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## Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning 06/01 , 2013, and ending 05/31 , 20 14

B Check if applicable:	C Name of organization <b>OSHKOSH KENNEL CLUB INC</b>		D Employer identification number <b>39-6078547</b>
<input type="checkbox"/> Address change	Number and street (or P O. box, if mail is not delivered to street address) <b>PO BOX 2841</b>		E Telephone number <b>920-233-5141</b>
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code <b>OSHKOSH, WI 54904</b>		F Group Exemption Number ►
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method.  Cash  Accrual Other (specify) ►I Website: ► [www.oshoshkennelclub.com](http://www.oshoshkennelclub.com)J Tax-exempt status (check only one) —  501(c)(3)  501(c)( 4 ) ◀ (insert no)  4947(a)(1) or  527K 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 . . . . . ► \$ **72,643****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 . . . . .	NET	1 0
Expenses	2 Program service revenue including government fees and contracts . . . . .		2 60,147
Net Assets	3 Membership dues and assessments . . . . .		3 2,926
	4 Investment income . . . . .		4 161
	5a Gross amount from sale of assets other than inventory . . . . .	5a	50
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	50
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
	b Gross income from fundraising events (not including \$ 0 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	0
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	250
	b Less: cost of goods sold . . . . .	7b	120
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	130
	8 Other revenue (describe in Schedule O) <u>See Schedule O, Statement 1</u>		8 9,109
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9 72,523
	10 Grants and similar amounts paid (list in Schedule O) . . . . .		10 0
	11 Benefits paid to or for members . . . . .		11 0
	12 Salaries, other compensation, and employee benefits . . . . .		12 0
	13 Professional fees and other payments to independent contractors . . . . .		13 595
	14 Occupancy, rent, utilities, and maintenance . . . . .		14 62,785
	15 Printing, publications, postage, and shipping . . . . .		15 1,808
	16 Other expenses (describe in Schedule O) <u>See Schedule O, Statement 2</u>		16 404
	17 Total expenses. Add lines 10 through 16 ►		17 65,592
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18 6,931
	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 84,110
	20 Other changes in net assets or fund balances (explain in Schedule O) <u>See Schedule O, Statement</u>		20 -1
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21 91,040

**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 . . . . .	29,757	22 41,206
23	Land and buildings . . . . .	248,211	23 234,558
24	Other assets (describe in Schedule O) <u>See Schedule O, Statement 4</u>	678	24 593
25	<b>Total assets</b> . . . . .	278,646	25 276,357
26	<b>Total liabilities</b> (describe in Schedule O) <u>See Schedule O, Statement 5</u>	194,536	26 185,317
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . .	84,110	27 91,040

**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? **EDUCATION-RESPONSIBLE DOG OWNERSHIP**

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.

**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
BECKY HEINER PRES	3	0	0	0
LYNSIE BERNIER V-P	2	0	0	0
CINDY BOHNERT SEC	3	0	0	0
MARIAN FENLON TREAS	3	0	0	0
BRUCE ZIESEMER BOARD	1	0	0	0
GABE MARQUART BOARD	1	0	0	0
ALISSA EICHMAN BOARD	1	0	0	0
LYNN BUSSE BOARD	1	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

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

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

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

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 . . . . . 35c

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  0

b Did the organization file Form 1120-POL for this year? . . . . . 37b

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b

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

a Initiation fees and capital contributions included on line 9 . . . . . 39a

b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► . . . . . ; section 4912 ► . . . . . ; section 4955 ► . . . . . 40b

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

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

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

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► MARIAN FENLON Telephone no. ► 920-426-1131  
Located at ► PO BOX 2841, OSHKOSH, WI 54904 ZIP + 4 ► 54904

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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

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

c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .  
If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ►   
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

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

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

c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c

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 . . . . .

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

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

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c	✓	
36	✓	
37b	✓	
38a	✓	
39a		
39b		
40b	✓	
40c		
40d		
40e	✓	
42b	✓	
42c	✓	
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
45b	✓	

			Yes	No
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	✓

**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

		Yes	No
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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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
None				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

52	Did the organization complete Schedule A? <b>Note.</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	► <input type="checkbox"/> Yes <input type="checkbox"/> No
----	--	--

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

Sign Here	Signature of officer	Date
	MARIAN FENLON, TREASURER	10/28/14
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name JAMES W RONSON EA	Preparer's signature James W Ronson EA	Date 10-28-14	Check <input type="checkbox"/> if self-employed	PTIN P00232525
	Firm's name ► ASP HELPDESK INC		Firm's EIN ►	39-1984956	
	Firm's address ► PO BOX 53, ROSENDALE, WI 54974		Phone no.	262-247-2495	

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Name of the organization

## **OSHKOSH KENNEL CLUB INC**

**Employer identification number**

39-6078547

**Schedule O, Statement 1**

Form: 990-EZ

Page: 1

Line Number: Part I Line 8

**OSHKOSH KENNEL CLUB INC**

39-6078547

**Other Revenue Structured Explanation**

Description	Amount
BUILDING USE	9,023
SODA MACHINE VENDING	86
<b>Total:</b>	<b>9,109</b>

## Other Expenses Structured Explanation

Description	Amount
CHRISTMAS PARTY AND PICNIC	110
DOG FEDERATION DONATION	100
FIRST AID KIT	147
TROPHY AWARDS	47
<b>Total:</b>	<b>404</b>

## Other Changes In Net Assets Structured Explanation

Description	Amount
ROUNDING	-1
<b>Total:</b>	<b>-1</b>

Other Assets Structured Explanation

Description	EOY Amount
INVENTORY	593
<b>Total:</b>	<b>593</b>

**Schedule O, Statement 5**

Form: 990-EZ

Page. 2

Line Number. Part II Line 26

**OSHKOSH KENNEL CLUB INC**

39-6078547

**Other Liabilities Structured Explanation**

<b>Description</b>	<b>EOY Amount</b>
MORTGAGE PAYABLE	184,712
DEPOSITS	605
<b>Total:</b>	<b>185,317</b>

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  <b>OSHKOSH KENNEL CLUB INC</b>	Employer identification number (EIN) or  <b>39-6078547</b>
	Number, street, and room or suite no. If a P.O. box, see instructions  <b>PO BOX 2841</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>OSHKOSH, WI 54904</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

**0 1**

<b>Application Is For</b>	<b>Return Code</b>	<b>Application Is For</b>	<b>Return Code</b>
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **MARIAN FENLON**

Telephone No. ► **(920) 235-5141**

Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15**, 20 **15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year 20 \_\_\_\_ or

►  tax year beginning **JUNE 1**, 20 **13**, and ending **MAY 31**, 20 **14**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.