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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable

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

C Name of organization

OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC.

Number and street (or P O box, if mail is not delivered to street address)

120 JACKSON STREET

Room/suite

City or town, state or country, and ZIP + 4

OSHKOSH, WI 54901

D Employer identification number

26-0015746

E Telephone number

920-303-2265

F Group Exemption

Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ N/A

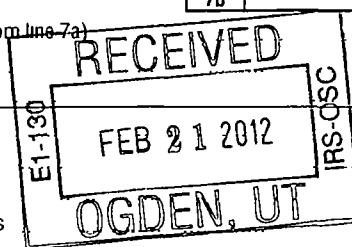
H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are 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. ▶ \$ 84,552.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	31,202.
	2	Program service revenue including government fees and contracts	2	52,877.
	3	Membership dues and assessments	3	
	4	Investment income	4	327.
	5a	Gross amount from sale of assets other than inventory	5a	146.
	5b	Less cost or other basis and sales expenses	5b	87.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	59.
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,465.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	38,746.
	13	Professional fees and other payments to independent contractors	13	900.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	439.
	16	Other expenses (describe in Schedule O)	16	54,405.
	17	Total expenses. Add lines 10 through 16	17	94,490.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,025.
	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	81,241.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-589.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	70,627.



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

032171
02-02-11

**OSHKOSH CHAMBER OF COMMERCE FOUNDATION,
INC.**

Form 990-EZ (2010)

26-0015746

Page 3

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

Check if the organization used Schedule O to respond to any question in this Part V ☒ **X**

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		X
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35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a		X
------------	--	----------

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b	N/A	
------------	-----	--

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.

b Did the organization file Form 1120-POL for this year?

37b		X
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a		X
------------	--	----------

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter.

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 **0.**, section 4912 **0.**, section 4955 **0.**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b		X
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **0.**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **0.**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e		X
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41 List the states with which a copy of this return is filed **WI**

42a The organization's books are in care of **JOHN CASPER**

Telephone no **920-303-2265**

Located at **120 JACKSON STREET, OSHKOSH, WI**

ZIP + 4 **54901**

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)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
------------	--	----------

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b		X
------------	--	----------

c Did the organization receive any payments for indoor tanning services during the year?

44c		X
------------	--	----------

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d		
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Form 990-EZ (2010)

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- | | | |
|-----------|-----|----|
| 45 | Yes | No |
| | | X |
- a** 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
- | | | |
|------------|-----|----|
| 45a | Yes | No |
| | | X |
- 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 | Yes | No |
| | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 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 ☐

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

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
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE

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

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

☒ Signature of officer Date 2/3/12

☒ John A. Caplan President/CEO
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES R STAHL	<u>James R. Stahl, CPA</u>	<u>2/3/12</u>		
	Firm's name ▶ SCHENCK SC	Firm's EIN ▶			
	Firm's address ▶ 520 N. KOELLER ST, PO BOX 2543 OSHKOSH, WI 54903-2543	Phone no		(920) 235-0590	

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,303.	108,727.	39,275.	35,322.	31,202.	278,829.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,364.	46,880.	46,390.	48,394.	52,877.	237,905.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	107,667.	155,607.	85,665.	83,716.	84,079.	516,734.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						516,734.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	107,667.	155,607.	85,665.	83,716.	84,079.	516,734.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		357.	309.	232.	327.	1,225.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		357.	309.	232.	327.	1,225.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	107,667.	155,964.	85,974.	83,948.	84,406.	517,959.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.76 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.24 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.16 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Name of organization

Employer identification number

OSHKOSH CHAMBER OF COMMERCE FOUNDATION,
INC.

26-0015746

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

OSHKOSH CHAMBER OF COMMERCE FOUNDATION,
INC.

26-0015746

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2010

Open to Public
Inspection

Name of the organization	OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC.	Employer identification number 26-0015746
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	327.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
COMMUNITY PROGRAM EXPENSE	28,750.
LEADERSHIP OSHKOSH EXPENSES	21,474.
EDUCATION PROGRAM EXPENSES	650.
MISCELLANEOUS	306.
CONFERENCES, CONVENTIONS, MEETINGS	25.
CENT. FUND EXPENSES	3,200.
TOTAL TO FORM 990-EZ, LINE 16	54,405.

FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED LOSS ON INVESTMENT	-589.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	19,411.	12,850.
NOTE RECEIVABLE - MICRO LOAN FUND	2,500.	412.
TOTAL TO FORM 990-EZ, LINE 24	21,911.	13,262.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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

2010

Open to Public
Inspection

Name of the organization

OSHKOSH CHAMBER OF COMMERCE FOUNDATION,
INC.

Employer identification number
26-0015746

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	5,782.	7,973.
DEFERRED REVENUE	71,193.	70,825.
TOTAL TO FORM 990-EZ, LINE 26	76,975.	78,798.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE AND ADVANCE
EDUCATIONAL, ECONOMIC AND WORKFORCE DEVELOPMENT THROUGH A PARTNERSHIP
OF BUSINESS AND EDUCATIONAL REPRESENTATIVES.

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.

2011 BOARD OF DIRECTORS
OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC.
Terms Expire September 30, 2011

Carstens, Jack	120 Jackson Street Oshkosh, WI 54901	
Evans, Bill	120 Jackson Street Oshkosh, WI 54901	
Johnson, Ron	120 Jackson Street Oshkosh, WI 54901	
Updike, Vicky	120 Jackson Street Oshkosh, WI 54901	Vice Chairman
Oilschlager, Rod	120 Jackson Street Oshkosh, WI 54901	
Schmudlach, Steve	120 Jackson Street Oshkosh, WI 54901	
Wells, Richard	120 Jackson Street Oshkosh, WI 54901	
Wierzbinski, Brian	120 Jackson Street Oshkosh, WI 54901	Treasurer
Zwickey, Jim	120 Jackson Street Oshkosh, WI 54901	

2011 BOARD OF DIRECTORS
OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC.
Terms Expire September 30, 2012

Anderson, John	120 Jackson Street Oshkosh, WI 54901	Chairman Elect
Beach, Bob	120 Jackson Street Oshkosh, WI 54901	
Fitzgerald, Sean	120 Jackson Street Oshkosh, WI 54901	
Knudtson, Randy	120 Jackson Street Oshkosh, WI 54901	
Le Roy, Joe	120 Jackson Street Oshkosh, WI 54901	
Litjens, Michelle	120 Jackson Street Oshkosh, WI 54901	
Macy, Jim	120 Jackson Street Oshkosh, WI 54901	Chairman of the Board
Wirtz, Debra	120 Jackson Street Oshkosh, WI 54901	

2011 BOARD OF DIRECTORS
OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC.
Terms Expire September 30, 2013

Arneson, Ken	120 Jackson Street Oshkosh, WI 54901
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Belville, Kent	120 Jackson Street Oshkosh, WI 54901
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Calhoun, Bill	120 Jackson Street Oshkosh, WI 54901
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Feeney, John	120 Jackson Street Oshkosh, WI 54901
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Heisler, Bob	120 Jackson Street Oshkosh, WI 54901
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Hoppe, Rick	120 Jackson Street Oshkosh, WI 54901
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Larson, Kris	120 Jackson Street Oshkosh, WI 54901
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Sullivan, Carol	120 Jackson Street Oshkosh, WI 54901
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**2011 BOARD OF DIRECTORS
OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC.**

Rieckman, Stewart	120 Jackson Street Oshkosh, WI 54901	
Janes, Jim	120 Jackson Street Oshkosh, WI 54901	Past Chairman
Omachinski, Dave	120 Jackson Street Oshkosh, WI 54901	
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Greeninger, Paul	120 Jackson Street Oshkosh, WI 54901	
Schmidt, Jeff	120 Jackson Street Oshkosh, WI 54901	
Belter, Tom	120 Jackson Street Oshkosh, WI 54901	
Von Ruden, Brittani	120 Jackson Street Oshkosh, WI 54901	
Casper, John	120 Jackson Street Oshkosh, WI 54901	Secretary