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Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 **Open to Public** Inspection

<u>A</u>	For the	2015 calendar year, o				, and ending			_			
В	Check if ap	olicable C Name of organiz	zation WISC	CONSIN LI	ONS B	IRCH-STURM			D Emp	loyer identif	fication numbe	er .
	Address ch	ange	MEMO	DRIAL FUN	D, IN	c						
X	Name char	Doing business								<u>-2034</u>		
\equiv	Initial return		et (or PO box if mail		street addres	SS)		Room/suite		phone numbe 5 - 677	-4969	
	Final return		te or province, country		n postal code	•		<u>-l</u>	+	5 		
	terminated	ROSHOLT	•	WI	5447	3			G Gms	s receipts \$	25	1,339
	Amended r	dura di di	ess of principal officer				·-		C C.03	3 1000 pts w		
	Application	pending JOHN M	LASTALIR					H(a) Is this a	group return	for subordina	tes? Yes	X No
		PO BOX						H(b) Are all	subordinates	included?	Yes	No
		KEWAUN			WI	54216		If "	No," attach a	list (see ins	tructions)	
1	Tax-exem	[52]) ◀ (inser	rt no)	4947(a)(1) or	527					
J	Website							H(c) Group	exemption nu	ımber 🕨		
ĸ	Form of or	[E.F.]		Association (Other >		L	Year of formation			ite of legal domic	cile W]
	art I	Summary										
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	riefly describe the organ	nization's missio	n or most sign	ificant act	ivities						
Φ	1	TO PROVIDE FI		-			TO FUR	THER CERT	AIN O	F THE		
Š		EXEMPT PURPOS	ES OF THE	WISCONSI	N LIO	NS FOUNDAT	ION, INC	<b>.</b>				
Ľ							•					
Š	2 0	heck this box ▶ 📋 if t	the organization	discontinued it	s operation	ons or disposed of	f more than :	25% of its net	assets			
S	3 N	umber of voting member	•		•					3   7		
විනී	4 N	umber of independent	-							; 7		
Activities & Governance	5 T	otal number of individua	•	_		•				5 0		
25	6 T	otal number of voluntee		-		- · ,				5 7		
7	7a T	otal unrelated business	•	• •	n (C). line	12			7	a		0
ָ כ	bN	et unrelated business t	axable income fr	om Form 990-	Tiline 34	RECEIVE				b		0
		<del></del>			1	t Los		Prior			Current Year	
- - -	8 C	ontributions and grants	(Part VIII, line 1	h)	832	3/15/2 0 0	16	1	<u>11,05</u>	0	105	,967
Revenue	9 P	rogram service revenue	e (Part VIII, line 2	2g)	80	MAY 2 0 20	16   9					0
	10 Ir	vestment income (Part				and any other security of the first section of the	RS	1	<u>46,13</u>	2	<u>145</u>	<u>,372</u>
- Œ	11 C	ther revenue (Part VIII,	column (A), line	s 5, 6d, 8c, 9c	, 10c, and	KOŃEM I	17					0
2	12 T	otal revenue - add lines	s 8 through 11 (n	nust equal Par	t [®] VIII=coli	umn (A) lihe 12)		2	<u>57,18</u>	2	<u>251</u>	<u>,339</u>
D	13 G	rants and similar amou	ints paid (Part IX	, column (A), lı	ines 1–3)							0
	14 B	enefits paid to or for me	embers (Part IX,	column (A), lin	ne 4)			ļ				0
es	15 S	alaries, other compens		•		n (A), lines 5–10)			<del> </del>			0
Expenses	16aP	ofessional fundraising	fees (Part IX, co	lumn (A), line	11e)		_					0
ă	ьт	otal fundraising expens	es (Part IX, colui	mn (D), line 25	<b>→</b>		0					
w	1 " "	ther expenses (Part IX,							50,27	0		,433
	1	otal expenses Add line	•	•	olumn (A)	), line 25)			50,27			,433
- "	19 R	evenue less expenses	Subtract line 18	from line 12					06,91			,906
Net Assets or	20 -	otal assets (Part X, line	. 16\					Beginning of 0	10,78		End of Year 4,748	
SSe Rala	20 T	•	•					7,7	1,29		4,140	, 100
	21 T	otal liabilities (Part X, lii	•	a 21 fram line (	20			4 7	09,48		4,748	406
	22 N	et assets or fund balan Signature Blo		e z i nom ine i	20			1 1, 1	0,, 10	<u></u>	1,110	, 400
		alties of perjury. I declare		od this roturn in	aludina oo	companying schodul	los and staton	nents and to the	bost of my	, knowlada	o and ballof	
		t, and complete Declarat								Kilowieug	s and belief, i	II IS
—		<u> </u>										
Sig	n l	Signature of officer		100	1/				D	ate	<del></del>	
He		JOHN MA	STALIR	WE	1///	That.	PRES	DENT		5	5-14	
		Type or print name an		<del>/</del>	7			./	<del>, , , , , , , , , , , , , , , , , , , </del>			
		Print/Type preparer's name		Pre	parer signa	ature	21		Chi	eck If	PTIN	<del></del>
Pai	id	CAREN KERBER, CP	A		Kur	Lake (	1/X	7/2	2//_	f-employed	P0056601	16
Pre	parer	<del></del>	ERBERROS	E S.C.	F	1		7 1	Firm's EIN		-1658	
	e Only		15 E 5TH			/						<del></del>
	-		HAWANO,		66				Phone no	715	5-526-	9400
May	y the IRS	discuss this return wit				ictions)					X Yes	No

