

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



SCANNED MAR 0 6 2013

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

<u>A</u>	For the	2011 calendar year, or tax year beginning OCT 1, 2011 and o	ending S	SEP 30, 2012	
В	Check if applicable	C Name of organization		D Employer identific	eation number
	Addres	S OSHKOSH CHAMBER OF COMMERCE			
	Name change			93-0	765817
F	Initial return Termin	,	Room/suite	•	303–2266
F	—ated ☐Amend return			G Gross receipts \$	1,104,775.
F	Application	OSHKOSH, WI 54901		H(a) Is this a group re	
	pendin	F Name and address of principal officer:JOHN CASPER		for affiliates?	Yes X No
		120 JACKSON STREET, OSHKOSH, WI 54901		H(b) Are all affiliates incl	luded? Yes No
1	Tax-exe	mpt status: 501(c)(3) X 501(c) (6) (insert no) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
J	Websit	e: ► WWW.OSHKOSHCHAMBER.COM		H(c) Group exemption	
K	Form of	organization X Corporation	L Year	of formation 1907 M	State of legal domicile WI
P	art I	Summary			
ě	1 1	Briefly describe the organization's mission or most significant activities ${ m TO}$ Al	DVANCI	E THE GENERAL	L WELFARE
Activities & Governance	-	AND PROSPERITY OF THE OSHKOSH AREA SO THE			
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of mor	l I	
્ટ્રે		Number of voting members of the governing body (Part VI, line 1a)		3	<u>35</u>
જ		Number of independent voting members of the governing body (Part VI, line 1b)		4	14
ties	1	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	2000
Ξ	l l	Fotal number of volunteers (estimate if necessary)		6 7a	501,866.
Ą	1	Fotal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7a 7b	-61,592.
	l D	vet unrelated business taxable income from Form 990-1, line 34		Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)	-	0.	0.
nue	1	Program service revenue (Part VIII), line 29)		1,022,325.	965,048.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	3,292.	2,761.
ď	1	Other revenue (Part Vttl column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,704.	136,966.
		Fotal revenue - add liffes 8 through 11 10 must equal Part VIII, column (A), line 12)		1,159,321.	1,104,775.
_		Grants and similar amounts paid (Part IX, column (A)) lines 1-3)		0.	0.
	14	Benefits paid to or for members (Pert-IX, column (A) Line 4)		0.	0.
es	15	Salanes, other compensation lemployee benefits (Part IX, column (A), lines 5-10)		411,045.	412,993.
Sus	16a	Professional fundraising fees (Part IX, column (Å), line 11e)	_ _	0.	0.
Expenses	b ·	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\vdash	721,908.	733,947.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	1,132,953.	1,146,940.
	19	Revenue less expenses Subtract line 18 from line 12	- -	26,368.	-42,165.
Net Assets or Fund Balances		5 . I	B	eginning of Current Year 949, 351.	End of Year 920,330.
Asse Rais	20	Fotal assets (Part X, line 16)	-	311,129.	324,273.
let let	21 22	Total liabilities (Part X, line 26)	<u> </u>	638,222.	596,057.
Ē	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	1 -		33070371
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	v knowledge and belief, it is
		, and compl <u>ete</u> Declaration of preparer (other than officer) is based on all information of wi			,,
		x She low		× 2-15	5-12
Sig	ın İ	Signature of officer		Date	
He		▲ JOHN CASPER, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JAMES R STAHL Qames R. Stah	CPA	2///3 self-employ	
Pre	parer	Firm's name SCHENCK SC		Firm's EIN ▶	39-1173131
Use	Only	Firm's address 520 N. KOELLER ST, PO BOX 2543			
		OSHKOSH, WI 54903-2543		Phone no (920)235-0590
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

	990 (2011) OSHKOSH CHAMBER OF COMMERCE 93-0703617 Page 2
Pal	Statement of Program Service Accomplishments
1	Cheok if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO PROVIDE LEADERSHIP AND TO SERVE AND REPRESENT OUR MEMBERS SO THEIR
	BUSINESSES AND OUR COMMUNITY WILL PROSPER.
	BOOTHHOUSE THE OOK COILIONTIT WILL TROOF DK.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
40	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses 738, 997 • including grants of \$) (Revenue \$)
4a	(Code) (Expenses \$ 738,997. including grants of \$) (Revenue \$) COMMUNITY PROGRAMS & EVENTS - PROVIDING TO THE CITY OF OSHKOSH AN
	ENVIRONMENT WHERE BUSINESS AND COMMUNITY GOALS CAN BE ACHIEVED.
	ENVIRONMENT WHERE BODINEDS AND COMMONTH GOALS CAN BE REHIEVED.
	<u> </u>
4b	(Code) (Expenses \$ 14,292 • including grants of \$) (Revenue \$)
40	(Code) (Expenses \$14,292 • including grants of \$) (Revenue \$) SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT
	BUSINESS ISSUES
	DODINIDO 1000ID
4c	(Code) (Expenses \$31,179 • including grants of \$) (Revenue \$)
40	(Code) (Expenses \$ 31,179 including grants of \$) (Revenue \$) NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND LOCAL
	BUSINESSES TO MEMBERS
	DODINED TO MINIBARO
4	Other research and (December 20th and 100)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 784,468.
<u>4e</u>	
	Form 990 (2011)

