



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



Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009

, and ending 06-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization Rotary International Oshkosh	D Employer identification number 39-1460106
Number and street (or P O box, if mail is not delivered to street address) PO Box 1202	E Telephone number (920) 426-3586
City or town, state or country, and ZIP + 4 Oshkosh, WI 549031202	F Group Exemption Number ►

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► www.oshkoshrotarysouthwest.org

H Check ►  if the organization is not required to attachJ Tax-Exempt status (check only one)  501(c) (4) (insert no)  4947(a)(1) or  527

Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 169,203

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

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 gaming, 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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 136,705
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 Total expenses. Add lines 10 through 16	17 133,697
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,008
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 23,657
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 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 Total assets	53,500	25 56,722
26 Total liabilities (describe ►)	29,843	26 30,057
27 Net assets or fund balances (line 27 of column (B) must 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? <b>TO PERFORM SERVICE RAISING FUNDS</b>				
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</b> Total program service expenses (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 )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-.)</b>	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>33</b>	No
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<b>34</b>	No
<b>35</b>	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			
<b>a</b>	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?		<b>35a</b>	No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>35b</b>	
<b>36</b>	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		<b>36</b>	No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	<b>37a</b>	0	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>37b</b>	
<b>38a</b>	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?		<b>38a</b>	No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>		
<b>39</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>39a</b>		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39b</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b>	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
<b>b</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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		<b>40b</b>	No
<b>c</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ 0			
<b>d</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ► _____ 0			
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed ► _____			
<b>42a</b>	The organization's books are in care of ► <u>Kathy Hanson</u> Telephone no ► <u>(920) 426-3586</u> PO Box 1202 Located at ► <u>Oshkosh, WI</u> ZIP + 4 ► <u>549031202</u>			
<b>b</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>		<b>42b</b>	No
<b>c</b>	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 ► _____		<b>42c</b>	No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> _____			
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>44</b>	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>45</b>	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.

		Yes	No
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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 Kathy Hanson Treasurer Type or print name and title	2010-11-03 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature Bruce Bain	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 Clifton Gunderson LLP PO Box 2886 Oshkosh, WI 54903-2886			EIN <input type="checkbox"/>

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

# Supplemental Information Regarding Fundraising or Gaming Activities

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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

<b>a</b>	<input type="checkbox"/> Mail solicitations	<b>e</b>	<input type="checkbox"/> Solicitation of non-government grants
<b>b</b>	<input type="checkbox"/> Internet and e-mail solicitations	<b>f</b>	<input type="checkbox"/> Solicitation of government grants
<b>c</b>	<input type="checkbox"/> Phone solicitations	<b>g</b>	<input type="checkbox"/> Special fundraising events
<b>d</b>	<input type="checkbox"/> 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			
<b>Total . . . . .</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>Bowling Fundraiser</b> (event type)	(b) Event #2 <b>Winefeast</b> (event type)	(c) Other Events <b>10</b> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	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 . . . .				
Direct Expenses	2 Cash prizes . . . .				
	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 . . . . .				

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

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<b>13a</b>	<b>13b</b>
<b>a</b> The organization's facility . . . . .	. . . . .	. . . . .
<b>b</b> An outside facility . . . . .	. . . . .	. . . . .
<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**

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

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
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>	

<b>Item No.</b>	2
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	DARE
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	

<b>Item No.</b>	3
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Junior Achievement
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	

<b>Item No.</b>	4
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Relay For Life
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,500
<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>	

<b>Item No.</b>	5
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	United Way
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,500
<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>	

<b>Item No.</b>	6
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	YMCA
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,500
<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>	

<b>Item No.</b>	7
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Boy Scouts
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	800
<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>	

<b>Item No.</b>	8
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Miss Wisconsin Organization
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	250
<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>	

<b>Item No.</b>	9
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	National Fire Safety Council
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	120
<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>	

<b>Item No.</b>	10
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Oshkosh Chamber of Commerce
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	518
<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>	

<b>Item No.</b>	11
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Scenic America
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	100
<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>	

<b>Item No.</b>	12
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Citizens for a Scenic Wisconsin
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	500
<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>	

