

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



Department of the Treasury

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 Open to Public

Inter	nal Reve	nue Service	► The organization may have to use a copy of this return to satisfy	state re	porting requirements	Inspection				
A	For the	2012 calend	dar year, or tax year beginning $\overline{ ext{OCT}}$ 1, 2012 and endii	ing SI	EP 30, 2013	-				
В	Check if applicabl	C Name o	of organization		D Employer identifi	cation number				
	Addre Chang	SS OSHE	OSH CHAMBER OF COMMERCE							
	Name chang ltnitial	e Doing E	Business As		93-0	765817				
F	return Termir			m/suite	E Telephone numbe					
-	lated lAmen	120	JACKSON STREET wn, or post office, state, and ZIP code			303-2266 1,228,202.				
Ē	return Applic		G Gross receipts \$ H(a) Is this a group re							
Application DSHKOSH, WI 54901 H(a) Is this a group return for affiliates? Yes										
_			ACKSON STREET, OSHKOSH, WI 54901	_	H(b) Are all affiliates ind	cluded? Yes No				
_		empt status: l	501(c)(3)	527		list. (see instructions)				
_					H(c) Group exemption	on number N State of legal domicile: WI				
_	art I	Summary		L rear 0	Tiormation. 1507	M State of legal domicile. WI				
_			be the organization's mission or most significant activities: TO ADVA	ANCE	THE GENERA	L WELFARE				
Activities & Governance		AND PRO	SPERITY OF THE OSHKOSH AREA SO THAT	ITS	CITIZENS A					
ž.	2	Check this bo	ox If the organization discontinued its operations or disposed o	of more	than 25% of its net as	ssets.				
Š	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	34				
ص ع	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)		4	34				
es	5	Total number	of individuals employed in calendar year 2012 (Part V, line 2a)		5	12				
Ĭ	6	Total number	of volunteers (estimate if necessary)		6	2000				
Act			d business revenue from Part VIII, column (C), line-12		7 <u>a</u>	419,413.				
_	b	Net unrelated	business taxable income from Form 990-T, ine G4EIVED		7ь	-94,227.				
					Prior Year	Current Year				
e			and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g) FEB 1 8 2014 Come (Part VIII, column (A), lines 3 4, and 7d)		0.	0.				
Revenue		-	ice revenue (Part VIII, line 2g)	<u> </u>	965,048.	1,062,224.				
8					2,761.	2,921.				
ξ	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, DGand it), UT		136,966. 1,104,775.	163,057. 1,228,202.				
) 	1		add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
			to or for members (Part IX, column (A), line 4)		0.	0.				
so.		-	r compensation, employee benefits (Part IX, column (A), lines 5-10)		412,993.	618,968.				
Expenses	4		fundraising fees (Part IX, column (A), fine 11e)		0.	0.				
ē	1		ing expenses (Part IX, column (D), line 25) 5,109.	. —						
û	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	-	733,947.	623,596.				
	1		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,146,940.	1,242,564.				
	19	Revenue less	expenses. Subtract line 18 from line 12		-42,165.	-14,362.				
t Assets or l				Beg	inning of Current Year	End of Year				
sets	20	Total assets (l	Part X, line 16)		920,330.	976,851.				
	21	Total liabilities	(Part X, line 26)		324,273.	395,156.				
Type Time			fund balances Subtract line 21 from line 20		596,057.	581,695.				
	art II	Signatur								
			I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is				
true	, correc	\longrightarrow	. Declaration of preparer (other than officer) is based on all information of which pr	reparer h						
			x 2 - //	-/7						
Sign Date Date										
Here JOHN A. CASPER, EXECUTIVE DIRECTOR Type or print name and title										
		Print/Type pre		I Da	ite Check	II PTIN				
Paid	1	JAMES R	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		/2 //					
		Firm's name	SCHENCK SC		Firm's EIN	39-1173131				
-	Only		520 N. KOELLER ST, PO BOX 2543		THITSLIN					
	,	5 444, 050	OSHKOSH, WI 54903-2543		Phone no. (920)235-0590				

May the IRS discuss this return with the preparer shown above? (see instructions)

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

232001 12-10-12

X Yes

Form 990 (2012)

r om	n 990 (2012) OSHKOSH CHAMBER OF COMMERCE 93-0765817	Page
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE LEADERSHIP AND TO SERVE AND REPRESENT OUR MEMBERS SO TH	EIR
	BUSINESSES AND OUR COMMUNITY WILL PROSPER.	
 !	Did the organization undertake any significant program services during the year which were not listed on	
		s X
	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?	s X
	If "Yes," describe these changes on Schedule O.	
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	revenue, if any, for each program service reported.	
a		
	COMMUNITY PROGRAMS & EVENTS - PROVIDING TO THE CITY OF OSHKOSH AN	
	ENVIRONMENT WHERE BUSINESS AND COMMUNITY GOALS CAN BE ACHIEVED.	
	_	
	15 765	
b	(Code) (Expenses \$15,765 • including grants of \$) (Revenue \$	
b	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
b		
b	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
b	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
•	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
)	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
-	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
b	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
•	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
•	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
.	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT	
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES	
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017 • including grants of \$) (Revenue \$	OCAL
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAL
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017 • including grants of \$) (Revenue \$	OCAI
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAI
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAI
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAI
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAL
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAL
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAL
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAL
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAI
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAI
	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND Local Business with Current Busin	OCAI
C	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND LEBUSINESSES TO MEMBERS Other program services (Describe in Schedule O.)	OCAL
d	SMALL BUSINESS SEMINARS - TO ASSIST LOCAL BUSINESS WITH CURRENT BUSINESS ISSUES (Code) (Expenses \$ 28,017. including grants of \$) (Revenue \$ NEWSLETTER - TO PROVIDE INFORMATION REGARDING CURRENT EVENTS AND LEBUSINESSES TO MEMBERS	OCAL

