

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)

2018

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.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. 1905

A For the 2018 calendar year, or tax year beginning 06/01 , 2018, and ending 05/31 , 20 19

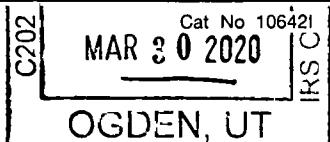
B Check if applicable	C Name of organization <b>OSHKOSH KENNEL CLUB INC</b>		D Employer identification number <b>39-6078547</b>
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 2841</b>		E Telephone number <b>(920) 233-5141</b>
<input type="checkbox"/> Name change	Room/suite <b>04</b>		F Group Exemption Number ►
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>OSHKOSH, WI 54904</b>		G
<input type="checkbox"/> Final return/terminated			Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<input type="checkbox"/> Amended return			H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<input type="checkbox"/> Application pending			J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <b>68,253</b>
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**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 . . . . .	2 57,113
	3 Membership dues and assessments . . . . .	3 2,723
	4 Investment income . . . . .	4 101
	5a Gross amount from sale of assets other than inventory . . . . .	5a 400
	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 400
	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 \$ 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 502
	b Less: cost of goods sold . . . . .	7b 55
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 447
	8 Other revenue (describe in Schedule O) . . . . .	8 7,414
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 68,198
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 250
	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 . . . . .	13 520
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 80,815
	15 Printing, publications, postage, and shipping . . . . .	15 1,462
	16 Other expenses (describe in Schedule O) . . . . .	16 682
	17 Total expenses. Add lines 10 through 16 ►	17 83,729
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -15,531
	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 78,957
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 63,426

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2018)

**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	43,767	22
23	Land and buildings	323,696	23
24	Other assets (describe in Schedule O)	911	24
25	<b>Total assets</b>	368,374	25
26	Total liabilities (describe in Schedule O)	289,417	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	78,957	27
			63,426

**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 \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a		66,017
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	<b>Total program service expenses</b> (add lines 28a through 31a)		► <input type="checkbox"/>	32 66,017

**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
ANNETTE BRZOZOWSKI PRES	3	0	0	0
JILL SEIBECKER V-P	2	0	0	0
MARIAN FENLON TREAS	3	0	0	0
ANNE LANGKAU RECSEC	3	0	0	0
LORI KING CORSEC	3	0	0	0
MARIANNE RONSON BOARD	1	0	0	0
GABE MARQUART BOARD	1	0	0	0
ALISSA EICHMAN BOARD	1	0	0	0
MIKE LANGKAU 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	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	0
39 Section 501(c)(7) organizations. Enter:	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
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 ► _____ ; 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		
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	40b	✓
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 Located at ► PO BOX 2841, OSHKOSH, WI	Telephone no. (920) 426-1131	
	ZIP + 4 54904-2841	
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 United States? 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 ► <input type="checkbox"/> 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	✓

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  Yes  No

**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 . . . . .  Yes  No  
 47  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  Yes  No  
 48  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  Yes  No  
 49a  Yes  No

b If "Yes," was the related organization a section 527 organization? . . . . .  Yes  No  
 49b  Yes  No

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."

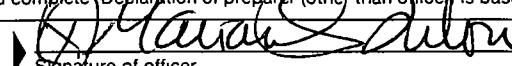
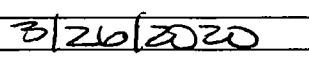
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

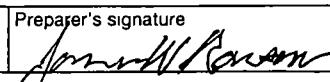
f Total number of other employees paid over \$100,000 . . . . . ►   
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	► 	Date 
	Signature of officer	
	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 3/21/2020	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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**OSHKOSH KENNEL CLUB INC**

Employer identification number

**39-6078547**

**FORM 990-EZ, PART I, LINE 8**

<b>OTHER REVENUE - BUILDING USE</b>	<b>\$7,376</b>
<b>OTHER REVENUE - SODA AND VENDING</b>	<b>38</b>
<b>TOTAL TO PART I, LINE 8</b>	<b>\$7,414</b>

**FORM 990-EZ, PART I, LINE 10 - WALK ACROSS WINNEBAGO \$250**

**FORM 990-EZ, PART I, LINE 16**

<b>OTHER EXPENSES - CHRISTMAS PARTY AND PICNIC</b>	<b>\$217</b>
<b>OTHER EXPENSES - KENNEL POINTS USAGE</b>	<b>405</b>
<b>OTHER EXPENSES - TROPHY AWARDS</b>	<b>10</b>
<b>OTHER EXPENSES - EQUIPMENT RENTAL</b>	<b>50</b>
<b>TOTAL TO PART I, LINE 16</b>	<b>\$682</b>

**FORM 990-EZ, PART II, LINE 24**

<b>INVENTORY</b>	<b>\$911</b>
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**FORM 990-EZ, PART II, LINE 26**

<b>MORTGAGE PAYABLE</b>	<b>\$288,604</b>
<b>DEPOSITS</b>	<b>785</b>
<b>TOTAL TO PART II, LINE 26</b>	<b>\$289,389</b>