Part IV Checklist of Required Sched

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	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	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments • other securities in Part X, line 12 that is 5% or more of its total	446		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	11b		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
Ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Χ_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ı
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			.,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		}	v
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of cross pages from gaming activities on Part VIII, line 9a? If "Yes."	<u>'°</u>	├──	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	ł	x_
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
			990	2011)

Form	990 (2011) OSHKOSH CHAMBER OF COMMERCE 93-0765	817	P	age 4			
Pa	t IV Checklist of Required Schedules (continued)						
	•		Yes	No			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the						
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,						
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		Х			
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1 1					
	Schedule K If "No", go to line 25	24a		Х			
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization invest any proceeds of tax-exempt bolids beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1240					
C		24c					
	any tax-exempt bonds?	24d					
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240	_				
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a					
	disqualified person during the year? If "Yes," complete Schedule L, Part I	234					
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			İ			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b					
•	Schedule L, Part I	230					
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		х			
~=	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		1			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial						
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27	ŀ	Х			
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		1.			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions for applicable filing thresholds, conditions, and exceptions):	28a	Ì	х			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		1			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х			
	contributions? If "Yes," complete Schedule M	30_		1			
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х			
	If "Yes," complete Schedule N, Part I	31		1			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х			
20	Schedule N, Part II	- 52		1			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х			
24	· • • • • • • • • • • • • • • • • • • •	-00	 	 			
34	Was the organization related to any tax-exempt or taxable entity?	34	X				
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X				
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1000	T	<u> </u>			
U	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	i	Х			
26	Section 512(b)(13)? If res, complete scriedule in, Fait v, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000		1			
36	If "Yes," complete Schedule R, Part V, line 2	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		-			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>	1	† 			
50	Note. All Form 990 filers are required to complete Schedule O	38	X	1			
	Note. All Form 990 filers are required to complete Schedule O						

	990 (2011) OSHKOSH CHAMBER OF COMMERCE 93-0765	<u>817</u>	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			•
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	∤		-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-	├-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-{		
	Enter the amount of reserves on hand	ļ	 	+
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X

Form **990** (2011)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to life da, bb, of 10b below, describe the chearinatailoes, processes, or changes in deficially at the chearing			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 1a 35		Yes	No
та	Zino, the field of voting the field of the governing body at the size of the taryon.			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Finter the number of voting members included in line 1a, above, who are independent 1b 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	Х
_	officer, director, trustee, or key employee?	2		- 21
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		$\frac{x}{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
7 a	more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,
	taxable entity during the year?	16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-		
	exempt status with respect to such arrangements?	16b		Į
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id finai	ncıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ition:	_	
	JOHN CASPER - 920-303-2266			
13200	120 JACKSON STREET, OSHKOSH WI 54901			

01-23-12

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ntion more	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer	Key employee	nsated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN CASPER	40.00	Х		X				126,917.	0.	17,186.
(2) JOHN ANDERSON	40.00	Ĥ		<u> </u>			-	120/51/1		1,,1000
CHAIRMAN	1.00	X		x				0.	0.	0.
(3) BOB BEACH										
DIRECTOR	1.00	X						0.	0.	0.
(4) TOM BLAZE		1					ļ			
DIRECTOR	1.00	X	<u> </u>	<u> </u>		<u> </u>	_	0.	0.	_0.
(5) SEAN FITZGERALD	1	١					1			
DIRECTOR	1.00	Х	├	<u> </u>		-	├—	0.	0.	0.
(6) RANDY KNUDTSON	1 00	J			ļ			0.	0.	0.
DIRECTOR	1.00	X			├	<u> </u>	├	0.		- 0.
(7) JOE LE ROY	1.00	X		X	İ		Ì	0.	0.	0.
TREASURER (8) MICHELLE LITJENS	1.00	1		Λ		╁	-			•
(8) MICHELLE LITJENS DIRECTOR	1.00	X						0.	0.	0.
(9) JIM MACY	1.00	1	╁╴	+		-	+-			
PAST CHAIRMAN	1.00	x		X				0.	0.	0.
(10) BILL TALLON		 	<u> </u>	1			\vdash			
DIRECTOR	1.00	X		1				0.	0.	0.
(11) DEBRA WIRTZ						1				
DIRECTOR	1.00	Х		<u> </u>				0.	0.	0.
(12) KEN ARNESON									_	_
DIRECTOR	1.00	X		<u> </u>				0.	0.	0.
(13) KENT BELVILLE				}						
DIRECTOR	1.00	X	_	╙	_	_	_	0.	0.	0.
(14) BILL CALHOUN						1				
DIRECTOR	1.00	X	4	\vdash	_	\bot	1	0.	0.	0.
(15) MIKE FLOYD	1	١								
DIRECTOR	1.00	∤X	+	-	╀	+	+	0.	0.	0.
(16) BOB HEISLER	1 00	,		1				0.	.l o.	_
DIRECTOR	1.00	<u> X</u>	╁	+-	-	-	+	0.	· 	0.
(17) RICK HOPPE	1 1 00	1.						0.	.l o.	0.
DIRECTOR	1.00	X	Д					<u> </u>	<u> </u>	Form 990 (2011)