<u>01111 990 (2013</u>	O MIDCOMPIN	TIONS	DIKCH-	2 1 01/11
Part IV	Checklist of Req	uired Sch	edules	

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	Complete Schedule A	<u>1</u> 2	Х	х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
,	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		j	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		j	
	complete Schedule D, Part VI	11a		<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	· · · · · · · · · · · · · · · · · · ·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	425		•
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{\mathbf{x}}{\mathbf{x}}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\mathbf{x}}{\mathbf{x}}$
l4a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			_==_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		$\neg$	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	}	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ļ	}	
	If "Yes," complete Schedule G, Part III	19		X
		F	npp.	(2045)

Part IV Checklist of Required Schedules (continued)

	• 1		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ł
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ		
	employees? If "Yes," complete Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	J		]
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>⊢</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		•	
	to defease any tax-exempt bonds?	24c		
d	• • • • • • • • • • • • • • • • • • •	24d		
25a		Į.		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1 1		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	-	
D	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31	İ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		- 1	
	Part VI	37		<u>_x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		_	
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
		Form	. 990	(2015)

Pa		ents Regarding Other IRS Filings and Tax Compliance				$\Box$
	Check if	Schedule O contains a response or note to any line in this Part V				
			1 . 1 .		Yes	No
1a		ported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0 1b 0	-		
b		Forms W-2G included in line 1a Enter -0- if not applicable	<u> 1b   0</u>	-		
С	<del>-</del>	comply with backup withholding rules for reportable payments to vendors and		4-	1	
_		gambling) winnings to prize winners?		1c	<del> </del>	X
2a		employees reported on Form W-3, Transmittal of Wage and Tax	2a 0			
	·	the calendar year ending with or within the year covered by this return	<u></u>	ا مد	1	
ь	·	orted on line 2a, did the organization file all required federal employment tax return		2b	<del>                                     </del>	<del> </del>
_		ines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	3.	'	х
3a	-	have unrelated business gross income of \$1,000 or more during the year?	6	3a 3b	<del></del>	<u> </u>
b		i Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule ( ne calendar year, did the organization have an interest in, or a signature or other a		30	<del> </del>	$\vdash$
4a	-					
	account)?	ount in a foreign country (such as a bank account, securities account, or other fin	aticiai	4a		x
h	•	nme of the foreign country		70		-
U	•	filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts			
	(FBAR)	ming requirements for time ENT offit 114, Nepott of toreign bank and time mandary	(COOUTING			
5a	, ,	n a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
ь	-	y notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		X
c	•	5b, did the organization file Form 8886-T?		5c		
6a		on have annual gross receipts that are normally greater than \$100,000, and did th	e			
		ny contributions that were not tax deductible as charitable contributions?		6a		х
b		inization include with every solicitation an express statement that such contributio	ins or			
	gifts were not tax de			6b		l
7	•	may receive deductible contributions under section 170(c).				
а	_	receive a payment in excess of \$75 made partly as a contribution and partly for g	joods			
	and services provide			7a		X
b	If "Yes," did the orga	nization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization	sell, exchange, or otherwise dispose of tangible personal property for which it wa	s			
	required to file Form	8282?		7c		X
d	If "Yes," indicate the	number of Forms 8282 filed during the year	7d			į
e	Did the organization	receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e	igwdaps	X
f	~	, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f	<b>  </b>	X
g	-	eceived a contribution of qualified intellectual property, did the organization file For		7g		X
h	=	eceived a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h	<b></b>	X
8		zations maintaining donor advised funds. Did a donor advised fund maintaine	d by the			İ
		tion have excess business holdings at any time during the year?		8	······································	
9		zations maintaining donor advised funds.			. •	) 
<b>a</b>	•	organization make any taxable distributions under section 4966?		9a	$\longrightarrow$	
b		organization make a distribution to a donor, donor advisor, or related person?		9b	-1	
10	Section 501(c)(7) o		10a			
a		apital contributions included on Part VIII, line 12 ided on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		organizations. Enter	1001			
''		members or shareholders	11a			
b		other sources (Do not net amounts due or paid to other sources	1,14			
		e or received from them )	11ь			
12a	•	non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<del></del>	12a		
b		nount of tax-exempt interest received or accrued during the year	12b			
13		qualified nonprofit health insurance issuers.				
а		censed to issue qualified health plans in more than one state?		13a		
	<del>=</del>	ctions for additional information the organization must report on Schedule O				
b		reserves the organization is required to maintain by the states in which			1	
		censed to issue qualified health plans	13b			
С	Enter the amount of		13c			
14a		receive any payments for indoor tanning services during the tax year?		14a		<u> </u>
<u>b</u>	If "Yes," has it filed	a Form 720 to report these payments? If "No," provide an explanation in Schedule	: O	14b		
DAA				Fore	ո 990	(2015)

