
a	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	6a		84,586	
b	Less direct expenses other than fundraising expenses . . . . .	6b		32,498	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		52,088	
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  _____)	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	9		136,705	

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	67,641
	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	681
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	288
	16	Other expenses (describe  _____)	16	65,087
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 	17	133,697

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	3,008
	<b>19</b>	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)	23,657
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	26,665

**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 . . . . .	23,208	22 34,848
23	Land and buildings . . . . .		23
24	Other assets (describe  )	30,292	24 21,874
25	<b>Total assets</b> . . . . .	53,500	25 56,722
26	<b>Total liabilities</b> (describe  )	29,843	26 30,057
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	23,657	27 26,665

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO PERFORM SERVICE RAISING FUNDS			
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			
<b>28</b> See Additional Data Table			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	120,029

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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

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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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 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	No
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	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Kathy Hanson Telephone no (920) 426-3586 PO Box 1202 Located at Oshkosh, WI ZIP + 4 549031202		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please 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.			
	***** Signature of officer		2010-11-03 Date	
Paid Preparer's Use Only	Kathy Hanson Treasurer Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	Oshkosh, WI 549032886			Phone no (920) 231-5890
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  
Rotary International Oshkosh

Employer identification number  
39-1460106

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

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

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

(i) Name 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
		Yes	No			
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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Bowling Fundraiser</u>	<u>Winefeast</u>	<u>10</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	26,956	31,780	25,850	84,586	
	2	Less Charitable contributions . . . .					
3	Gross income (line 1 minus line 2) . . . .	26,956	31,780	25,850	84,586		
Direct Expenses	4	Cash prizes . . . .					
	5	Non-cash prizes . . . .					
	6	Rent/facility costs . . . .					
	7	Food and beverages . . . .					
	8	Entertainment . . . .					
	9	Other direct expenses . . . .	15,845	0	16,653	32,498	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					32,498
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶					52,088

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 . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash 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 lines 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	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</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 ► \$		



Additional Data

Software ID:

Software Version:

EIN: 39-1460106

Name: Rotary International Oshkosh

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28Community Service Grants (Grants \$ 12,990)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	12,990
<div>29International Service Grants (Grants \$ 26,208)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	29a	26,208
<div>30Vocational Service Grants (Grants \$ 22,442)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	22,442
<div>Weekly CLub Meetings and Member Recruiting (Grants \$ 0)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		52,278
<div>Environmental Service Grants (Grants \$ 6,000)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		6,111

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Nancy Leipzig PO Box 1202 Oshkosh, WI 54903	President 4 00	0	0	0
Kris Villars PO Box 1202 Oshkosh, WI 54903	President Elect 4 00	0	0	0
Craig Burnett PO Box 1202 Oshkosh, WI 54903	Past President 4 00	0	0	0
Gerald Krueger PO Box 1202 Oshkosh, WI 54903	Secretary 4 00	0	0	0
Katherine Hanson PO Box 1202 Oshkosh, WI 54903	Treasurer 4 00	0	0	0
Tom Shepeck PO Box 1202 Oshkosh, WI 54903	international Service Chair 4 00	0	0	0
Ken Friedman PO Box 1202 Oshkosh, WI 54903	Club Service Chair 4 00	0	0	0
Scott Woldt PO Box 1202 Oshkosh, WI 54903	Club Service Chair 4 00	0	0	0
Mike Scott PO Box 1202 Oshkosh, WI 54903	Community Service Chair 4 00	0	0	0
Tim Lamers PO Box 1202 Oshkosh, WI 54903	Community Service Chair 4 00	0	0	0
Nicole Peterson PO Box 1202 Oshkosh, WI 54903	Vocational Service Chair 4 00	0	0	0
Glenn Nelson PO Box 1202 Oshkosh, WI 54903	Vocational Service Chair 4 00	0	0	0
Cecil Streeter PO Box 1202 Oshkosh, WI 54903	International Service Chair 4 00	0	0	0

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** Rotary International Oshkosh**EIN:** 39-1460106

