



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



## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

2014

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

Open to Public  
InspectionDepartment 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 2014 calendar year, or tax year beginning

06/01

, 2014, and ending

05/31

, 20 15

## B Check if applicable

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

## C Name of organization

OSHKOSH KENNEL CLUB INC

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 2841

City or town, state or province, country, and ZIP or foreign postal code

OSHKOSH, WI, 54904

## D Employer identification number

39-6078547

## E Telephone number

920-233-5141

F Group Exemption  
Number ►G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [www.oshkoshkennelclub.com](http://www.oshkoshkennelclub.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

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

## 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 0
	2 Program service revenue including government fees and contracts . . . . .	.NET 2 46,936
	3 Membership dues and assessments . . . . .	3 2,797
	4 Investment income . . . . .	4 54
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0
	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 0
	6 Gaming and fundraising events . . . . .	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 0
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	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 242
	b Less cost of goods sold . . . . .	7b 178
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 64
	8 Other revenue (describe in Schedule O) . See Schedule O, Statement 1 . . . . .	8 8,892
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► . . . . .	9 58,743
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 150
Net Assets	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 . . . . .	13 635
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 60,788
	15 Printing publications, postage, and shipping . . . . .	15 2,039
	16 Other expenses (describe in Schedule O) . See Schedule O, Statement 2 . . . . .	16 1,195
	17 Total expenses. Add lines 10 through 16 ► . . . . .	17 64,807
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -6,064
	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 91,040
	20 Other changes in net assets or fund balances (explain in Schedule O) . See Schedule O, Statement 2 . . . . .	20 830
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 85,806

96 15

**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	41,206	22 43,285
23	Land and buildings	234,558	23 300,492
24	Other assets (describe in Schedule O) <u>See Schedule O, Statement 4.</u>	593	24 593
25	<b>Total assets</b>	276,357	25 344,370
26	<b>Total liabilities</b> (describe in Schedule O) <u>See Schedule O, Statement 5.</u>	185,317	26 258,564
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	91,040	27 85,806

**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.

28	REGISTERED AKC DOG SHOWS & PROGRAMS TO FURTHER RESPONSIBLE DOG OWNERSHIP AND BREEDING.		
	(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	54,510
29			
	(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30			
	(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0
32	<b>Total program service expenses</b> (add lines 28a through 31a) ► <input type="checkbox"/>	32	54,510

**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
ERICA MORRIS PRES	3	0	0	0
CINDY PISCHKE V-P	2	0	0	0
MARIAN FENLON	3	0	0	0
TREAS				
GABE MARQUART	3	0	0	0
RECSEC				
CINDY BOHNERI CORSEC	3	0	0	0
MARIANNE RONSON BOARD	1	0	0	0
JULIE SIEFERT BOARD	1	0	0	0
ALISSA EICHMAN BOARD	1	0	0	0
BRENDA CIRRICIONE BOARD	1	0	0	0

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

**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

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), 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 40c

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 . . . . . 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

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

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b

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: ► 42c

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 44d

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

b 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
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 checked="" type="checkbox"/>

**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	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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 ►

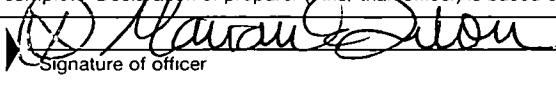
51	Corriplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
----	--

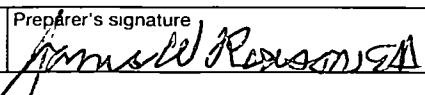
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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 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	1/13/16 Date
	► MARIAN FENLON, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JAMES W RONSON EA	Preparer's signature 	Date 1-11-16	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 54971		Phone no 262 217 2105		

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

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

## **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.**

OMB No 1545-0047

2014

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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).

Name of the organization

## OSHKOSH KENNEL CLUB INC

**Employer identification number**

39-6078547

Form 990-EZ, Part I, Line 10 - Kewaunee County 4H Badger Kennel Club