Form 990 (2015) WISCONSIN LIONS BIRCH-STURM 45-2034418 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI  $|\mathbf{X}|$ Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990 b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records WISCONSIN LIONS FOUNDATION, INC. 3834 COUNTY ROAD A

WI 54473

ROSHOLT

Form 990 (2015	) WISCONSIN	LIONS	BIRCH-S	TURM	45-2	034418		Page 7
Part VII	Compensation of	f Officers	, Directors,	Trustees,	Key Employees,	Highest C	compensated Employees,	
	Independent Con	ntractors		•				

Independent Contractors		
Check if Schedule O contains a	response or note to any line in this Part VII	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(1) JORDAN CHADWICK VICE PRESIDENT	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
, ,			-	l		pensated				and related organizations
VICE PRESIDENT										<del></del>
VICE PRESIDENT										
	0.00	X		X				0	0	0
(2) ERIC HOLTHAUS										
	1.00									
SECRETARY	0.00	X		X		<u> </u>		0	0	0
(3) JOHN MASTALIR									i	
	1.00									_
PRESIDENT	0.00	X	_	X	_	<u> </u>		0	0	0
(4) JACK REINDL	7 00									
D.T.D.T.G.T.O.D	1.00								ما	•
DIRECTOR (5) JOHN DICKSON	0.00	X	-	-	┝	├		0	0	0
(5) JOHN DICKSON	1.00			ŀ						
TREASURER	0.00	x		$\mathbf{x}$				o	o	0
(6) TOM MUELLER	0.00				-	<del>                                     </del>				
(0, 1011 11022221	1.00					i				
DIRECTOR	0.00	x						ol	o	0
(7) MARVIN HENKE		1								
.,	1.00									
DIRECTOR	0.00	x						0	0	0
(8)										
(9)					<u>-</u>					
(10)										
(11)										

Section A.

	rt VII Section A. Officers								and Highest Compensated				Page
	(A) Name and title	and title Average hours per week (list any			Pos check ess pe	C) sition more erson	than c is both or/trust	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com	(F) stimated nount of other pensation	1
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org. and	om the anization d related anizations	
			i		_		8.					<del></del>	<del></del>
								:					
1b	Sub-total							<b>&gt;</b>					
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	4			<b>&gt;</b>					
2	Total number of individuals (in reportable compensation from	ncluding but not l the organization	ımıte ı ▶	d to	thos	e lıs	ted a	abov	ve) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h ind	lividu	ıal			3	Ye	x No
4 5	For any individual listed on lin organization and related orga- individual Did any person listed on line	nizations greater	thar	n \$15	50,00	)0? I	f "Ye	es," (	complete Schedule J for su	ch	4		x
	for services rendered to the o ion B. Independent Contracto	rganization? If "Y	es,"	com	plet	e Sc	hedu	ıle J	J for such person		5		<u> </u>
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa omp	ated ensa	inde ition	pend for t	lent of	cont alen	ndar year ending with or with	iin the organization's tax yea	ır		
	Name and	(A) I business address						-	Descrip	(B) tion of services		(C) Compen	sation
			<u> </u>			<u>.</u>					_		
								-		<u> </u>			
	Total number of independent	contractors (incl	uding	g but	not	limit	ed to	the	ose listed above) who	^			
DAA	received more than \$100,000	or compensation	1 1101	n th	e org	<u>∤</u> a⊓12	auor			0	<u></u> !	Form 99	(2015)