<b>Item No.</b>	13
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	1000 Friends of Wisconsin
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	100
<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>	

<b>Item No.</b>	14
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Winnebago Lakes Council
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	500
<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>	

<b>Item No.</b>	15
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Sheldon Area Nature Committee
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	500
<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>	

<b>Item No.</b>	16
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	City of Oshkosh Parks Dept
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	500
<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>	

<b>Item No.</b>	17
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Fox River Heritage Corridor
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	500
<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>	

<b>Item No.</b>	18
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Farmers Market
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	300
<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>	

<b>Item No.</b>	19
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Oshkosh Blooms
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	800
<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>	

<b>Item No.</b>	20
<b>Class of Activity</b>	Environmental Concerns
<b>Donee's Name</b>	Releaf Oshkosh
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	2,200
<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>	

<b>Item No.</b>	21
<b>Class of Activity</b>	International Service
<b>Donee's Name</b>	Exchange Students
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	3,483
<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>	

<b>Item No.</b>	22
<b>Class of Activity</b>	International Service
<b>Donee's Name</b>	Worlds Affair Seminar
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,530
<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>	

<b>Item No.</b>	23
<b>Class of Activity</b>	International Service
<b>Donee's Name</b>	The Lake County Foundation
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	

<b>Item No.</b>	24
<b>Class of Activity</b>	International Service
<b>Donee's Name</b>	World Project
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	18,500
<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>	

<b>Item No.</b>	25
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Celebrate Education
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	250
<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>	

<b>Item No.</b>	26
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Junior Rotary
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	818
<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>	

<b>Item No.</b>	27
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	PALSSOAR
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	2,999
<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>	

<b>Item No.</b>	28
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Rota Reader - Backpack
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	

<b>Item No.</b>	29
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Oshkosh FVTC
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,500
<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>	

<b>Item No.</b>	30
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Imagination Library
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	

<b>Item No.</b>	31
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	2nd Chance Program
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	300
<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>	

<b>Item No.</b>	32
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Back to School Bag
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,001
<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>	

<b>Item No.</b>	33
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	UW Oshkosh Scholarship
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,500
<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>	

<b>Item No.</b>	34
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Oshkosh High School Scholarships
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	8,750
<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>	

<b>Item No.</b>	35
<b>Class of Activity</b>	Vocational Service
<b>Donee's Name</b>	Special Education
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	124
<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>	

<b>Item No.</b>	36
<b>Class of Activity</b>	community Service
<b>Donee's Name</b>	Girl Scouts
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	600
<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>	

<b>Item No.</b>	37
<b>Class of Activity</b>	International Service
<b>Donee's Name</b>	Friends of Humanity
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	500
<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>	

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

<b>Item No.</b>	39
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Oshkosh YMCA
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	425
<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>	

<b>Item No.</b>	40
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Christine Ann Domestic Abuse
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	250
<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>	

<b>Item No.</b>	41
<b>Class of Activity</b>	Community Service
<b>Donee's Name</b>	Shared Harvest
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	527
<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>	

<b>Item No.</b>	42
<b>Class of Activity</b>	community Service
<b>Donee's Name</b>	Tower Project
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	

<b>Item No.</b>	43
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	Oshkosh YMCA
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	425
<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>	

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

<b>Item No.</b>	45
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	Oshkosh North High School
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	200
<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>	

<b>Item No.</b>	46
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	Wave Robotics
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	200
<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>	

<b>Item No.</b>	47
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	Oshkosh Area High School Hockey
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	100
<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>	

<b>Item No.</b>	48
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	WCHCE Wisconsin
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	150
<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>	

<b>Item No.</b>	49
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	WFCA
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	450
<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>	

<b>Item No.</b>	50
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	UW-Madison
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	800
<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>	

<b>Item No.</b>	51
<b>Class of Activity</b>	vocational Service
<b>Donee's Name</b>	Camp Invention
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	500
<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>	

<b>Item No.</b>	52
<b>Class of Activity</b>	International Service
<b>Donee's Name</b>	Oshkosh West High School
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	196
<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>	

<b>Item No.</b>	53
<b>Class of Activity</b>	International Service
<b>Donee's Name</b>	Kaliluni Medical Center
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	

## 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.