93-0765	817	P	age 3
· · · · · · · · · · · · · · · · · · ·		Yes	No
			х
	2		X
to candidates for	3		<u> </u>
01(h) election in effect	4		
s, assessments, or	5		х
s have the right to			
te Schedule D, Part I	6		X
ace,	7		х
Yes," complete	8		х
s a custodian for tiation services?			
owments, permanent	10		x x
VI, VII, VIII, IX, or X	10		**
pplete Schedule D,	11a	Х	
ore of its total	11b		х
nore of its total	11c		х
sets reported in	444		х
O, Part X	11d 11e	Х	
hat addresses			
ile D, Part X	11f	Х	
" complete	12a		x
r? is optional	12b	х	
	13		X
	14a		Х
draising, business,			
/alued at \$100,000	14b		х
y organization	15		х
ance to individuals	16		х
s on Part IX,	17		x
on Part VIII, lines	18		x

			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		X
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	duning 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		Х
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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, Part VI	110	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	-25	
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	 		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
а	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	'''ٽ		├──
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		$\overline{}$
	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 and XII	12a		x
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 and XII is optional	12b	Х	
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,			_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	i		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		l

Form **990** (2012)

Form **990** (2012)

37

X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2012) OSHKOSH CHAMBER OF COMMERCE
Part 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 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	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	Ĺ
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			Ì
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		L
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļJ
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?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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.			ļ
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(aV1) non-exempt charitable trusts to the exemption files Form 200 in less of Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	138		- 1
.	·			
U	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			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 136			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> </u>
_	1. 100, had a find a form the to topolit alloce payments: it may provide an explanation in contedute o		990	(2012)

232005 12-10-12

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI				LX					
Sec	tion A. Governing Body and Management									
		_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	34								
	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 O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b	34								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	any other								
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct	t supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		3_		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	s filed?	4	X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5_		X					
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint of	one or								
	more members of the governing body?		7a	_X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	lders, or								
	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:								
а	The governing body?		8a	X						
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 a	t the								
	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	Χ_						
b	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	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a		X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 77						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	_	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl		12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de-	scnbe		7.7						
	in 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	X						
15	Did the process for determining compensation of the following persons include a review and approval by inc	dependent		ľ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			X						
	The organization's CEO, Executive Director, or top management official		15a							
b	Other officers or key employees of the organization		15b	<u> </u>	_					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a set to a transfer or similar arrangement with a set to a transfer or similar arrangement with a set to a transfer or similar arrangement with a set to a transfer or similar arrangement with a set to a transfer or similar arrangement with a set to a transfer or similar arrangement with a set to a transfer or similar arrangement with a set to a	πna	40-		X					
_	taxable entity during the year?		16a		<u> </u>					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its pa	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	n's	401		ļ					
800	exempt status with respect to such arrangements?		16b							
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed WI		· roul-l-	<u> </u>	_					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990-T (Section 1024 if ap	on outici(3)s only) a	vallab	ie						
	for public inspection. Indicate how you made these available. Check all that apply.	adula Ol								
40	Own website Another's website X Upon request Other (explain in Scho	•	J &:							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	interest policy, and	tinar	iciai						
	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 reco JOHN A. CASPER $-920-303-2266$	ras or the organizat	ion: 🏴							
	120 JACKSON STREET, OSHKOSH WI 54901									
232006	· · · · · · · · · · · · · · · · · · ·			000	(0040					

12-10-12

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
- 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)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Posi heck	ITIOF more	than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of other	
	week	<u> </u>					Γ,	from	from related		
	(list any hours for	Individual trustee or director				_	1	the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	98 0.0	stee		l	nsate		(W-2/1099-MISC)	(77 27 1000 141100)	organization	
	organizations	trust	Institutional trustee))))	Highest compensated employee	l	,,		and related	
	below	duat	tutton	er	Key employee	est co loyee	ıe			organizations	
	line)	턀	Instr	Officer	Key	High emp	Former				
(1) JOHN CASPER	40.00			,					_		
EXEC DIRECTOR, SECRETARY		X	$oxed{oxed}$	X		Ш		129,920.	0.	17,585	
(2) CHANDA ANDERSON	1.00		i					_	_	_	
DIRECTOR		X						0.	0.	0	
(3) KEN ARNESON	1.00	1					1	_	_	_	
DIRECTOR		Х			_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0	
(4) KENT BELVILLE	1.00					-				_	
DIRECTOR	1 2 2 2	Х	Щ		L.		_	0.	0.	0	
(5) BILL CALHOUN	1.00									_	
DIRECTOR	1 00	X	$\vdash \vdash$		_			0.	0.	0	
(6) MIKE PLOYD	1.00	Į.,						_		_	
CHAIRMAN ELECT	1 00	X	$\vdash \vdash$	X		\vdash	_	0.	0.	0	
(7) BOB HEISLER DIRECTOR	1.00	₩.						0.	0.	^	
(8) DAVID SEEKINGS	1.00	Х	$\vdash \vdash$			\vdash	<u> </u>	0.	U •	0	
DIRECTOR	1.00	x						0.	0.	0	
(9) CAROL SULLIVAN	1.00	┢ˆ	\vdash		_	\vdash	<u> </u>		U •	U	
DIRECTOR	1.00	x						0.	0.	0	
(10) BRIAN WOGERNESE	1.00	₽	Н	\dashv		\vdash		- 0.			
DIRECTOR	1.00	x						0.	0.	0	
(11) JOHN DAGGETT	1.00	A	Н					0.	0.	-	
DIRECTOR	1.00	x						0.	0.	0	
(12) STEPHEN FORD	1.00						\vdash				
DIRECTOR		x						0.	0.	0	
(13) DAN HIETPAS	1.00	苣				\vdash					
DIRECTOR		\mathbf{x}						0.	0.	0	
(14) ROD OILSCHLAGER	1.00	<u> </u>	Н	\vdash			-				
DIRECTOR		x						0.	0.	0	
(15) DON RICHTER	1.00	Ī	М			\Box					
DIRECTOR		х						0.	0.	0	
(16) STEWART RIECKMAN	1.00										
DIRECTOR		Х						0.	0.	0	
(17) STEVE SCHMUDLACH	1.00										
DIRECTOR		X						0.	0.	0	