Form 990 (2015) WISCONSIN LIONS BIRCH-STURM

Part VIII Statement of Revenue

		Check if Schedule	O cont	ains a respo	nse e	or note to any line i	in this Part VIII		
				·		(A) Totał revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इइ	1a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b						
O E		Fundraising events	1c					ı	
£₹		Related organizations	1d						
ပ္မချ		Government grants (contributions)	1e						
Sis		• , ,	10						
풀힐	1	All other contributions, gifts, grants, and similar amounts not included above	ایدا	105,	967				
윤히			1f		<del></del>				
등	_	Noncash contributions included in lines 1a	-1f \$		•	105,967			
	<u> </u>	Total. Add lines 1a-1f			<del></del>	103,307			
ğ	_			Busn	Code	İ	:		
ě	2a			<del> </del>		-	<del></del>		
e e	b			-					<del> </del>
١	C			<u> </u>					<del>                                     </del>
နှ	d						<del>,</del>	·	
<u>ra</u>	е								<del> </del>
Program Service Revenue		All other program service reve	nue	L	$\overline{}$				
-		Total. Add lines 2a–2f	<del> </del>		┻				T
	3	Investment income (including	aiviaena	as, interest,		99,385			99,385
		and other similar amounts)				99,303			77,303
	4	Income from investment of tax	k-exemp	t bona proceed	IS 🚩				
	5	Royalties	<del></del>	(1) December					
	_	(ı) Real		(ii) Personal					
	6a	Gross rents	_						
	b	Less rental exps							
- 1	C	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from	· - 1	(.) 015	<u> </u>				
		sales of assets		(ii) Other					
		Union the morning	,987						
	b	Less cost or other	1						
		basis & sales exps							
	С	, ,	,987			45,987	45,987		
	d	Net gain or (loss)	. г			43,967	43,367		
ايو	8a	Gross income from fundraising eve	ents						
ē		(not including \$	,						
<u>§</u>		of contributions reported on line 10							
Other Reven		See Part IV, line 18	a						
ŧ		Less direct expenses	b		<u> </u>				
	C	Net income or (loss) from fund		events					
	Уа	Gross income from gaming activitie	L						
		See Part IV, line 19	a b						
		Less direct expenses	L		<b>•</b>		:		
		Net income or (loss) from gan		ivities			<del></del>		
	10a	Gross sales of inventory, less							
		returns and allowances	a						
		Less cost of goods sold	p						
	С	Net income or (loss) from sale			Code				
	4.5	Miscellaneous Revenue		Busn	Code				•
	11a			<del> </del>			-		
	ь			<b> </b>					-
	C	<b>A.</b> 111		<u> </u>					
	d	All other revenue		<u> </u>					
	e	Total. Add lines 11a-11d				251,339	45,987	0	99,385
	12	Total revenue. See instruction	ns			451,339	33,36/		, 33,365

#### Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O contains a responsible O				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (non-employees)				
а	Management				· · · · · · · · · · · · · · · · · · ·
b	5	6 422	.,	6,432	
C	Accounting	6,432		0,432	
d	, 3				
e		31,176		31,176	· · · · · · · · · · · · · · · · · · ·
f 	Investment management fees	31,170		31,170	
g	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule (O)				
12 13	Advertising and promotion Office expenses	465	465		
14	Information technology				
15	Royalties				
16	Occupancy				<del></del>
17	Travel				·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	PLAQUES AND ENGRAVING	11,360		11,360	
b	ADMINISTRATIVE FEES	3,000		3,000	
С	1				······
d	Į				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	52,433	465	51,968	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign <u>and</u>				
	fundraising solicitation Check here ▶   if				
DAA	following SOP 98-2 (ASC 958-720)	<u>.                                    </u>	<u></u>		Form <b>990</b> (2015