132007 01-23-12

•										
Form 990 (2011) OSHKOSH (CHAMBER	OF	· (CON	1MI	ERC	E		93-0765	817 Page 8
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
· (A)	(B)							(D)	(E)	(F)
' Name and title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) KRIS LARSON										
DIRECTOR	1.00	Х			<u> </u>			0.	0.	0.
(19) CAROL SULLIVAN		i	i		İ	ļ				•
DIRECTOR	1.00	Х	<u> </u>	L		<u> </u>		0.	0.	0.
(20) BRIAN WOGERNESE	1 00	1,,						0.	0.	0.
DIRECTOR	1.00	Х	├	-	├	┿	├		· · · · · · · · · · · · · · · · · · ·	<u> </u>
(21) JOHN DAGGETT	1 00	v						0.	0.	0.
DIRECTOR	1.00	Х				+			0.	•
(22) STEPHEN FORD	1.00	X	1					0.	0.	0.
DIRECTOR	1.00	<u> </u>	\vdash	 		\vdash				<u> </u>
(23) DAN HIETPAS DIRECTOR	1.00	X						0.	0.	0.
(24) ROD OILSCHLAGER						1				
DIRECTOR	1.00	X						0.	0.	0.
(25) DON RICHTER						1				
DIRECTOR	1.00	X						0.	0.	0.
(26) STEWART RIECKMAN										
DIRECTOR	1.00	X					<u>.</u>	0.	0.	0.
1b Sub-total						>		126,917.	0.	17,186.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)						▶		126,917.	0.	17,186.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho re	eceived more than \$100	0,000 of reportable	1

	compensation from the organization			1
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 56,224 511190 414,476. 358,252. 2 a MEMBERSHIP DUES Program Service Revenue 278,249. 278,249 722210 **b** WATERFEST 900099 209,138. 209,138. PROGRAM SERVICE REVENU 48,845. 48,845 d ADVERTISING 541800 14,340. 14,340. 531120 OCCUPANCY REVENUE All other program service revenue 965,048 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,761. 2,761 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 541900 118,548. 118,548 COMMISSIONS MISCELLANEOUS 900099 18,418. 18,418 C All other revenue 136,966. Total. Add lines 11a-11d 104,775. 600,148. 501,866 2,761 Total revenue. See instructions 132009 01-23-12 Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D),

	Check if Schedule O contains a respons	se to any question in this (A)	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	131,021.	26,204.	104,817.	
	trustees, and key employees	131,021.	20,204.	104,017.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	203,231.	115,081.	88,150.	
7 8	Pension plan accruals and contributions (include	200/2010		33/1301	
3	section 401(k) and section 403(b) employer contributions)	13.697	7.939	5,758.	
9	Other employee benefits	13,697. 36,023.	7,939. 20,278.	15,745.	
10	Payroll taxes	29,021.	17,993.	11,028.	
11	Fees for services (non-employees):				
	Management				
b	Legal				
С	Accounting	13,098.	-	13,098.	
d	Lobbying	·	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,410.	2,328.	82.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	62,743.		62,743.	
17	Travel	5,914.	5,914.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		0.160		<u></u>
19	Conferences, conventions, and meetings	14,214.	8,168.	6,046.	
20	Interest				·
21	Payments to affiliates	26 020		26,929.	
22	Depreciation, depletion, and amortization	26,929. 1,131.		1,131.	
23	Other expanses Itemize expanses not sovered	1,131.		1,131.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	WATERFEST	289,809.	289,809.		
b	ECONOMIC DEVELOPMENT	133,369.	133,369.		
С	NEWSLETTER	31,179.	31,179.		
d	MEMBERSHIP DIRECTORY	19,168.	19,168.		
е	All other expenses SEE SCH O	133,983.	107,038.	26,945.	
25	Total functional expenses Add lines 1 through 24e	1,146,940.	784,468.	362,472.	0 .
26	Joint costs. Complete this line only if the organization	_			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form 990 (2011)

949,351

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

X

Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service To organizations exempt from mounte for order section of (e) and section of