232007 12-10-12

Form **990** (2012)

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D) (E)			(F)		
Name and title Average			Position (do not check more than one					Reportable Reportable			Es	tımated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount of	
	week (list any	Η-	CC. (2)		T	T	T	from	from related			other	
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS		i	pensations om the)/ I
	related	9	stee		l	nsate		(W-2/1099-MISC)	(11 2) 1000 11110	, ,		anızatıcı	n
	organizations	trust	al tru		yee	E E		, , , , , , , , , , , , , , , , , , , ,			_	d related	
	below	ndual	Institutional trustee	ᡖ	Key emptoyee	est co	 				orga	ınızatıon	ıs
	line)	Ę	ınstı	Officer	Ě	Highest compensated employee	Former						
(18) VICKI UPDIKE	1.00	l]			l						_
CHAIRMAN		X	_	Х	<u> </u>	┞	_	0.		0.			<u>0.</u>
(19) PAUL VERBETEN	1.00					l	Ì			_			^
DIRECTOR	1-00	X		<u> </u>	_	┞-	<u> </u>	0.		0.			0.
(20) BRIAN WIERZBINSKI	1.00			.,						_			^
TREASURER	1 00	X	<u> </u>	X	_	-	⊢	0.		0.			0.
(21) BOB ALBRIGHT	1.00	↓						0		0.			ο.
DIRECTOR (22) TORN ANDERGON	1.00	X	<u> </u>		-	-	-	0.		٠.			<u>.</u>
(22) JOHN ANDERSON	1.00	x		x				0.		0.			Ο.
PAST CHAIRMAN (23) TOM BLAZE	1.00	₽	<u> </u>	^	⊢	\vdash	┢			٠.			<u>··</u>
DIRECTOR	1.00	X						0.		0.			Ο.
(24) HALLIE DETJEN	1.00	Ĥ	\vdash	⊢	⊢	\vdash	├		-	••			••
DIRECTOR	1.00	X			ŀ	1		0.		0.			0.
(25) PHIL JANES	1.00	 	┢	\vdash	╁╴	+-	H			-			
DIRECTOR	<u> </u>	x						0.		0.			0.
(26) JOE LE ROY	1.00				H	t		-					_
VICE CHAIRMAN		Х		x				0.		0.			0.
1b Sub-total	ı	_				┢		129,920.		0.	1	7,58	5.
c Total from continuation sheets to Part VI	I. Section A					•		0.		0.	0. 0.		
d Total (add lines 1b and 1c)	•					•		129,920.		0.	1	7,58	5.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	0,000 of reportable	e			
compensation from the organization													1
												Yes I	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u> </u>
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150	•		-								4		X
5 Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-		relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X
Section B. Independent Contractors									-				
1 Complete this table for your five highest co	•									pens	ation 1	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/Ithir		year I				
(A) Name and business	address	NT	INC					(B) Description of s	envices	C	(Compe	nsation	
- Trains and basiness	404.000	74/)I41				\dashv						
							\dashv						
							- [
							\dashv						
											-		
							_ [
													

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2012)

		Check if Schedule O cont.	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इइ	1 a	Federated campaigns	T ₁ a					
EŽ		Membership dues	1b	-				
آ آ آ		Fundraising events	1c					
# i		Related organizations	1d					
Sign Sign		Government grants (contribut						
ë ë		All other contributions, gifts, gran						
ige Fee	•	similar amounts not included above	1 1					
ĒĎ	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f						
				Business Code				
ဗွ	2 a			511190	430,558.	387,213.	43,345.	
ه ∑	b		REVENU	900099	335,599.	335,599.		
S E	c	WATERFEST		722210	242,763.		242,763.	
Program Service Revenue	d	ADVERTISING		541800	44,939.		44,939.	
5	е	OCCUPANCY REVEN	IUE	531120	8,365.	8,365.		
<u>-</u>	f	All other program service reve	enue			<u>.</u> .		
	g	Total. Add lines 2a-2f			1,062,224.			
	3	Investment income (including	dividends, intere	est, and				
		other sımılar amounts)		•	2,921.			2,921.
	4	Income from investment of tax	x-exempt bond p	roceeds >			_	
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
		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						
		Gain or (loss)		<u> </u>	· 			
		Net gain or (loss)						
e	8 a	Gross income from fundraising	`					
venue		including \$	of					
		contributions reported on line						
Other Re		Part IV, line 18	a .					
ᅗ		Less direct expenses	. b	L				
		Net income or (loss) from fund		<u> </u>				
-	у а	Gross income from gaming ac						
		Part IV, line 19	a					[
		Less: direct expenses	b					<u> </u>
		Net income or (loss) from gam	-		_			
	io a	a Gross sales of inventory, less and allowances						
		Less: cost of goods sold	a b					
		Net income or (loss) from sale	_				~	
1		Miscellaneous Revenu		Business Code			_	<u> </u>
	11 2	COMMISSIONS		541900	88,366.	-	88,366.	
	ıı a	VICABLE BARRATA	.	900099	74,691.	74,691.		1
	0	·			,			1
	d			-				
		Total. Add lines 11a-11d			163,057.			
	12	Total revenue. See instructions.		>	1,228,202.	805,868.	419,413.	2,921.
23200								Form 990 (2012)