32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response of note to any line in this Part X (A) (B) Beginning of year End of year 36,116 1 43,937 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 4,674,666 4,704,469 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 4,710,782 4,748,406 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,297 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,297 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,709,485 4,748,406 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 4,748,406 Form **990** (2015)

4,748,406

32

4,709,485

4,710,782

orm	990 (2015) WISCONSIN LIONS BIRCH-STURM 45-2034418			Pa	age 12
Pá	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	51,	339
2	Total expenses (must equal Part IX, column (A), line 25)	2		52,	433
3	Revenue less expenses Subtract line 2 from line 1	3	1	98,	906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,7	09,	485
5	Net unrealized gains (losses) on investments	5	- 1	59,	985
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4,7	48,	406
Pa	at XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ [		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both			i	
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	n <b>990</b>	(2015)

**SCHEDULE A** (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

· 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WISCONSIN LIONS BIRCH-STURM MEMORIAL FUND, INC.

Employer identification number 45-2034418

Pa	irt l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns	
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11,	check only	y one box	)		
1		A church, cor	nvention of churches, or asse	ociation of churches described	ın sectior	170(b)(	1)(A)(i).		
2	$\sqcap$	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (For	m 990 or 9	90-EZ))			
3				ce organization described in se			iii).		
4	П	A medical res	search organization operated	d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,	
		city, and state		•					
5		•		of a college or university owned	or operate	ed by a g	overnmental unit described in		
•			b)(1)(A)(iv). (Complete Part		•				
6				overnmental unit described in s	section 17	'0(b)(1)(A	.)(v).		
7	H			substantial part of its support fi				2	
•	لــا	_	section 170(b)(1)(A)(vi). (Co		J				
8				70(b)(1)(A)(vi). (Complete Par	<del>1</del> 11 )				
9	x			) more than 33 1/3% of its sup		contributi	ons, membership fees, and gro	oss	
9	21			pt functions—subject to certain					
				id unrelated business taxable i					
				0, 1975 See section 509(a)(2					
10				exclusively to test for public sa					
11	H			exclusively for the benefit of, to				ses of	
• •	Ш			ons described in section 509(					
				cribes the type of supporting or					
а				ed, supervised, or controlled by					
a	لــا			o regularly appoint or elect a m				a	
			You must complete Part IV		,,			9	
ь		_		used or controlled in connection	n with its s	unnorted	organization(s), by having		
U	ш			organization vested in the sam					
			s) You must complete Par		10 por 50110	tinat oon	or		
				orting organization operated in	connectio	n with an	d functionally integrated with		
С	لــا			nons) You must complete Pa					
4				supporting organization operat					
d				anization generally must satisf					
				complete Part IV, Sections					
е	$\Box$			d a written determination from					
C	Ш		<u>'=</u> '	nctionally integrated supporting			, yp		
f	Ent	=	of supported organizations	iononally integrated copporting					
g			ving information about the su	pported organization(s)				!	
		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amoun	of
٠,		ganization	(,	(described on lines 1-9	listed in you	ur governing	support (see	other support	(see
				above (see instructions))	docu	ment?	instructions)	instruction	s)
					Yes	No			
(A)						1			
(~)									
(B)					1				
(-,						ļ			
(C)									
(-,									
(D)	_								
, ,						<u> </u>			
(E)						<b>!</b>			
					-	<b></b>		<u> </u>	
						1			