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4),	(5), or (6) organiza	tions: Complete Part III.		· · ·	
Name of organization				Emp	oyer identification number
	OSHKOSH	CHAMBER OF COMMI	ERCE		93-0765817
Part I-A Comp	olete if the org	anization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
 Provide a descrip Political expendit Volunteer hours 	•	ation's direct and indirect politica	ıl campaign activities ii	n Part IV. ▶\$	·
Part I-B Comp	olete if the ord	janization is exempt unde	er section 501(c)(3).	
		incurred by the organization unde			
2 Enter the amount	of any excise tax	incurred by organization manage	rs under section 4955	▶ \$	
3 If the organization	n incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction	made?				Yes No
b If "Yes," describe				avant section 501	(0)(0)
<u> </u>		janization is exempt unde			
		by the filing organization for sec			
exempt function		ization's funds contributed to oth	ier organizations for se	_	3
•		. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL.	•	′
line 17b	onon oxponancio	,100,00 ; and 2: 2:110: 110: 0 a.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S
4 Did the filing orga	anization file Form	1120-POL for this year?			Yes No
made payments contributions rec	For each organiza eived that were pr	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	l from the filing organiz separate political orga	ation's funds Also enter t anization, such as a separa	he amount of political
(a) Nar		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
	· · · · · · · · · · · · · · · · · · ·				
For Paperwork Redu	ction Act Notice,	see the Instructions for Form 9	90 or 990-EZ.	Schedule (C (Form 990 or 990-EZ) 2011

132041

LHA

Schedule C (Form 990 or 990-EZ) 2011	оѕнко	SH СНА	MBER OF COM	MERCE	93-0	0765817 Page 2
Part II-A Complete if the org	anizatio	n is exer	npt under section	n 501(c)(3) and file	ed Form 5768	
(election under sec	tion 501	(h)).				
A Check 🕨 🔲 if the filing organiza	tion belong	gs to an affil	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	e of exces	s lobbying (expenditures).			
B Check 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
		oying Exper eans amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influ	ence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli						
c Total lobbying expenditures (add li	•	-	, , , , , ,			
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1c	i)			
f Lobbying nontaxable amount. Enter	er the amo	unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		1
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000		1
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000			
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero j If there is an amount other than zero 	o or less, e o or less, e	enter -0- nter -0-	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
	lumns be	nt made a s low. See th		n do not have to comp es 2a through 2f on pa		
	LODE	ying Exper	ditures During 4- rea	Averaging Period		<u> </u>
Calendar year (or fiscal year beginning in)	(a) :	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount		······································				
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots celling amount (150% of line 2d, column (e))						
	l		1	Į.		1

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed description		a)	(b)
	e lobbying activity.	Vac	No.		
-, .,,		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?	_			
d	Mailings to members, legislators, or the public?		_		
е	Publications, or published or broadcast statements?		_		
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?		ļ		
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u>L.</u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				A1 .
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	Х
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ion 501(a)	3	otion	
га	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	10 "01" b	(U), UI SE 2 (h) Dart	III-Δ lin	a 3 is
	answered "Yes."	u 110 OI	t (b) i ait	III-7A, IIII	e 0, 13
1	Dues, assessments and similar amounts from members	*	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b	·	
С	Total		2c_		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess		ı	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	i political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<u></u>	
Par	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part II-A, and	l Part II-B, III	ne 1. Also, d	complete
this p	art for any additional information.				
					
		<u> </u>			
				-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.
➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

OSHKOSH CHAMBER OF COMMERCE

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	organization anomores 100 to 10111 000,1 art 11, min	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	- "	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	end funde
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	of donor advisor, or for any other purpose	Yes No
Pa		nanization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizati		attiv, mie /.
•	Preservation of land for public use (e.g., recreation or e	·	storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	Freservation of a cer	tilled Historic structure
2	Complete lines 2a through 2d if the organization held a qualit	ind concentation contribution in the form	of a concentation accoment on the last
-	day of the tax year.	ned conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register	arter of 17700, and not on a historic struc	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by th	
Ŭ	year	leased, extinguished, or terminated by th	le organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements is	• • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organizar	•	
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	GC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
ь	Assets included in Form 990, Part X		▶ \$
	·	•	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	Investments - Other Securities. Description of security or category (including name of security)	(b) Book value		(c) Method of valuat at or end-of-year mark	
(1) Financial	derivatives .				
(2) Closely-h	neld equity interests				
(3) Other _				· <u> </u>	
(A)		_			·
(B)					
(C)					
(D)					 -
<u>(E)</u>					· · · · · ·
(F)				-	
(G)				· · · · · · · · · · · · · · · · · · ·	·- <u>-</u>
(H)					-
	must equal Form 990, Part X, col (B) line 12)	-			······································
	Investments - Program Related		line 13.		
	(a) Description of investment type	(b) Book value		(c) Method of valuatest or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	··· -				
(7)					
(8)			_		 ·-
(9)					
(10)				······································	
	must equal Form 990, Part X, col (B) line 13) Tother Assets. See Form 990, Part X,				
raitin	Other Assets. See Form 990, Part A,	(a) Description			(b) Book value
(1)		(4) 2000			
(2)					
(3)		,	· · · · · · · · · · · · · · · · · · ·		
(4)	•				· -
(5)					
(6)					
(7)					
(8)			· · · · · · · · · · · · · · · · · · ·	_	
(9)			<u> </u>		
(10)					
	nn (b) must equal Form 990, Part X, col (B,				
Part X	Other Liabilities. See Form 990, Par	t X, line 25.		,	
1.	(a) Description of liability		(b) Book value		
	eral income taxes		10 260	į	
	VANCE DEPOSITS		18,360.	<u> </u>	
(3)					
(4)					
(5)				[
(6)				•	
(7)				-	
(8)				-	
(9)				1	
(10)				-	
(11)	The first annual Form 200 Part V 1/2	1 (100 05)	18,360.	-	
FIN 48 (ASC	nn (b) must equal Form 990, Part X, col (B C 740) Footnote In Part XIV, provide the text of the footn	inte 25)	al statements that reports the organ	t ization's liability for uncerta	in tax positions under

