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Form 990-EZ

Short Form

2014

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015**

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization ROTARY INTERNATIONAL OSHKOSH	D Employer identification number 39-1460106
Number and street (or P O box, if mail is not delivered to street address) PO BOX 1202	E Telephone number (920) 426-3586
F Group Exemption Number ►	
City or town, state or province, country, and ZIP or foreign postal code OSHKOSH, WI 549031202	

G Accounting Method Cash Accrual Other (specify) ► _____**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► WWWOSHKOSHROTARYSOUTHWEST.ORG**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other _____**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 151,033****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	31,463
	2 Program service revenue including government fees and contracts	2	62,069
3 Membership dues and assessments	3	23,233	
	4 Investment income	4	5
5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ 4,893 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	34,263
c Less direct expenses from gaming and fundraising events	6c	12,993	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21,270
7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	138,040	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	87,231
	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	670
14 Occupancy, rent, utilities, and maintenance	14		
	15 Printing, publications, postage, and shipping	15	289
16 Other expenses (describe in Schedule O)	16	66,527	
	17 Total expenses. Add lines 10 through 16 ►	17	154,717
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,677
	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	40,608
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	23,931

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	59,510	22	41,367
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	14,117	24	19,946
25 Total assets	73,627	25	61,313
26 Total liabilities (describe in Schedule O)	33,019	26	37,382
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,608	27	23,931

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?

PROVIDE HUMANITARIAN SERVICES, ENCOURAGE HIGH ETHICAL STANDARDS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD

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

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
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)		32 151,751

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
LORI DAVIS PAST PRESIDENT	4 00	0	0	0
NICOLE PETERSON PRESIDENT	4 00	0	0	0
JEFF POTTS SECRETARY	4 00	0	0	0
KATHY HANSON TREASURER	4 00	0	0	0
TOM KLOECKER PRESIDENT ELECT	4 00	0	0	0
CRAIG BURNETT SARGENT-AT-ARMS	4 00	0	0	0
AUTUMN URBAN CLUB SERVICE CHAIR	4 00	0	0	0
STEVE POESCHL CLUB SERVICE CHAIR	4 00	0	0	0
VICKY REDLIN COMMUNITY SERVICE CHAIR	4 00	0	0	0
TODD SLAGTER COMMUNITY SERVICE CHAIR	4 00	0	0	0
MATT BAKALARS INTERNATIONAL SERVICE CHAIR	4 00	0	0	0
MARK STOCKLI INTERNATIONAL SERVICE CHAIR	4 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 Schedule 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	No
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	No
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	No
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	
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 <input checked="" type="checkbox"/>	35c	Yes
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input style="width: 20px; border: 1px solid black;" type="text"/> 37a <input style="width: 20px; border: 1px solid black;" type="text"/> 0	37b	
b Did the organization file Form 1120-POL for this year?		
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 <input style="width: 20px; border: 1px solid black;" type="text"/> , section 4912 <input style="width: 20px; border: 1px solid black;" type="text"/> , section 4955 <input style="width: 20px; border: 1px solid black;" type="text"/>	40b	No
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input style="width: 20px; border: 1px solid black;" type="text"/> 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input style="width: 20px; border: 1px solid black;" type="text"/> 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed <input type="text"/>		
42a The organization's books are in care of <input style="width: 20px; border: 1px solid black;" type="text"/> KATHY HANSON Telephone no <input style="width: 20px; border: 1px solid black;" type="text"/> (920) 426-3586		
Located at <input style="width: 20px; border: 1px solid black;" type="text"/> PO BOX 1202 OSHKOSH, WI ZIP + 4 <input style="width: 20px; border: 1px solid black;" type="text"/> 549031202		
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)?	42b	No
If "Yes," enter the name of the foreign country <input type="text"/>		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country <input type="text"/>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input style="width: 20px; border: 1px solid black;" type="text"/> 43		
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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

46	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 Schedule C, Part II

47	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49b	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	(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"

(a) Name and business address of each independent contractor	(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 must attach a completed Schedule A ► Yes No

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

Sign Here	***** Signature of officer KATHY HANSON TREASURER Type or print name and title	2016-01-13 Date
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Paid Preparer Use Only	Print/Type preparer's name KIMBERLY ANDERSON CPA	Preparer's signature	Date 2016-01-13	Check <input type="checkbox"/> if self-employed	PTIN P00188889
	Firm's name ► CLIFTONLARSONALLEN LLP	Firm's EIN ► 37-0802863			
	Firm's address ► PO BOX 2886 OSHKOSH, WI 549032886	Phone no (920) 231-5890			

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

Additional Data

Software ID:
Software Version:

EIN: 39-1460106

Name: ROTARY INTERNATIONAL OSHKOSH

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 COMMUNITY SERVICE GRANTS (Grants \$ 29,893)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	29,893
29 INTERNATIONAL SERVICE GRANTS (Grants \$ 24,830)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	27,743
30 NEW GENERATIONS GRANTS (Grants \$ 29,008)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	29,008
ENVIRONMENTAL AND VOCATIONAL SERVICE GRANTS (Grants \$ 3,500)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		65,107

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL OSHKOSH

EIN: 39-1460106

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2014****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ROTARY INTERNATIONAL OSHKOSH	Employer identification number 39-1460106
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)			(b)	
	Yes	No	Amount		
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					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation

Part IV **Supplemental Information (continued)**

Schedule C (Form 990 or 990EZ) 2014

2014

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

Name of the organization

ROTARY INTERNATIONAL OSHKOSH

Employer identification number

39-1460106

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>BOWLING</u> (event type)	<u>BATTLE ON BAGO</u> (event type)	<u>5</u> (total number)	
1	Gross receipts . . .	27,716	4,115	7,325	39,156
2	Less Contributions . . .			4,893	4,893
3	Gross income (line 1 minus line 2) . . .	27,716	4,115	2,432	34,263
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . .	288		1,259	1,547
8	Entertainment . . .				
9	Other direct expenses .	800		10,645	11,445
10	Direct expense summary Add lines 4 through 9 in column (d)				(12,992)
11	Net income summary Subtract line 10 from line 3, column (d)				21,271

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses . .				
6	Volunteer labor	<input type="checkbox"/> Yes . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activities conducted in

13a	%
13b	100 000 %

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► KATHY HANSON

Address ► 1600 COVINGTON DR
OSHKOSH, WI 54904

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2014****Open to Public
Inspection**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.Name of the organization
ROTARY INTERNATIONAL OSHKOSH

Employer identification number

39-1460106

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 5
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME IMAGINATION LIBRARY GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME JUNIOR ROTARY GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME 2ND CHANCE PROGRAM GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 300
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME BACK TO SCHOOL BAG GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 4,395
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME INTERACT - OWHS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,999
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME PALS (PARTNERS IN LEARNING) GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,264
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME ROTARACT GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME SOAR GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME OSHKOSH NORTH HIGH SCHOOL GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME OSHKOSH NORTH HIGH SCHOOL GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME OSHKOSH AREA SCHOOL DISTRICT FOUND ATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME SHARED HARVEST GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 390
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME TAKE 5 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME BOYS AND GIRLS CLUB GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME CEREBRAL PALSY OF MIDEAST WISCON SIN GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME CHRISTINE ANN CENTER DONATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 2,120
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME YMCA DONATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,900
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME GIRL SCOUTS OF NORTHWESTERN GREAT LAKES GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME BOY SCOUTS - BAY LAKES COUNCIL GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME CELEBRATION OF LIGHTS DONATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME DARE DONATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME JUNIOR ACHIEVEMENT DONATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME OSHKOSH AREA COMMUNITY FOUNDATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME OSHKOSH PUBLIC LIBRARY GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME CAMP TO BELONG-WI GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME OSHKOSH WEST HIGH SCHOOL GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME OSHKOSH VALLEY CHRISTIAN HIGH SC HOOL GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 635
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME LOURDES ACADEMY OF OSHKOSH GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION VOCATIONAL SERVICE GRANTEE NAME LOURDES ACADEMY OF OSHKOSH GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME ROOSEVELT SCHOOL GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 298
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME PAUL HARRIS FOUNDATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME OACF - OSHKOSH SOUTHWEST FOUNDAT ION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 10,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME RELAY FOR LIFE DONATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME UNITED WAY DONATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ENVIRONMENTAL GRANTEE NAME GROWING OSHKOSH GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ENVIRONMENTAL GRANTEE NAME CITY OF OSHKOSH PARKS DEPT GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 900
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INTERNATIONAL SERVICE GRANTEE NAME WORLD AFFAIRS SEMINAR GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 325
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INTERNATIONAL SERVICE GRANTEE NAME SHELTERBOX USA GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INTERNATIONAL SERVICE GRANTEE NAME WORLD PROJECT KENYA GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INTERNATIONAL SERVICE GRANTEE NAME WORLD PROJECT PERU GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,626
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION VOCATIONAL SERVICE GRANTEE NAME OLD GLORY HONOR FLIGHT GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEW GENERATIONS GRANTEE NAME STUDENT SCHOLARSHIPS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 13,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INTERNATIONAL SERVICE GRANTEE NAME EXCHANGE STUDENT STIPENDS G RANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,600 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 87 ,231
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SUPPLIES AMOUNT 154 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 48,865 D ESCRIPTION DUES AMOUNT 11,980 DESCRIPTION AWARDS AND PROMOTIONS AMOUNT 117 DESCRIPTIION INTERNATIONAL SERVICE EXPENSES AMOUNT 2,913 DESCRIPTION OTHER EXPENSES AMOUNT 645 DESCRIPTION BAD DEBTS AMOUNT 1,853 TOTAL TO FORM 990-EZ, LINE 16 66,527
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 13,617 END OF YEAR AMOUNT 19,040 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 500 END OF YEAR AMOUNT 906
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAUL HARRIS FOUNDATION BEG OF YEAR AMOUNT 982 END OF YEAR AMOUNT 2,184 DESCRIPTION SOUTHWEST FOUNDATION BEG OF YEAR AMOUNT 5,725 END OF YEAR AMOUNT 6,923 DESCRIPTION PALS CLOTHING BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,099 DESCRIPTION OTHER ACCRUED EXPENSES BEG OF YEAR AMOUNT 26,312 END OF YEAR AMOUNT 27,176