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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Department of the Treasury
Internal Revenue Service

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

2015

► 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
Inspection****A For the 2015 calendar year, or tax year beginning**

06/01

, 2015, and ending

05/31

, 20 16

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)

D Employer identification number**39-6078547****PO BOX 2841**

Room/suite

E Telephone number**920-233-5141**

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

F Group Exemption

Number ►

OSHKOSH, WI, 54904**G Accounting Method** Cash Accrual Other (specify) ►**I Website:** ► www.oshkoshkennelclub.com**J Tax-exempt status (check only one)** — 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).****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 ► \$ 69,972

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
	2 Program service revenue including government fees and contracts	NET	2 56,518
	3 Membership dues and assessments	NET	3 2,995
	4 Investment income	NET	4 54
	5a Gross amount from sale of assets other than inventory	NET	5a 0
	b Less: cost or other basis and sales expenses	NET	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	NET	5c 0
	6 Gaming and fundraising events	NET	6d 0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	NET	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)	NET	6b 0
	c Less: direct expenses from gaming and fundraising events	NET	6c 0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	NET	6d 0
	7a Gross sales of inventory, less returns and allowances	NET	7a 158
	b Less: cost of goods sold	NET	7b 84
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	NET	7c 74
	8 Other revenue (describe in Schedule O) <u>See Schedule O, Statement 1</u>	NET	8 10,247
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	NET	9 69,888
Expenses	10 Grants and similar amounts paid (list in Schedule O)	NET	10 0
	11 Benefits paid to or for members	NET	11 100
	12 Salaries, other compensation, and employee benefits	NET	12 0
	13 Professional fees and other payments to independent contractors	NET	13 645
	14 Occupancy, rent, utilities, and maintenance	NET	14 61,767
	15 Printing, publications, postage, and shipping	NET	15 2,161
	16 Other expenses (describe in Schedule O) <u>See Schedule O, Statement 2</u>	NET	16 669
	17 Total expenses. Add lines 10 through 16 ►	NET	17 65,342
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	NET	18 4,546
	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)	NET	19 85,806
	20 Other changes in net assets or fund balances (explain in Schedule O) <u>See Schedule O, Statement 3</u>	NET	20 -29
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	NET	21 90,323

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	43,285	22 52,532
23	Land and buildings	300,492	23 287,507
24	Other assets (describe in Schedule O) <u>See Schedule O, Statement 4</u>	593	24 890
25	Total assets	344,370	25 340,929
26	Total liabilities (describe in Schedule O) <u>See Schedule O, Statement 5</u>	258,564	26 250,606
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,806	27 90,323

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.

Expenses

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

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	67,405
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	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 67,405

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
CINDY PISCHKE PRES	3	0	0	0
JULIE SIEFERT V-P	2	0	0	0
MARIAN FENLON TREAS	3	0	0	0
BECKY FREIMARK RECSEC	3	0	0	0
CINDY BOHNERT CORSEC	3	0	0	0
MARIANNE RONSON BOARD	1	0	0	0
JOANN BREWER BOARD	1	0	0	0
ALISSA EICHMAN BOARD	1	0	0	0
LORI KING 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

	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	✓
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	37b	
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
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	40d	
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 ► _____ 0	40e	✓
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____ 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		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► <u>MARIAN FENLON</u> Telephone no. ► <u>920-426-1131</u> Located at ► <u>PO BOX 2841, OSHKOSH, WI 54904</u> ZIP + 4 ► <u>54904</u>	42b	Yes
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)	42c	No
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 <input type="checkbox"/>		
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	✓

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

	Yes	No
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? **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 MARIAN FENLON, TREASURER Type or print name and title	Date 11/10/16
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Paid Preparer Use Only	Print/Type preparer's name JAMES RONSON	Preparer's signature James W. Ronson	Date 10/26/16	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 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)

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

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.

2015

Open to Public Inspection

Name of the organization

Employer identification number

OSHKOSH KENNEL CLUB INC

39-6078547