132053

ORGANIZATIONS AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF

UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE ORGANIZATIONS BELIEVES THAT

IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES

NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL

STATEMENTS.

PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED

IN MANAGEMENT AND GENERAL EXPENSES, IF APPLICABLE. THE ORGANIZATIONS HAD

NO INTEREST AND PENALTIES RELATED TO INCOME TAXES FOR THE YEARS ENDED

SEPTEMBER 30, 2012 AND 2011. THE ORGANIZATIONS FEDERAL INCOME TAX RETURNS

ARE SUBJECT TO EXAMINATION GENERALLY FOR THREE YEARS AFTER THEY ARE FILED

AND THEIR STATE INCOME TAX RETURNS GENERALLY FOR FOUR YEARS AFTER THEY ARE

FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE REVENUE REPORTED ON TAX RETURN ID#26-0015746	142,627.
AFFILIATE REVENUE REPORTED ON TAX RETURN ID#39-1622920	212,680.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	355,307.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE EXPENSES REPORTED ON TAX RETURN ID#26-0015746	83,021.
AFFILIATE EXPENSES REPORTED ON TAX RETURN ID#39-1622920	222,322.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	305,343.

Schedule D (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

OSHKOSH CHAMBER OF COMMERCE

Employer identification number 93-0765817

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AREAS OF ITS BUSINESS COMMUNITIES SHALL PROSPER.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE OSHKOSH CHAMBER OF COMMERCE ARE GIVEN THE OPPORTUNITY TO SUBMIT NAMES OF PROPOSED CANDIDATES WHICH ARE GIVEN TO THE BOARD MANAGEMENT & TO SERVE AS DIRECTORS, THE BOARD MANAGEMENT & DEVELOPMENT COMMITTEE DEVELOPMENT COMMITTEE. CONSIDERS ALL PROPOSED CANDIDATES AND SUBMITS A PROPOSAL SLATE OF NINE CANDIDATES FOR DIRECTORSHIP TO THE BOARD FOR ITS APPROVAL. FOLLOWING APPROVAL OF THE PROPOSED SLATE THE PRESIDENT/CEO MUST NOTIFY MEMBERS THE NAMES OF PERSONS NOMINATED AS CANDIDATES FOR DIRECTORS AND THE RIGHT OF PETITIION FOR ADDITIONAL NOMINATIONS. IF NO PETITION IS FILED WITHIN THE DESIGNATED PERIOD, THE NOMINATIONS ARE CLOSED AND THE PROPOSED SLATE OF NINE CANDIDATES ARE DECLARED ELECTED BY THE BOARD OF DIRECTORS AT THE ANNUAL SEPTEMBER MEETING. IF A PETITION IS FILED, THE NAMES OF ANY ADDITIONAL CANDIDATES NOMINATED, ALONG WITH THE PROPOSED SLATE ARE SENT TO THE MEMBERS WITH INSTRUCTIONS ON THE BALLOT TO VOTE FOR NINE CANDIDATES. THE CHAIRMAN OF THE BOARD OF DIRECTORS WILL THEN APPOINT AN ELECTION COMMITTEE, THREE DIRECTORS WHOSE TERMS EXPIRE AT THE END OF THE TO ENSURE THAT THE ELECTION OF DIRECTORS IS ORGANIZATION'S FISCAL YEAR, FOLLOWED ACCORDING TO THE TERMS AND CONDITIONS OF THE BY-LAWS. THE CURRENT CHAIRMAN OF THE BOARD GETS TO APPOINT ONE DIRECTOR TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY INDEPENDENT AUDITORS, SCHENCK CPAS, WHICH IS GIVEN TO THE PRESIDENT,