Form 990 (2012) OSHKOSH CHAMBER OF COMMERCE Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		s Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	<u> </u>			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	404 005	25 245	104 004	
	trustees, and key employees	131,226.	26,245.	104,981.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	206 202	272 501	100-500	- F 100
7	Other salaries and wages	386,202.	272,501.	108,592.	5,109
8	Pension plan accruals and contributions (include	10 245	11 461	7 004	
_	section 401(k) and 403(b) employer contributions)	19,345. 41,432.	11,461. 25,130.	7,884.	
9	Other employee benefits	40,763.	25,130.	15,490.	
10	Payroll taxes	40,763.	23,273.	15,490.	
11	Fees for services (non-employees):				
a	Management	14,582.		14,582.	
b		20,135.		20,135.	
d	Accounting Lobbying	20,133.		20,133.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	15,776.	14,987.	789.	
13	Office expenses			, , ,	
14	Information technology				
15	Royalties				
16	Occupancy	38,487.		38,487.	
17	Travel	13,542.	13,542.	<u> </u>	
18	Payments of travel or entertainment expenses	•	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,874.	8,430.	444.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,242.		30,242.	·
23	Insurance	2,057.		2,057.	
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	233,685.	233,685.		
b	SALES & USE TAX	65,445.	65,445.		
С	NEWSLETTER	28,017.	28,017.		
d	ECONOMIC DEVELOPMENT	16,948.	16,948.		
е	All other expenses SEE SCH O	135,806.	108,779.	27,027.	
25	Total functional expenses. Add lines 1 through 24e	1,242,564.	850,443.	387,012.	5,109
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 following SOP 98-2 (ASC 958-720)				Form 990 (2012

Part X	Balance Sheet					
	Check if Schedule O contains a response to an	y question in	this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			18,696.	1	26,071
2	Savings and temporary cash investments			586,235.	2	633,686
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net		49,585.	4	71,461	
5	Loans and other receivables from current and for	ormer officers	s, directors,			
	trustees, key employees, and highest compens	ated employe	es. Complete			
	Part II of Schedule L		5			
6	Loans and other receivables from other disqual					
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sec					
.	employees' beneficiary organizations (see instr)	. Complete P	art II of Sch L		6	
7 8	Notes and loans receivable, net		L		7	
8	Inventories for sale or use		<u>_</u>		8	
9	Prepaid expenses and deferred charges		L	7,918.	9	7,421
10a	Land, buildings, and equipment cost or other					
	basis. Complete Part VI of Schedule D	10a	792,370.			
b	Less: accumulated depreciation	10b	554,158.	257,896.	10c	238,212
11	Investments - publicly traded securities		11			
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ	at line 34)		920,330.	16	976,85
17	Accounts payable and accrued expenses	127,244.	17	191,078		
18	Grants payable	150 660	18	100 60		
19	Deferred revenue		-	178,669.	19	182,63
20	Tax-exempt bond liabilities		-		20	
21	Escrow or custodial account liability. Complete		-		21	
22	Loans and other payables to current and forme	r officers, dire	ectors, trustees,			
	key employees, highest compensated employee	es, and disqu	alified persons			
1	Complete Part II of Schedule L		-		22	
23	Secured mortgages and notes payable to unrela	•			23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa	-				
	parties, and other liabilities not included on lines	s 17-24). Com	nplete Part X of	10 260		21 444
1	Schedule D		-	18,360.	25	21,440
26	Total liabilities. Add lines 17 through 25		. [V]	324,273.	26	395,15
	Organizations that follow SFAS 117 (ASC 958	••	e▶ X and			
	complete lines 27 through 29, and lines 33 ar	1d 34.	 -	596,057.		581,69
27	Unrestricted net assets		<u> </u>	330,037.	27	301,09
28	Temporanly restricted net assets		-		28	
29	Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117 (A	SC 958), che	eck here			
	and complete lines 30 through 34.		 -			
30	Capital stock or trust principal, or current funds		·		30	
31	Paid-in or capital surplus, or land, building, or ed		<u> </u>		31	
32	Retained earnings, endowment, accumulated in	come, or oth	er tunds	506 057	32	501 601
33	Total net assets or fund balances		-	596,057.	33	581,695
34	Total liabilities and net assets/fund balances			920,330.	34	976,851 Form 990 (20

Form **990** (2012)

	990 (2012) OSHKOSH CHAMBER OF COMMERCE	93-076	5817	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,228		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,242	, 56	54.
3	Revenue less expenses Subtract line 2 from line 1	3	-14		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	596	, 05	<u>57.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	581	, 69	}5.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			'	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			\neg
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt		\Box	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form \$	90 (2	2012)

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

2012

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

-EZ. Open to Public Inspection

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 50	01(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of organ	nization		-	Emp	loyer identification number
		CHAMBER OF COMM			93-0765817
Part I-A	Complete if the org	anization is exempt und	der section 501(c	or is a section 527 o	rganization.
	expenditures	ation's direct and indirect politi	cal campaign activities	in Part IV ►\$	
Part I-B	Complete if the org	anization is exempt und	der section 501(c)(3).	
1 Enter the		ncurred by the organization un		▶ \$;
	•	incurred by organization manag			
		n 4955 tax, did it file Form 4720			Yes No
4a Was a co	rrection made?				Yes No
	describe in Part IV.				
Part I-C	Complete if the org	anization is exempt und	der section 501(c		
		by the filing organization for se	•		
		zation's funds contributed to o	ther organizations for s	section 527	
•	unction activities				
	mpt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POI	L,	
line 17b	haa a	4400 001 (4)0		*	Yes No
	ling organization file Form names, addresses and en	ployer identification number (E	IN) of all section 527 p	olitical organizations to which	
		ion listed, enter the amount pa			
		emptly and directly delivered to	, ,	· ·	ate segregated fund or a
political a	action committee (PAC) If a	additional space is needed, pro	vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter 0.	contributions received and promptly and directly
				Tarido il Florio, critor o .	delivered to a separate
					political organization. If none, enter -0
		-			Willows, order o.
				 	