Page 2

45-	- 2	0	3	4	4	1	8
-----	-----	---	---	---	---	---	---

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

on A. Public Support						
ar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received (Do not nclude any "unusual grants")		<del> </del>				
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
•						
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)						
Public support. Subtract line 5 from line 4						
on B. Total Support			· · · · · · · · · · · · · · · · · · ·			
ar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
Total support. Add lines 7 through 10						
					12	
First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	I(c)(3)	. —
						<u> </u>
				·····		<del>,</del>
			nn (f))			<u>%</u>
						%_
				33 1/3% or more, o	check this	. □
				5 22 4/28/		▶ 📙
				5 IS 33 1/3% or m	ore,	▶ □
				So or 16h and line	14.0	
organization						▶ □
	ers me lacts-and	-oncumstances to	.s. The Organizatio	,,, quaimes as a μι	abiloty	▶ □
	I not check a hove	nn line 13 162 16	Sh 17a or 17h che	eck this box and se	ee.	• 🗆
Private foundation. If the organization did instructions	THOU CHECK A DOX (	on mic 13, 10a, 10	,, 17a, 01 170, Clit	JON HITS DON BING SE		▶ 🗌
	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, reints, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets  (Explain in Part VI)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc.  First five years. If the Form 990 is for the organization, check this box and stop here. The organization quality support test—2015. If the organization of the condition of Public Support test—2014. If the organization and stop here. The organization quality support test—2014. If the organization of the part VI how the organization meets the "faint of the organization meets the "faint of the organization of the organization of the organization meets the "faint of the organization meets the "faint of the organization of the organization of the organization of the organization meets the "faint of the organization of the organization of the organization of the organization meets the "faint of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the or	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Ton B. Total Support  Tar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets  (Explain in Part VI)  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first organization, check this box and stop here  For C. Computation of Public Support Percent  Public support percentage from 2014 Schedule A, Part III, lin  Total support test—2015. If the organization did not che box and stop here. The organization qualifies as a publicly signal signal stop here. The organization did not che check this box and stop here. The organization qualifies as 10%-facts-and-circumstances test—2015. If the organization organization meets the "facts-and-circumstances test—2015. If the organization organization meets the "facts-and-circumstances test—2014. If the organization meets the "facts-and-circumstances test—2014. If the organization organization meets the "facts-and-circumstances test—2014. If the organization organization in Part VI how the organization meets the "facts-and-circumstances test—2014. If the organization organization organization meets the "facts-and-circumstances test—2014. If the or	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")  Fax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities unusually and the progranization without charge  Total. Add lines 1 through 3  The portion of total contributions by auch person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets  (Explain in Part VI)  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, forganization, check this box and stop here.  Public support percentage for 2014 Schedule A, Part II, line 14  33 1/3% support test—2015. If the organization did not check the box on line 1: check this box and stop here. The organization qualifies as a publicly support 233 1/3% support test—2014. If the organization did not check a box on line 1: check this box and stop here. The organization did not check a box on line 1: check this box and stop here. The organization did not check a box on line 1: check this box and stop here. The organization meets the "facts-and-circumstances" test 10% or more, and if the organization meets the "facts-and-circumstances" test 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test supported organization  10%-facts-and-circumstances test—2014. If the organization did not check a box on line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test supported organization  10% or more, and if the organization meets the "fa	Gifs, grants, contributions, and membership fees received (Do not noclude any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities urmshed by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 11, column (f) which is upport. Subtract line 5 from line 4 and the transfer of the services or securities of the amount shown on line 11, column (f) which is upport. Subtract line 5 from line 4 are year (of fiscal year beginning in)    (a) 2011 (b) 2012 (c) 2013 (c) 2013 (d) 2014 (d) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015 (e) 2015	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to expended on the behalf to expended on the behalf to expended the property of the portion of total contributions by sach person (other than a pure person (other than a pure person (other than a pure person (other than a pure person (other than a pure person to the business of the amount hown on line 11, column (f)  Public support. Subtractine 5 from line 4  Amounts from line 4  Amounts from line 4  Amounts from line 4  Amounts from line 4  Amounts from line 4  Cross income from interest, dividends, payments received on securities loans, engine the received on securities loans, engine the received on securities loans, engine to the dividence of the person of the business scripularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 organization, check this box and stop here.  Ono C. Computation of Public Support Percentage  Public support percentage from 2014 Schedule A, Part II, line 14  33.173% support test—2015. If the organization did not check the box on line 13, and line 14 is 33.1/3% or more, or box and stop here. The organization qualifies as a publicly supported organization of the properties of the organization of the check the box on line 13, 16a, or 16b, and line 10% facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 10% facts-and-circumstances test—2014. If the organization did not check a box on line	Sifts, grants, contributions, and membership fees received (CO not neclude any "unusual grants")  Fair revenues levied for the organization benefit and either paid to or expended on its behalf in the value of services or facilities within the value of services or facilities within the value of services or facilities within the displantation without charge focal, and lines it through 3 he portion of total contributions by apportending and the production of the value of services of the amount shown on line 11, column (f) uplice supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f) uplice supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f) uplice supported organization) in a form the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of

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Schedule A (Form 990 or 990-EZ) 2015 WISCONSIN LIONS BIRCH-STURM

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)			
If the organization fails to qualify under the tests listed below, please complete Part II)	(Complete only if you checked th	e box on line 9 of Part I or if the organization failed to qualify under Pa	art II
	If the organization fails to qualify	under the tests listed below, please complete Part II )	

