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Short 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)

OMB No 1545-1150

2012

Open to Public
Inspection

► 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.

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

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	ROTARY INTERNATIONAL OSHKOSH ROTARY CLUB		39-0520365
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	PO BOX 785		920-235-0590
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ► 0573
<input type="checkbox"/> Amended return	OSHKOSH, WI 54903-0785		G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
<input type="checkbox"/> Application pending			I Website: ► WWW.OSHKOSHROTARY.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 68,474.

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	SEE SCHEDULE O	
1	Contributions, gifts, grants, and similar amounts received	5a	1
2	Program service revenue including government fees and contracts	5b	2
3	Membership dues and assessments		3 54,728.
4	Investment income		4 281.
5a	Gross amount from sale of assets other than inventory		
b	Less: cost or other basis and sales expenses		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	13,465.
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	4,500.
c	Less: direct expenses from gaming and fundraising events		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,965.
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)		
8	Other revenue (describe in Schedule O)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► RECEIVED		9 63,974.
	Expenses	SEE SCHEDULE O	
10	Grants and similar amounts paid (list in Schedule O)	10	20,140.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	4,090.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,084.
16	Other expenses (describe in Schedule O)	16	36,764.
17	Total expenses. Add lines 10 through 16 OGDEN, UT IRS-OSC	17	62,078.
	Net Assets	SEE SCHEDULE O	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) ►	18	1,896.
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	38,157.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,053.

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

Form 990-EZ (2012)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43,925.	22 39,304.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	5,243.	24 5,472.
25	Total assets	49,168.	25 44,776.
26	Total liabilities (describe in Schedule O)	11,011.	26 4,723.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,157.	27 40,053.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	SCHOLARSHIPS PROVIDED TO EIGHT STUDENTS ATTENDING FOX VALLEY TECHNICAL COLLEGE.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	4,800.
29	STUDENT EXCHANGE PROGRAM BRINGS IN FOREIGN STUDENTS FOR 1 YEAR AT HIGH SCHOOL LEVEL. STUDENT IS SELECTED AT NATIONAL LEVEL. ROTARY ASSISTS WITH EXPENSES.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	4,668.
30	EDUCATIONAL MEETINGS AND RELATED EXPENSES.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	44,317.
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► 32	53,785.

Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BILL BRACKEN				
PRESIDENT	1.00	0.	0.	0.
SHERRY LYNCH				
PRESIDENT-ELECT	1.00	0.	0.	0.
KAREN SCHIBLINE				
SECRETARY	1.00	0.	0.	0.
JAMES STAHL				
TREASURER	1.00	0.	0.	0.
BRAD HUNTER				
SERGEANT AT ARMS	1.00	0.	0.	0.
ALYSON ZIERDT				
BOARD MEMBER	1.00	0.	0.	0.
CAROL WILLIAMS				
BOARD MEMBER	1.00	0.	0.	0.
DENNIS SCHWAB				
BOARD MEMBER	1.00	0.	0.	0.
BEV HARRINGTON				
BOARD MEMBER	1.00	0.	0.	0.
LISA O'HALLORAN				
BOARD MEMBER	1.00	0.	0.	0.
KAREN HEIKEL				
BOARD MEMBER	1.00	0.	0.	0.
DAN POSANSKI				
BOARD MEMBER	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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
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
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:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	40b	X
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► <u>WI</u>		
42a The organization's books are in care of ► <u>JAMES STAHL, CPA</u> Telephone no. ► <u>920-235-0590</u> Located at ► <u>520 N KOELLER ST., OSHKOSH, WI</u> ZIP + 4 ► <u>54903</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	X
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	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47	
48	
49a	
49b	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000 N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 *Sherry Lynch* 10/07/13
 Signature of officer
 Sherry Lynch President
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JAMES R STAHL	Preparer's signature <i>James R. Stahl, CPA</i>	Date 10/7/13	Check <input type="checkbox"/> if self-employed	PTIN P00061729
	Firm's name ► SCHENCK SC			Firm's EIN ► 39-1173131	
	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

Form 990-EZ (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

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Name of the organization

ROTARY INTERNATIONAL OSHKOSH ROTARY CLUB

Employer identification number
39-0520365

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

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

281.

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

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: VARIOUS DONATIONS

AMOUNT GIVEN:

1,698.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: OSHKOSH AREA UNITED WAY

GRANTEE ADDRESS: 36 BROAD STREET, SUITE 100 OSHKOSH, WI 54901

AMOUNT GIVEN:

1,100.

ACTIVITY CLASSIFICATION: INBOUND STUDENT

GRANTEE NAME: GRAZVYDAS BARUTIS

AMOUNT GIVEN:

4,668.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: VARIOUS

AMOUNT GIVEN:

4,800.

ACTIVITY CLASSIFICATION: DISTRICT AND INTERNATIONAL DUES

GRANTEE NAME: ROTARY

GRANTEE RELATIONSHIP: PARENT ORGANIZATIONS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012
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Name of the organization

ROTARY INTERNATIONAL OSHKOSH ROTARY CLUB

Employer identification number
39-0520365AMOUNT GIVEN: 7,874.TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,140.FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
MEALS	26,886.
INTERNATIONAL SERVICE PROJECTS	2,000.
WORLD AFFAIRS SEMINAR	1,040.
GIFTS & AWARDS	648.
LICENSES	26.
SUPPLIES	480.
CONFERENCES, CONVENTIONS, MEETINGS	1,014.
TELEPHONE	136.
CHAMBER DUES	287.
WEBSITE & CLUBRUNNER SUBSCRIPTION	479.
BAD DEBTS	1,289.
ADVERTISING	62.
NEW START PROGRAM	210.
ROTORACT	623.
BSA/INTERACT FEES	1,247.
CLUB SOCIAL	165.
NEW MEMBER SOCIAL	172.
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>36,764.</u>

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

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

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Inspection

Name of the organization

ROTARY INTERNATIONAL OSHKOSH ROTARY CLUB

Employer identification number
39-0520365

ACCOUNTS RECEIVABLE 5,243. 5,472.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	11,011.	4,723.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - COMMUNITY SERVICE WITH
GOAL OF IMPROVING QUALITY OF LIFE**

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.

Name of the organization

ROTARY INTERNATIONAL OSHKOSH ROTARY CLUB

Employer identification number
39-0520365

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICH KERN				
BOARD MEMBER	1.00	0.	0.	0.
JOSHUA ANDERSON				
BOARD MEMBER	1.00	0.	0.	0.
DAVID HAYFORD				
BOARD MEMBER	1.00	0.	0.	0.