CHAIRMAN OF THE BOARD, BOARD TREASURER AND AUDIT COMMITTEE FOR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

Name of the organization

OSHKOSH CHAMBER OF COMMERCE

Employer identification number 93-0765817

REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR ALL BOARD MEMBERS SIGN A

CONFLICT OF INTEREST DISCLOSURE TO MAKE THE BOARD AWARE OF ANY POTENTIAL

CONFLICTS. THESE STATEMENTS ARE KEPT ON FILE AT THE ORGANIZATION'S OFFICE.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO MANAGEMENT COMMITTEE

CONDUCTS THE ANNUAL EVALUATION PROCESS FOR THE PRESIDENT. THIS COMMITTEE

CONSISTS OF FIVE MEMBERS OF THE BOARD OF DIRECTORS, WITH THE CHAIR,

CHAIR-ELECT AND PAST CHAIR AS MEMBERS TO ENSURE CONSISTENCY. THIS COMMITTEE

IS RESPONSIBLE FOR DETERMINING THE PRESIDENT'S ANNUAL GOALS AND PERFORMANCE

STANDARD. THE PRESIDENT PROVIDES A QUARTERLY STATUS REPORT TO THE CHAIR

OUTLINING PROGRESS ON THE ANNUAL PROGRAM OF WORK. THIS, ALONG WITH THE

PRESIDENT'S GOALS, IS USED TO EVALUATE PERFORMANCE. THE EVALUATION IS

HANDLED AS PART OF THE SALARY REVIEW PROCESS. THIS DISCUSSION IS LED BY THE

CURRENT CHAIR. LEVEL OF PERFORMANCE IS BASED ON THE PROGRESS AND/OR

SUCCESSFUL COMPLETION OF THE ACTIVITIES OUTLINED IN THE ANNUAL PROGRAM OF

ACTION. THE EVALUATION PROCESS PLACES EMPHASIS ON ATTAINING GOALS AND

OBJECTIVES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15B: THE PRESIDENT CONDUCTS THE ANNUAL REVIEW PROCESS FOR OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE EVALUATION PROCESS FOR OTHER KEY EMPLOYEES PLACES EMPHASIS ON ATTAINING GOALS AND OBJECTIVES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: COPIES WILL BE PROVIDED UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Employer identification number
OSHKOSH CHAMBER OF COMMERCE	93-0765817
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTION	NAL EXPENSES:
GOLF OUTING:	
PROGRAM SERVICE EXPENSES	19,148.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,148.
SMALL BUSINESS SEMINARS:	
PROGRAM SERVICE EXPENSES	14,292.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,292.
WESTSIDE ASSOCIATION:	
PROGRAM SERVICE EXPENSES	13,749.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,749.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	7,891.
MANAGEMENT AND GENERAL EXPENSES	2,630.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,521.
OSHKOSH SAFETY COUNCIL:	
PROGRAM SERVICE EXPENSES	10,318.
MANAGEMENT AND GENERAL EXPENSES 132212 01-23-12 24	0 . Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization OSHKOSH CHAMBER OF COMMERCE	Employer identification number 93-0765817
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,318.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	1,473.
MANAGEMENT AND GENERAL EXPENSES	8,219.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	9,692.
MISCELLANEOUS PROGRAM EXPENSE:	
PROGRAM SERVICE EXPENSES	9,654.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,654.
BUSINESS EXPO:	
PROGRAM SERVICE EXPENSES	7,992.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,992.
PROPEL PROGRAM EXPENSE:	
PROGRAM SERVICE EXPENSES	5,376.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,376.
EQUIPMENT RENTAL AND MAINTENANCE: 132212 01-23-12	Schedule O (Form 990 or 990-EZ) (2011)
25	

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization OSHKOSH CHAMBER OF COMMERCE	Employer identification number 93-0765817
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,367.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,367.
ANNUAL MEETING:	
PROGRAM SERVICE EXPENSES	4,156.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,156.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	2,886.
MANAGEMENT AND GENERAL EXPENSES	1,237.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,123.
HOLIDAY PARADE:	
PROGRAM SERVICE EXPENSES	3,493.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,493.
COMPUTER EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,283.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 132212 01-23-12 26	3 , 283 . Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number
OSHKOSH CHAMBER OF COMMERCE	93-0765817
POSTAGE:	
PROGRAM SERVICE EXPENSES	270.
MANAGEMENT AND GENERAL EXPENSES	2,427.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,697.
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	825.
MANAGEMENT AND GENERAL EXPENSES	1,532.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,357.
PRINTING:	
PROGRAM SERVICE EXPENSES	2,352.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,352.
CONTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,250.
COMMUNITY PROGRAMS:	
PROGRAM SERVICE EXPENSES	1,128.
MANAGEMENT AND GENERAL EXPENSES 132212 01-23-12	0 . Schedule O (Form 990 or 990-EZ) (2011