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		343,779	128,766	111,050	105,967	689,562
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<del></del>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		343,779	128,766	111,050	105,967	689,562
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
_	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						689,562
	tion B. Total Support					1 20015	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		343,779	128,766	111,050	105,967	689,562
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		99,793	93,079	103,647	99,385	395,904
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		99,793	93,079	103,647	99,385	395,904
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)		443,572	221,845	214,697	205,352	1,085,466
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, four	th, or fifth tax year	as a section 501(	c)(3)	
	organization, check this box and stop her						<b>▶</b> X
Sec	tion C. Computation of Public Si	upport Percent	tage				
15	Public support percentage for 2015 (line 8	, column (f) divided	d by line 13, column	<b>(f)</b> )		15	%_
16	Public support percentage from 2014 Sch					16	%_
Sec	tion D. Computation of Investme						<del> </del>
17	Investment income percentage for 2015 (			column (f))		17	<u>%</u>
18	Investment income percentage from 2014					18	<u>%</u>
19a	33 1/3% support tests—2015. If the orga						▶ □
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization qu	ialifies as a publicl	y supported organ	ization	
b	33 1/3% support tests—2014. If the orga	inization did not ch	eck a box on line 14	or line 19a, and li	ne 16 is more than	1 33 1/3%, and	▶ □
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	o not check a box	on line 14, 19a, or 1	au, check this box		dule A (Form 990	or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and com	plete Part V		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	l	
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	İ	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
J	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4.0	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 00		
4a	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	ĺ	
<b>.</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	1-40		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c	1	
F	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
5a	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
		5a		
	was accomplished (such as by amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
b	• • • • • • • • • • • • • • • • • • • •	5b		
_	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
C	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		1	
	by one or more of its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	1	
-	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
′	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	1	
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	Ì	
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	i	
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	33		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	"		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	1	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		
	Did tilo didattication tiere and eveces esemples tierenide in the ten les. /ees estimates al. a.m		- 1	

determine whether the organization had excess business holdings )

		71110		Page
Par	t IV Supporting Organizations (continued)			I Na
44	Lieu the consequent and a wife or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		İ
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<del>                                     </del>
	ion B. Type I Supporting Organizations	1		<del></del>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		Ī
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		]
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	ion D. All Type III Supporting Organizations	<del>,.</del>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	-4		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	istructions)		
	Ashurbus Test Arrange (a) and (b) balance	ſ	Yes	No
	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
<b>.</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.			
э a	The state of the state of the state of the efficiency depotes on			
a	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	
ь	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/ 20, 19	970 See instructions. A	1
other Type III non-functionally integrated supporting organizations must complete Section	ns A thi	rough E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3_		
4 Add lines 1 through 3	4	·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated	l Type I	II supporting organization	(see
instructions)			

Schedule A (Form 990 or 990-EZ) 2015 WISCONSIN LIONS BIRCH-STURM 45-2034418 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (i) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 b d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7 c Excess from 2013

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d Excess from 2014 e Excess from 2015 Schedule A (Form 990 or 990-EZ) 2015 WISCONSIN LIONS BIRCH-STURM

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Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