	Ì		Ì		
_					
				<u></u>	
For Bononyor	k Daduction Act Notice	on the Instructions for Form	000 or 000 E7	Cabadula C	/Enum 000 at 000 E7) 2010

232041 01-07-13

LHA

Schedule C (Form 990 or 990-EZ) 2012 OS				93-0	765817 Page 2
Part II-A Complete if the organ		mpt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under section					
A Check ► ☐ If the filing organization	n belongs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of	of excess lobbying	expenditures)			
B Check ► if the filing organization	n checked box A ar	nd "limited control" pro	ovisions apply.		,
Limits ((The term "expenditu	on Lobbying Expe ures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influer			Ì		
c Total lobbying expenditures (add line	•	, (,g,	ľ		
d Other exempt purpose expenditures	·- ,		Ì		
e Total exempt purpose expenditures (add lines 1c and 1c	i)	ľ		
f Lobbying nontaxable amount. Enter t		•	h columns		
If the amount on line 1e, column (a) or (l		bying nontaxable am	1		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	-	00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,0		1		
	1 0.,000				
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	•				
i Subtract line 1f from line 1c If zero or	•		ì		
j If there is an amount other than zero	•	line 1i, did the organiz	ا ation file Form 4720		<u> </u>
reporting section 4911 tax for this year		,			Yes No
_	ons that made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					<u> </u>
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 OSHKOSH CHAMBER OF COMMERCE 93-076581 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	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of the	e lobbying activity.	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)?	-			
C					
đ					
e	•				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
J	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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? † III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	tion 501(c)	(5), or se	ction	
	501(c)(6).		(0), 0: 00		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	v
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).	Unio 504(a)	(5)	-4:	Х
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members	d "No," Of	R (b) Par	t III-A, lir	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
_	expenses for which the section 527(f) tax was paid).	ticai			
а	Current year		2a		
	Carryover from last year		2b	-	
	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			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information			<u> </u>	
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 (affilia	ated group	list); Part II	A, line 2;
and I	Part II·B, line 1. Also, complete this part for any additional information				
				_	
		_			

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. 2012
Open to Public Inspection

Name of the organization

OSHKOSH CHAMBER OF COMMERCE

Employer identification number

Pai	t L Organizations Maintaining Denoy Advise		93-0763617				
rai			or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin		4 2 5 1 1 1 1				
		(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	•					
	are the organization's property, subject to the organization's	_	└─ Yes └─ No				
6	Did the organization inform all grantees, donors, and donor a	• •	-				
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	· — —				
<u> </u>	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No				
Pa			art IV, line 7.				
1							
	Preservation of land for public use (e.g., recreation or	education) Preservation of an his	toncally important land area				
	Protection of natural habitat	Preservation of a certi	fied historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied 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				
þ	Total acreage restricted by conservation easements	2b					
	c Number of conservation easements on a certified historic structure included in (a)						
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax				
	year						
4	Number of states where property subject to conservation ea	·					
5	Does the organization have a written policy regarding the pe		——————————————————————————————————————				
_	violations, and enforcement of the conservation easements		└ Yes				
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 satisfy the requirements of section 170(h)(4)(B)(i)						
_	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservat	•	· ·				
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for				
Do	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Transuras or O	ther Similar Assets				
rai			ther Sillinar Assets.				
	Complete if the organization answered "Yes" to Form						
ıa	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIII,				
L	the text of the footnote to its financial statements that descr						
D	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic 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	and the second s	> \$				
2	If the organization received or held works of art, historical tre		i gain, provide				
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items:	.				
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
D	Assets included in Form 990, Part X		> 5				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

	Schedule D (Form 990) 2012 OSHKOSH CHAMBER OF COMMERCE 93-0765817 Page 2									
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3	Using the organization's acquisition, access	on, and other record	ds, ched	ck any of the	following tha	at are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	,	Loan or exc	hange progra	ams				
b										
С	Preservation for future generations									
4	Provide a description of the organization's control of the organization of the organiz							ose in Par	t XIII.	
5	During the year, did the organization solicit of					er sımıla	r assets	_	_	
<u> </u>	to be sold to raise funds rather than to be m								_ Yes	<u> </u>
Pai	rt IV Escrow and Custodial Arran		ete if th	e organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	r contribution	ns or other as	sets not	included		¬	
	on Form 990, Part X?							<u> </u>	∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
							\perp		Amount	
C	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f 20	Ending balance	000 D-4 V I	040				1f		Tv.	T 184-
2a	9	•		b b		D-4 VIII			∐ Yes	⊢ No
Pai	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete						10			
		(a) Current year		Pnor year	(c) Two year		(d) Three y	eare hack	(e) Four y	ears hack
1a	Beginning of year balance	(a) Current year	(5)	riioi yeai	(C) 1410 year	3 Oack	(u) Thice y	Cars Dack	(e) rour y	Cars Dack
b	Contributions		 	_		1			 	
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities	. =-	<u> </u>					·	 	
•	and programs					ļ				
f	Administrative expenses					<u> </u>				
a	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1	1a. column (a	a)) held as:					
а	Board designated or quasi-endowment		%	. 3, (-	-,,					
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administe	ered for t	he organiz	zation		
	by:								Y	es No
	(i) unrelated organizations 3a(i)									
	(ii) related organizations 3a(iii)									
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X	(, line 10.						
	Description of property	(a) Cost or o		(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)	basis	<u> </u>	de	preciation			
1a	Land				8,756.					,756.
b	Buildings			60	2,526.	4	424,0	75.	<u> 178</u>	,451.
С	Leasehold improvements			<u> </u>	1 2 2 2		100 5			
	Equipment			17	1,088.		130,0	83.	41	,005.
	Other	<u> </u>								040
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colu	mn (B), line 1	0(c))					,212.
							;	Schedule	D (Form s	990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

21,440.