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization OSHKOSH CHAMBER OF COMMERCE	Employer identification number 93-0765817
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,128.
MEMBERSHIP:	
PROGRAM SERVICE EXPENSES	883.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	883.
MISCELLANEOUS PUBLICATIONS:	
PROGRAM SERVICE EXPENSES	521.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	521.
INTERNATIONAL PROGRAM EXPENSE:	
PROGRAM SERVICE EXPENSES	360.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	360.
AMBASSADORS:	
PROGRAM SERVICE EXPENSES	176.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	176.
BUSINESS AFTER HOURS:	
132212 01-23-12 28	Schedule O (Form 990 or 990-EZ) (2011

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization OSHKOSH CHAMBER OF COMMERCE	Employer identification number 93-0765817
PROGRAM SERVICE EXPENSES	95.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	95.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E,	COL A 133,983.
FORM 990, SCHEDULE R, PART V, SECTION 2:	
THE VALUE OF TRANSACTIONS WITH RELATED ORGANIZATIONS	IS DETERMINED
THROUGH A SERVICE AGREEMENT, WHICH IS APPROVED BY THE	EXECUTIVE
DIRECTOR OF THE OSHKOSH CHAMBER OF COMMERCE AND THE O	SHKOSH AREA
ECONOMIC DEVELOPMENT CORPORATION.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2011 Open tö Public Inspection

OMB No 1545-0047

Employer identification number 93-0765817

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. OSHKOSH CHAMBER OF COMMERCE Name of the organization

 $\boldsymbol{\varepsilon}$ © ூ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) 9 (a) Parti

	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity	guil
Partil	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, P.	art IV, line 34 because	e it had one or more r	elated tax-exempt	1
		=		5	9	Ξ	ē

organizations during the tax year.							
(a)	(q)	(0)	(D)	(e)	Œ	(g)	(F)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	controlled	(i)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	°S
OSHKOSH AREA ECONOMIC DEVELOPMENT	VARIOUS COMMUNITY						
CORPORATION - 39-1622920, 120 JACKSON	ACTIVITIES TO PROMOTE THE						:
STREET OSHKOSH WI 54901	COMMERCIAL, ECONOMIC &	WISCONSIN	501(C)(4)		N/A		×
OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC. VARIOUS COMMUNITY	VARIOUS COMMUNITY						
- 26-0015746, 120 JACKSON STREET, OSHKOSH,	ACTIVITIES TO PROMOTE AND						:
WI 54901	ADVANCE EDUCATIONAL,	WISCONSIN	501(C)(3)	6	N/A		×
							İ

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132161 01-23-12 LHA

Schedule R (Form 990) 2011

93-0765817

Page 2

Schedule R (Form 990) 2011 OSHKOSH CHAMBER OF COMMERCE

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Prim Prim Prim Prim Prim Prim Prim Prim		Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Country Coun			
Primary activity (c) Banizations Taxable as a Corporation or trust during the tax A	(d) Direct controlling entity	oration or Trust ((b) Primary ac			
		anizations Taxable as a Corp	(a) Name, address, and EIN of related organization			

Page 3 ·

Schedule R (Form 990) 2011 OSHKOSH CHAMBER OF COMMERCE

Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

				⊢
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	in Parts II-1/2	Yes No
a Receipt of (i) interest (ii) annutities (iii) royalties or (iv) rent from a controlled entity			· ·	1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Sale of assets to related organization(s)				*
a Purchase of assets from related organization(s)				
				th X
				>
 Lease of lactimes, equipment, or other assets from letated organization(s) R Performance of services or membership or fundraising solicitations for related organization(s) 	nization(s)			1 X
	inization(s)			1 X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1m X
n Sharing of paid employees with related organization(s)				1n X
 Reimbursement baid to related organization(s) for expenses 				÷ ×
				1 _p X
				>
 Quiner transfer of cash or property to related organization(s) Chher transfer of cash or property from related organization(s) 				14 X
If the answer to any of the above is "Yes," see the instructions for infor-	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.	
	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
OSHKOSH AREA ECONOMIC DEVELOPMENT	0	115,000.SERVICE	SERVICE AGREEMENT	
	Δ	170.455.	i ⋝	
(4)				
(5)				
(9)				
132163 01-23-12	32		Schedule	Schedule R (Form 990) 2011

93-0765817

Page 4

Schedule R (Form 990) 2011 OSHKOSH CHAMBER OF COMMERCE

Part VI Unrelated Organizations Taxable as a Partnership (Complete If the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) sentage nership					2011
Perce owne					066 ι
(j) neral or naging rtner?					
Gen 1 par Yet					- E
(h) (i) (i) (k) Disproporbusing Code V-UBI General or Percentage mount in box 20 managing ownership partner? of Schedule K-1 partner? Yes No (Form 1065) Yes No					Schedule R (Form 990) 2011
(h) spropor- nonate scations?					
Disp (A					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec 501(c)(3) orgs? Yes No					
(d) Predominant income particulated, unrelated, excluded from tax under section 512-514) py					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2011	<u>oshkosh</u>	CHAMBER OF	COMMERCE	93-0765817	Page 5
Schedule R (Form 990) 2011 Part VII Supplemental Inf	ormation	-			
Complete this port to a	varida additional in	farmation for some	an to aventions on Cab	adula P (aga instructions)	
Complete this part to p	provide additional in	normation for respons	ses to questions on Sch	edule R (see instructions).	
					
