



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



Form

990-EZ

Short Form

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.

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

OLYMPIC KENNEL CLUB INC

D Employer identification number

91-6015222

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

Room/suite

20840 SE 118TH ST

E Telephone number

(425) 271-0475

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

ISSAQUAH, WA 98027

F Group Exemption Number

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:

☒ N/A

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. \$ 196,176

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	1,275
	2	Program service revenue including government fees and contracts	2	194,201
	3	Membership dues and assessments	3	540
	4	Investment income	4	135
	5a	Gross amount from sale of assets other than inventory	5a	
	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
	b	Gross income from fundraising events (not including \$ 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	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	25
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	196,176
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	9,300
	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	16,570
	14	Occupancy, rent, utilities, and maintenance	14	67,571
	15	Printing, publications, postage, and shipping	15	85
	16	Other expenses (describe in Schedule O)	16	101,886
	17	Total expenses. Add lines 10 through 16	17	195,412
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	764
	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	137,127
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1,276
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	139,167

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	128,267	22	130,792
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,860	24	8,375
25 Total assets	137,127	25	139,167
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,127	27	139,167

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?
DOG SHOWS PREVENTION OF CRUELTY TO ANIMALS

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
HELD TWO DOG SHOWS, ONE MATCH AND HELPED THE COMMUNITY IN THE PREVENTION OF CRUELTY TO DOGS
(Grants \$ 9,300) If this amount includes foreign grants, check here

28a

195,412

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

195,412

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
CHARLES RUTHFORD PRESIDENT	4 00	0		
TIM UFKES VICE-PRESIDENT	3 00	0		
SHIRLEY MATTHEWS CORRESPONDING SECRETARY	4 00	0		
ANN ELDERS RECORDING SECRETARY	3 00	0		
MARYL FOSTER TREASURER	5 00	0		
RANDY OSBORNE DIRECTOR	2 00	0		
JANE RUTHFORD DIRECTOR	2 00	0		
VEDA VILES DIRECTOR	2 00	0		
BETTY WINTHERS DIRECTOR	2 00	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		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)		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)?	Yes	
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	Yes	
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		No
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		No
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?		No
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?		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		
b	Gross receipts, included on line 9, for public use of club facilities		
39b	☐ 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 ☐ _____		
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		No
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 ☐ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
40e	☐ 40e		
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ MARYL FOSTER Telephone no ☐ (425) 271-0475 Located at ☐ 20840 SE 118TH ST ISSAQUAH, WA ZIP + 4 ☐ 98027		
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)	Yes	No
42b	☐ 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 ☐ _____		No
42c	☐ 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		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		No
44b	☐ 44b		
c	Did the organization receive any payments for indoor tanning services during the year?		No
44c	☐ 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	☐ 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		No
45b	☐ 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

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		2016-04-28 Date				
	MARYL FOSTER TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name KEREN S STAUBS		Preparer's signature		Date 2016-10-13	Check ☒ if self-employed	PTIN
	Firm's name ▶ EDMUND R SLEDZIK & ASSOCIATES LLC					Firm's EIN ▶	
	Firm's address ▶ 1704 SHAGBARK CIRCLE RESTON, VA 201904437					Phone no (703) 471-7584	
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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization OLYMPIC KENNEL CLUB INC	Employer identification number 91-6015222
---	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	RETURN CHECK CHARGE 25
Form 990EZ, Part I, Line 10	DONATION, DONATION, AKC REUNITE 8051 ARCO CORPORATE DRIVE, RALEIGH, NC, 27617, N/A, 1000
Form 990EZ, Part I, Line 10	DONATION, DONATION, CANINE HEALTH FOUNDATION 8051 ARCO CORPORATE DRIVE, SUITE 300, RALEIGH, NC, 276
Form 990EZ, Part I, Line 10	DONATION, DONATION, CORNELL UNIVERSITY , COLLEGE OF VETERINARY MEDICINE 130 EAST SENECA STREET, SUIT
Form 990EZ, Part I, Line 10	DONATION, DONATION, DOGS FOR THE DEAF 10175 WHEELER ROAD, CENTRAL POINT, OR, 97502, N/A, 500
Form 990EZ, Part I, Line 10	DONATION, DONATION, DONEY MEMORIAL STREET PEOPLE'S PET CLINIC 4351 29TH WEST, SEATTLE, WA, 98199, N
Form 990EZ, Part I, Line 10	DONATION, DONATION, GUIDE DOGS FOR THE BLIND PO BOX 151200, SAN RAFAEL, CA, 949151200, N/A, 400
Form 990EZ, Part I, Line 10	DONATION, DONATION, NATIONAL ANIMAL INTEREST ALLIANCE P O BOX 66579, PORTLAND, OR, 972906579, N/A,
Form 990EZ, Part I, Line 10	DONATION, DONATION, THE HUMANE SOCIETY FOR SEATTLE/ KING CO 13212 SE EASTGATE WAY , BELLEVUE, WA, 98
Form 990EZ, Part I, Line 10	DONATION, DONATION, WASHINGTON STATE UNIVERSITY , COLLEGE OF VETERINARY MED PO BOX 647010, PULLMAN,
Form 990EZ, Part I, Line 16	ADJUSTMENT TO BALANCE 3
Form 990EZ, Part I, Line 16	AKC DELEGATE 2504
Form 990EZ, Part I, Line 16	BANK SERVICE CHARGES 93
Form 990EZ, Part I, Line 16	CALENDAR 1578
Form 990EZ, Part I, Line 16	CLUB DINNERS 2377
Form 990EZ, Part I, Line 16	Depreciation 485
Form 990EZ, Part I, Line 16	DONATION TO NON-501(C)(3) 1000
Form 990EZ, Part I, Line 16	DUES AND SUBSCRIPTIONS 50
Form 990EZ, Part I, Line 16	FLOWERS AND CARDS 404
Form 990EZ, Part I, Line 16	INSURANCE 715

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MATCH - 4-H 2059
Form 990EZ, Part I, Line 16	MEETING HOSPITALITY 424
Form 990EZ, Part I, Line 16	MEMBER AWARDS 230
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 159
Form 990EZ, Part I, Line 16	SHOW 74175
Form 990EZ, Part I, Line 16	SUNSHINE COMMITTE 362
Form 990EZ, Part I, Line 16	SUPPLIES 47
Form 990EZ, Part I, Line 16	TRAVEL & ENTERTAINMENT 115
Form 990EZ, Part I, Line 16	UNIFORMS AND NAMETAGES 174
Form 990EZ, Part I, Line 16	WINTER AGILITY TRIAL 14932
Form 990EZ, Part I, Line 20	ITEMS THAT DID NOT CLEAR BY YEARS END 1276
Form 990EZ, Part II, Line 24	DEPRECIABLE ITEMS 8860 8375
Form 990, Part IX, Line 24e	MISC
Form 990, Part IX, Line 24e	STATE
Form 990, Part IX, Line 24e	INSURANCE