	dule D (Form 990) 2012 OSHKOSH CHAMBER OF COMMER	CE	93~	0765817	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial States	nents With Revenue per I	Retur	n	
1	Total revenue, gains, and other support per audited financial statements	-	1	1,344	,470.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a -947	<u>.</u>]		
b	Donated services and use of facilities	2b]		
C	Recovenes of prior year grants	2c]		
d	Other (Describe in Part XIII.)	2d 117,215	.]		
е	Add lines 2a through 2d		2e		,268.
3	Subtract line 2e from line 1		3	1,228	,202.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b]		
C	Add lines 4a and 4b		4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,228	,202.
Pai	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses pe	r Retu		
1	Total expenses and losses per audited financial statements		1	1,395	,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				_
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b]		
C	Other losses	2c]		
d	Other (Describe in Part XIII.)	2d 153,173			
е	Add lines 2a through 2d		2e		<u>,173.</u>
3	Subtract line 2e from line 1		3	1,242	,564.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b	-	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,242	,564.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

PART X, LINE 2: ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10 ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF
WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN
SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE
ORGANIZATIONS MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION
ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED
ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE
POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE
Schedule D (Form 990) 2012

Part XIII Supplemental Information

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, 2013 AND 2012. 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	XI,	LINE	2D	_	OTHER	ADJUSTMENTS:

AFFILIATE REVENUE REPORTED ON TAX RETURN ID#26-0015746	112,812.
AFFILIATE REVENUE REPORTED ON TAX RETURN ID#39-1622920	4,403.
TOTAL TO SCHEDULE D. PART XI. LINE 2D	117.215.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE EXPENSES REPORTED ON TAX RETURN ID#26-0015746	151,241.
AFFILIATE EXPENSES REPORTED ON TAX RETURN ID#39-1622920	1,932.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	153,173.

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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
Open to Public Inspection

Internal Revenue Service

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 4: CHAMCO IS NO LONGER A PART OF THE

EXECUTIVE COMMITTEE, ONLY A MEMBER OF THE BOARD. A PROPEL DELEGATE NOW HAS

A SEAT ON THE BOARD. ALSO, THE OSHKOSH AREA ECONOMIC DEVELOPMENT

CORPORATION IS NOW GOVERNED BY THE OSHKOSH CHAMBER OF COMMERCE EXECUTIVE

COMMITTEE.

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 TO SERVE AS DIRECTORS, WHICH ARE GIVEN TO THE BOARD MANAGEMENT & DEVELOPMENT COMMITTEE. THE BOARD MANAGEMENT & 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 ORGANIZATION'S FISCAL YEAR, TO ENSURE THAT THE ELECTION OF DIRECTORS IS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13 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,

CONTROLLER, CHAIRMAN OF THE BOARD, BOARD TREASURER AND AUDIT COMMITTEE FOR 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

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

FROGRAM SERVICE EXPENSES	1,702.
MANAGEMENT AND GENERAL EXPENSES	9,671.

FUNDRAISING EXPENSES	O.

TOTAL E	XPENSES	11,373.
		

PROPEL PROGRAM EXPENSE:

PROGRAM SERVICE	FYDENCEC	10.14	A A
PROGRAM SERVICE	EAPENSES	10.14	44.

24

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

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization OSHKOSH CHAMBER OF COMMERCE	Employer identification number 93-0765817
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,144.
GOLF OUTING:	
PROGRAM SERVICE EXPENSES	9,547.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,547.
MISCELLANEOUS PROGRAM EXPENSE:	
PROGRAM SERVICE EXPENSES	8,137.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,137.
BUSINESS EXPO:	
PROGRAM SERVICE EXPENSES	8,114.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,114.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	5,475.
MANAGEMENT AND GENERAL EXPENSES	1,825.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,300.
WESTSIDE ASSOCIATION:	
232212 01-04-13 25	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization OSHKOSH CHAMBER OF COMMERCE	Employer identification number 93-0765817
PROGRAM SERVICE EXPENSES	7,247.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,247.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	4,496.
MANAGEMENT AND GENERAL EXPENSES	1,927.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,423.
OSHKOSH SAFETY COUNCIL:	-
PROGRAM SERVICE EXPENSES	5,557.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,557.
EQUIPMENT RENTAL AND MAINTENANCE:	· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,329.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,329.
ANNUAL MEETING:	
PROGRAM SERVICE EXPENSES	5,130.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,130.
232212 01-04-13 2.6	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
OSHKOSH CHAMBER OF COMMERCE	93-0765817
POSTAGE:	
PROGRAM SERVICE EXPENSES	460.
MANAGEMENT AND GENERAL EXPENSES	4,146.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,606.
	· · · · · · · · · · · · · · · · · · ·
MEMBERSHIP:	
PROGRAM SERVICE EXPENSES	3,536.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,536.
HOLIDAY PARADE:	
PROGRAM SERVICE EXPENSES	3,399.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,399.
COMPUTER EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,997.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,997.
PRINTING:	
PROGRAM SERVICE EXPENSES	1,916.
MANAGEMENT AND GENERAL EXPENSES	0.
232212 01-04-13 27	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
OSHKOSH CHAMBER OF COMMERCE	93 – 0765817
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,916.
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	610.
MANAGEMENT AND GENERAL EXPENSES	1,132.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,742.
GOVERNMENTAL AFFAIRS:	
PROGRAM SERVICE EXPENSES	957.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	957.
MISCELLANEOUS PUBLICATIONS:	· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE EXPENSES	458.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	458.
COMMUNITY PROGRAMS:	
PROGRAM SERVICE EXPENSES	448.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	448.
AMBASSADORS: 232212 01-04-13 28	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization OSHKOSH CHAMBER OF COMMERCE	Employer identification number 93-0765817
PROGRAM SERVICE EXPENSES	115.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	115.
BUSINESS AFTER HOURS:	
PROGRAM SERVICE EXPENSES	20.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 135,806.
THE VALUE OF TRANSACTIONS WITH RELATED ORGANIZATIONS IS DESCRIBED THROUGH A SERVICE AGREEMENT, WHICH IS APPROVED BY THE EXECUTION OF THE OSHKOSH CHAMBER OF COMMERCE AND THE OSHKOELONOMIC DEVELOPMENT CORPORATION.	CUTIVE
	

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

► Attach to Form 990.