					
					-
					
				•	,
	· · · · · · · · · · · · · · · · · · ·				
					
				······································	•
<u> </u>			<u> </u>		
					
					
				*	
		· ·-			

2012 BOARD OF DIRECTORS OSHKOSH CHAMBER OF COMMERCE

Terms Expire September 30, 2012

Anderson, John	120 Jackson Street Oshkosh, WI 54901	Chairman of the Board
Beach, Bob	120 Jackson Street Oshkosh, WI 54901	
Blaze, Tom	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	Treasurer
Litjens, Michelle	120 Jackson Street Oshkosh, WI 54901	
Macy, Jim	120 Jackson Street Oshkosh, WI 54901	Past Chairman
Tallon, Bill	120 Jackson Street Oshkosh, WI 54901	
Wirtz, Debra	120 Jackson Street Oshkosh, WI 54901	

2012 BOARD OF DIRECTORS OSHKOSH CHAMBER OF COMMERCE

Terms Expire September 30, 2013

Arneson, Ken 120 Jackson Street

Oshkosh, WI 54091

Belville, Kent 120 Jackson Street

Oshkosh, WI 54091

Calhoun, Bill 120 Jackson Street

Oshkosh, WI 54091

Floyd, Mike 120 Jackson Street

Oshkosh, WI 54091

Heisler, Bob 120 Jackson Street

Oshkosh, WI 54091

Hoppe, Rick 120 Jackson Street

Oshkosh, WI 54091

Larson, Kris 120 Jackson Street

Oshkosh, WI 54091

Sullivan, Carol 120 Jackson Street

Oshkosh, WI 54091

Wogernese, Brian 120 Jackson Street

Oshkosh, WI 54091

2012 BOARD OF DIRECTORS OSHKOSH CHAMBER OF COMMERCE

Terms Expire September 30, 2014

Daggett, John	120 Jackson Street
Daggett, John	120 Jackson Street

Oshkosh, WI 54901

Ford, Stephen 120 Jackson Street

Oshkosh, WI 54901

Hietpas, Dan 120 Jackson Street

Oshkosh, WI 54901

Oilschlager, Rod 120 Jackson Street

Oshkosh, WI 54901

Richter, Don 120 Jackson Street

Oshkosh, WI 54901

Rieckman, Stew 120 Jackson Street

Oshkosh, WI 54901

Schmudlach, Steve 120 Jackson Street

Oshkosh, WI 54901

Updike, Vicky 120 Jackson Street Chairman Elect

Oshkosh, WI 54901

Verbeten, Paul 120 Jackson Street

Oshkosh, WI 54901

Wierzbinski, Brian 120 Jackson Street Vice Chairman

Oshkosh, WI 54901

Form 990 (2011) OSHKOSH (93-076	5817
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
` (A) ` Name and title	(B) Average hours			() Pos	C) Ition that	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional trustæe	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) STEVE SCHMUDLACH DIRECTOR	1.00	x						0.	0.	0.
(28) VICKY UPDIKE										
CHAIRMAN ELECT	1.00	X		X	_			0.	0.	0.
(29) PAUL VERBETEN	1.00	X						0.	0.	0.
DIRECTOR	1.00	^		-	┢	-		0.	0.	0.
(30) BRIAN WIERZBINSKI VICE CHAIRMAN	1.00	Х		X				0.	0.	0.
(31) TOM BELTER				-	 	-				
DIRECTOR	1.00	Х						0.	0.	0.
(32) CONNIE DREXLER										
DIRECTOR	1.00	Х		_	_		_	0.	0.	0.
(33) PAUL GREENINGER	1.00	X		1				0.	0.	0.
DIRECTOR (34) JEFF SCHMIDT	1.00	^	-		-			0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(35) DENNIS SCHWAB				,						
DIRECTOR	1.00	Х				<u> </u>		0.	0.	0.
(36) BRITTANI VON RUDEN	1 00									
DIRECTOR	1.00	X		 	-		-	0.	0.	0.
(37) JEFFREY BARD DIRECTOR	1.00	Х			1			0.	0.	0.
(38) ROSS MUELLER	1.00									
DIRECTOR	1.00	Х		_	<u> </u> _	ļ	-	0.	0.	0.
					<u> </u>					
		-			-					
	-									
Total to Part VII, Section A, line 1c										