<b>Item No.</b>	1
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Celebration of Lights
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	None
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	Community Service
Donee's Name	DARE
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Community Service
Donee's Name	Junior Achievement
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Community Service
Donee's Name	Relay For Life
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Community Service
Donee's Name	United Way
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	Community Service
Donee's Name	YMCA
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Community Service
Donee's Name	Boy Scouts
Donee's Address	
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	8
Class of Activity	Community Service
Donee's Name	Miss Wisconsin Organization
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Community Service
Donee's Name	National Fire Safety Council
Donee's Address	
Amount (FMV)	120
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Community Service
Donee's Name	Oshkosh Chamber of Commerce
Donee's Address	
Amount (FMV)	518
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	Environmental Concerns
Donee's Name	Scenic America
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	Environmental Concerns
Donee's Name	Citizens for a Scenic Wisconsin
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	Environmental Concerns
Donee's Name	1000 Friends of Wisconsin
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	Environmental Concerns
Donee's Name	Winnebago Lakes Council
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	Environmental Concerns
Donee's Name	Sheldon Area Nature Committee
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	16
Class of Activity	Environmental Concerns
Donee's Name	City of Oshkosh Parks Dept
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	Environmental Concerns
Donee's Name	Fox River Heritage Corridor
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	Environmental Concerns
Donee's Name	Farmers Market
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	Environmental Concerns
Donee's Name	Oshkosh Blooms
Donee's Address	
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	Environmental Concerns
Donee's Name	Releaf Oshkosh
Donee's Address	
Amount (FMV)	2,200
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	International Service
Donee's Name	Exchange Students
Donee's Address	
Amount (FMV)	3,483
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	International Service
Donee's Name	Worlds Affair Seminar
Donee's Address	
Amount (FMV)	1,530
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	International Service
Donee's Name	The Lake County Foundation
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	24
Class of Activity	International Service
Donee's Name	World Project
Donee's Address	
Amount (FMV)	18,500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	Vocational Service
Donee's Name	Celebrate Education
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	Vocational Service
Donee's Name	Junior Rotary
Donee's Address	
Amount (FMV)	818
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	Vocational Service
Donee's Name	PALSSOAR
Donee's Address	
Amount (FMV)	2,999
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	Vocational Service
Donee's Name	Rota Reader - Backpack
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	Vocational Service
Donee's Name	Oshkosh FVTC
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	Vocational Service
Donee's Name	Imagination Library
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	Vocational Service
Donee's Name	2nd Chance Program
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	32
Class of Activity	Vocational Service
Donee's Name	Back to School Bag
Donee's Address	
Amount (FMV)	1,001
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	Vocational Service
Donee's Name	UW Oshkosh Scholarship
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	Vocational Service
Donee's Name	Oshkosh High School Scholarships
Donee's Address	
Amount (FMV)	8,750
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	Vocational Service
Donee's Name	Special Education
Donee's Address	
Amount (FMV)	124
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	community Service
Donee's Name	Girl Scouts
Donee's Address	
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	International Service
Donee's Name	Friends of Humanity
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	Community Service
Donee's Name	Rotary
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	Community Service
Donee's Name	Oshkosh YMCA
Donee's Address	
Amount (FMV)	425
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	40
Class of Activity	Community Service
Donee's Name	Christine Ann Domestic Abuse
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	Community Service
Donee's Name	Shared Harvest
Donee's Address	
Amount (FMV)	527
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	community Service
Donee's Name	Tower Project
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	vocational Service
Donee's Name	Oshkosh YMCA
Donee's Address	
Amount (FMV)	425
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	vocational Service
Donee's Name	Oshkosh Youth Soccer Club
Donee's Address	
Amount (FMV)	275
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	vocational Service
Donee's Name	Oshkosh North High School
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	vocational Service
Donee's Name	Wave Robotics
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	47
Class of Activity	vocational Service
Donee's Name	Oshkosh Area High School Hockey
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	48
Class of Activity	vocational Service
Donee's Name	WCHCE Wisconsin
Donee's Address	
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	49
Class of Activity	vocational Service
Donee's Name	WFCA
Donee's Address	
Amount (FMV)	450
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	50
Class of Activity	vocational Service
Donee's Name	UW-Madison
Donee's Address	
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	51
Class of Activity	vocational Service
Donee's Name	Camp Invention
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	52
Class of Activity	International Service
Donee's Name	Oshkosh West High School
Donee's Address	
Amount (FMV)	196
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	53
Class of Activity	International Service
Donee's Name	Kaliluni Medical Center
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

**TY 2009 Other Assets Schedule****Name:** Rotary International Oshkosh**EIN:** 39-1460106

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	16,718	21,822
Undeposited Funds	9,331	52
Prepaid Expenses	4,243	0

## TY 2009 Other Expenses Schedule

**Name:** Rotary International Oshkosh

**EIN:** 39-1460106

Description	Amount
Conf, Conventions, Travel, etc	52,278
Supplies	81
Miscellaneous	1,529
Dues	11,199



TY 2009 Other Liabilities Schedule

**Name:** Rotary International Oshkosh

**EIN:** 39-1460106

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	29,843	30,057

**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

**Name:** Rotary International Oshkosh

**EIN:** 39-1460106

**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.