2012	Open to Public	Inspection

OMB No 1545-0047

Employer identification number 93-0765817

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

OSHKOSH CHAMBER OF COMMERCE

(a) Name, address, and EIN (if applicable) of disregarded entrhy	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				•••	
			·		
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.)	tions (Complete if the organization an	swered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	lated tax-exempt

(g) Section 512(b)(13)

controlled entity? Yes

Direct controlling entity

Exempt Code section

Legal domicile (state or foreign country)

Primary activity

Name, address, and EIN of related organization

(a)

9

₤

status (if section 501(c)(3)) Public charity <u>e</u>

 $\boldsymbol{\varepsilon}$

ž

×

X/A

501(C)(4)

WISCONSIN

CTIVITIES TO PROMOTE THE

VARIOUS COMMUNITY

COMMERCIAL, ECONOMIC &

VARIOUS COMMUNITY

OSHKOSH CHAMBER OF COMMERCE FOUNDATION, INC. - 26-0015746, 120 JACKSON STREET, OSHKOSH, WI 54901

CORPORATION - 39-1622920, 120 JACKSON OSHKOSH AREA ECONOMIC DEVELOPMENT

STREET, OSHKOSH, WI 54901

×

A/A

501(C)(3)

WISCONSIN

ACTIVITIES TO PROMOTE AND

ADVANCE EDUCATIONAL,

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

Schedule R (Form 990) 2012

30

232161 12-10-12 LHA

Schedule R (Form 990) 2012 OSHKOSH CHAMBER OF COMMERCE

Part. III Identification of Related Organizations Taxable as a Partnership (Complete of 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.)

	(a) (A) (A)	A year.,	7			9	(2)	3			6	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		t income related, tax under (2-514)	Share of total income	Share of end-of-year assets	Disproprate allox	Cod amoui 20 of 8 K-1 (Fc	V.UBI	General or F managing partner?	General or Percentage managing ownership
								:				
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.)	yanizations Taxable a	is a Corpoid the tax	oration or Trust (Cyear)	omplete if th	e organizatio	n answered "Ye	s" to Form 990), Part IV, line	34 because	ıt had one	or more	related
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp.		(f) Share of total Income	(g) Share of end-of-year assets		(h) Percentage ownership	Section 512(b)(13) controlled entity?
232162 12-10-12				31					Š	chedule R	(Form	Schedule R (Form 990) 2012

Page 3 ÷

rganızatı
ım 990, Part

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				×	Yes No	اه
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	slated organizations listed	ın Parts II-IV?			_
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	ايد
b Gift, grant, or capital contribution to related organization(s)				1p	×	ايد
c Gift, grant, or capital contribution from related organization(s)				10	×	×
d Loans or loan guarantees to or for related organization(s)				P	×	يدا
e Loans or loan guarantees by related organization(s)				4	~	يدا
					+	1
f Dividends from related organization(s)				=	X	×
a Sale of assets to related organization(s)				5	×	یوا
				p =	×	ا
				ï	>	
Exchange of assets with related organization(s)				= :	4 >	داه
J Lease of facilities, equipment, or other assets to related organization(s)				<u>-</u>	4	_ ہ
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	- -
Performance of services or membership or fundraising solicitations (nization(s)			=	×	یرا
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			£	×	یرا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			11	X	ايرا
 Sharing of paid employees with related organization(s) 				9	<u>×</u>	ايد
				1	>	_
p remibulsement paid to related organization(s) for expenses				2 5	× ۲	یرا ب
				2	╀	. [
r Other transfer of cash or property to related organization(s)				+	X	ایرا
s Other transfer of cash or property from related organization(s)				18	×	ایر
s for in	ho must complete the	ns line, including covered	formation on who must complete this line, including covered relationships and transaction thresholds.			١
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(9)						1
(4)						
(5)						
(9)						
232163 12-10-12	32		Schedul	Schedule R (Form 990) 2012	30) 20	12

93-0765817

Schedule R (Form 990) 2012 OSHKOSH CHAMBER OF COMMERCE

Parign 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

(a) (b) (c) (d)	(q)	(0)	(p)	(e)		(6)	ε	(i)	8	(K)
Name, address, and EIN of entity	Primary activity	음 탈	Predominant income parties se (related, unrelated, 501(c)(3) excluded from fax ongs?	501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor Code V-UBI General or Percentage tonale amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General c managine partner?	Percentage ownership
		country)	under section 512-514)	Yes	income	assets	Yes No	(Form 1065)	Yes No	
				+						
			·							
		_								
									_	
				_						
							-			
				-			-			
		-					_			
				 						
				1						
									-	
								Schedule	R (For	Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	USHKUSH	CHAMBER OF	COMMERCE	9	3-0/6381/ Page 5
Part VII	(Form 990) 2012 Supplemental Info					
	Complete this part to pro	ovide additional in	formation for respon-	ses to questions on So	chedule R (see instruction	ns)
	_					
	-					
		 				
_						
			 			
						
			<u> </u>			
•						
				-· ·		
					 	
						
						
					<u> </u>	
						

2013 BOARD OF DIRECTORS OSHKOSH CHAMBER OF COMMERCE

Terms Expire September 30, 2013

Anderson, Chanda 120 Jackson Street

Oshkosh, WI 54901

Arneson, Ken 120 Jackson Street

Oshkosh, WI 54901

Belville, Kent 120 Jackson Street

Oshkosh, WI 54901

Calhoun, Bill 120 Jackson Street

Oshkosh, WI 54901

Chairman Elect

Floyd, Mike 120 Jackson Street

Oshkosh, WI 54901

Heisler, Bob 120 Jackson Street

Oshkosh, WI 54901

Seekings, David 120 Jackson Street

Oshkosh, WI 54901

Sullivan, Carol 120 Jackson Street

Oshkosh, WI 54901

Wogernese, Brian 120 Jackson Street

Oshkosh, WI 54901

2013 BOARD OF DIRECTORS OSHKOSH CHAMBER OF COMMERCE

Terms Expire September 30, 2014

Daggett, John 120 Jackson Street

Oshkosh, WI 54091

Ford, Stephen 120 Jackson Street

Oshkosh, WI 54091

Hietpas, Dan 120 Jackson Street

Oshkosh, WI 54091

Oilschlager, Rod 120 Jackson Street

Oshkosh, WI 54091

Richter, Don 120 Jackson Street

Oshkosh, WI 54091

Rieckman, Stew 120 Jackson Street

Oshkosh, WI 54091

Schmudlach, Steve 120 Jackson Street

Oshkosh, WI 54091

Updike, Vicki 120 Jackson Street Chairman of the Board

Oshkosh, WI 54091

Verbeten, Paul 120 Jackson Street

Oshkosh, WI 54091

Wierzbinski, Brian 120 Jackson Street Treasurer

Oshkosh, WI 54091

2013 BOARD OF DIRECTORS OSHKOSH CHAMBER OF COMMERCE

Terms Expire September 30, 2015

Albright, Bob 120 Jackson Street

Oshkosh, WI 54901

Anderson, John 120 Jackson Street Past Chairman

Oshkosh, WI 54901

Blaze, Tom 120 Jackson Street

Oshkosh, WI 54901

Detjen, Hallie 120 Jackson Street

Oshkosh, WI 54901

Janes, Phil 120 Jackson Street

Oshkosh, WI 54901

Le Roy, Joe 120 Jackson Street Vice Chairman

Oshkosh, WI 54901

Macy, Jim 120 Jackson Street

Oshkosh, WI 54901

Stielow, Scott 120 Jackson Street

Oshkosh, WI 54901

Tallon, Bill 120 Jackson Street

Oshkosh, WI 54901

Name and title Average hours (check all that apply) per week (list any hours for related and related (B) (C) (D) (E) (F) Reportable Reportable compensation from related organization (W-2/1099-MISC) from the organization and related and related and related (W-2/1099-MISC)	Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
Check all that apply Compensation from related organizations below line) Fig. 2 Fig.	(A)	(B)			(C	C)			(D)	(E)	(F)
Per Week (ist any hours for related organizations below line) Per Pe	Name and title	_									Estimated
Week (list any hours for hours for related organizations below line) War			(Cl	neck	all 1	that	app	ly)	•		
(Ist any hours for related organizations) (W-2/1099-MISC) (W-2/109-MISC) (W-2/109-MI		, ·							1		
1.00		i .	ē				ploye				
1.00			direct				d em			(** 27 1000 141100)	organization
1.00			e 0	stee			nsate		(** = * *******************************		and related
1.00		organizations	T ag			oyee	amo				organizations
1.00			vdua	靠	Je.	en pl	nest c	펄			
DIRECTOR		1	Ē	fust	yyo O	Key	ĎН	ទី			
1.00	(27) JIM MACY	1.00									_
DIRECTOR X	DIRECTOR		X				<u>L</u> .	L	0.	0.	0.
1.00	(28) SCOTT STIELOW	1.00									
DIRECTOR X	DIRECTOR		X						0.	_0.	0.
1.00	(29) BILL TALLON	1.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
1.00 X 0.	(30) TOM BELTER	1.00		Г							
DIRECTOR X	DIRECTOR		X						0.	0.	0.
1.00 X 0. 0. 0.	(31) ALAN BERGLES	1.00									
1.00 Name	DIRECTOR		X				İ		0.	0.	0.
(33) BRAD HUNTER	(32) CONNIE DREXLER	1.00									
(33) BRAD HUNTER	DIRECTOR		X			1			0.	0.	0.
DIRECTOR X 0. 0. (34) JEFF SCHMIDT 1.00 X 0. 0. (35) COLLEEN MERRILL 1.00 DIRECTOR X 0. 0. (36) KEVIN RALOFSKY 1.00 (36) KEVIN RALOFSKY 1.00 (37) KEVIN RALOFSKY 1.00 (38) KEVIN RALOFSKY 1.00 KEVIN RALOF	(33) BRAD HUNTER	1.00									
(34) JEFF SCHMIDT	DIRECTOR		X						0.	0.	0.
DIRECTOR X 0. 0.	(34) JEFF SCHMIDT	1.00		_							
(35) COLLEEN MERRILL 1.00 X 0. 0. (36) KEVIN RALOFSKY 1.00	DIRECTOR		x						l 0.	0.	0.
DIRECTOR X 0. 0. (36) KEVIN RALOFSKY 1.00	(35) COLLEEN MERRILL	1.00	Ť	_							
(36) KEVIN RALOFSKY 1.00	DIRECTOR		x						٥.	0.	0.
	(36) KEVIN RALOFSKY	1.00			\vdash				***		
	DIRECTOR	_ · ·· ·-· ·	Х					ļ	l 0.	0.	0.
			1								
			1		l						
							_			-	-
			1						:		
					—						
		-	1								
					<u> </u>	-	 -	\vdash			
			ł								
			\vdash	\vdash		┢	_				
		-	ł								
			╁┈	 	\vdash	\vdash	\vdash	├			
			ł				ŀ				
			\vdash	\vdash	 	-	\vdash	┢			
		-	ł	•							
			⊢		-	-	-	\vdash			
			ł								
			\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			-
		<u> </u>	ł				Ì		ļ		
i I I				<u> </u>	<u> </u>		<u> </u>				
Total to Part VII, Section A, line 1c	T. 14. D. 13/1 O. days 2. 1										