#### SCHEDULE D (Form 990)

Department of the Treasury

#### Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 Open to Public

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Inspection Employer identification number Name of the organization WISCONSIN LIONS BIRCH-STURM 45-2034418 MEMORIAL FUND, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2015 WISCONS				034418	Page <b>2</b>
Part III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets	(continued)
3 Using the organization's acquisition, access collection items (check all that apply)	ssion, and other records	, check any of the follo	owing that are a signifi	cant use of its	
a Public exhibition	d∏L	oan or exchange prog	jrams .		
b Scholarly research	<b></b>	Other			
c Preservation for future generations					
4 Provide a description of the organization's	collections and explain	how they further the o	rganization's exempt p	ourpose in Part	
XIII					
5 During the year, did the organization solici	t or receive donations of	f art, historical treasure	es, or other similar		
assets to be sold to raise funds rather than	n to be maintained as pa	irt of the organization'	s collection?		Yes No
Part IV Escrow and Custodial A	rrangements.		-		
Complete if the organization 990, Part X, line 21	on answered "Yes"	on Form 990, Par	t IV, line 9, or repo	orted an amount o	on Form
1a is the organization an agent, trustee, custo	odian or other intermedia	ary for contributions of	other assets not		
included on Form 990, Part X?		.,			Yes No
b If "Yes," explain the arrangement in Part X	III and complete the follo	owing table			
b in roo, explain and analogoment with area	m and complete me rem	- · · · · · · · · · · · · · · · · · · ·			Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an amount on	Form 990, Part X, line 2	21, for escrow or custo	odial account liability?	· · · · · · · · · · · · · · · · · · ·	Yes No
b If "Yes," explain the arrangement in Part X					
Part V Endowment Funds.					
Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,674,666	4,351,129	3,806,377	3,290,542	
b Contributions	80,000	75,000	120,000	280,730	
c Net investment earnings, gains, and					
losses	-19,021	278,514	556,111	352,567	· · · · · · · · · · · · · · · · · · ·
d Grants or scholarships					
<ul> <li>Other expenditures for facilities and</li> </ul>					
programs			103,224	90,617	
f Administrative expenses	31,176	29,977	28,135	26,845	<del></del>
g End of year balance	4,704,469	4,674,666	4,351,129	3,806,377	<del></del>
2 Provide the estimated percentage of the cr		(line 1g, column (a)) h	neld as		
a Board designated or quasi-endowment ▶	100.00%				
b Permanent endowment ► %					
c Temporarily restricted endowment ▶	%				
The percentages on lines 2a, 2b, and 2c s	•				
3a Are there endowment funds not in the pos-	session of the organizati	ion that are held and a	administered for the		[ <del>]</del>
organization by					Yes No
(i) unrelated organizations					3a(i) X 3a(ii) X
(ii) related organizations		1 O. I I I . DO			<del></del>
b If "Yes" on line 3a(ii), are the related organ	·				3b
4 Describe in Part XIII the intended uses of t		vment funds		<del></del>	
Part VI Land, Buildings, and Eq		on Form 000 Por	+ IV/ line 11a See	Form 000 Bort Y	lino 10
Complete if the organization				cumulated	(d) Book value
Description of property	(a) Cost or other ba	sis (b) Cost or of		reciation	(a) poor value
4e Land	(,,,resumerit)	(3000)	,		
1a Land				······································	
b Buildings			<del></del>		
c Leasehold improvements					
d Equipment					<del></del>
e Other  Total. Add lines 1a through 1e (Column (d) mus	t equal Form 900 Part	X column (B) line 10			
Total. Add mes la middyn ie (Column (d) mus	t oquar i omi ooo, r ait i	1, Joidini (D), into 100	<del>- /</del>		

	Form 990) 2015 WISCONSIN LIONS BIR	CH-STURM	45-2034418	Page
Part VII	Investments—Other Securities.	on Form 000 Bort IV Ju	on 11h Son Form 000 Por	d V line 40
	Complete if the organization answered "Yes"  (a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)	(b) book value	Cost or end-of-year m	
(1) Financial			·	
-	eld equity interests			
(2) Other	old equity interests		<del> </del>	
(A)				
(B)				
(C)			<del></del>	
(D)				
(E)				
(F)				
(G)				
(H)				
• •	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		<u> </u>	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11c See Form 990, Par	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d See Form 990, Par	t X, line 15
<del></del>	(a) Description			(b) Book value
(1)				<del>-</del>
(2)				
(3)		<u> </u>	<del></del>	
(4)				
(5)				
(6)				·····
(7)				<del></del>
(8)				
(9)	(h)			
Part X	on (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.			
raitA	Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f See Form 99	0 Part X
	line 25.	On 1 On 1 990, 1 att 10, 111	e rie or rir oeer om 99	o, rait X,
1.	(a) Description of liability	(b) Book value		······································
	I income taxes	(4, 200, 14, 20	1	
	illicome taxes		1	
(2)			1	
(3)			1	
(4)	<del></del>		†	
(5)			1	
(6)		<del> </del>	†	
(7)		<del></del>	1	
(8)			1	
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	
· Otal. (COlum	in (b) must equal to one 350, Fait A, coi (b) line 25 )		<u>I.</u>	

² Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

#### PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THUS IS EXEMPT FROM INCOME TAXES. GIFTS, GRANTS AND BEQUESTS ARE DEDUCTIBLE BY DONORS WITHIN LIMITATIONS OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS SUBJECT TO A TAX ON INCOME FROM ANY UNRELATED ACTIVITIES.

<u>4a</u> 4b

THE ORGANIZATION CONTINUALLY EVALUATES ITS TAX POSITIONS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS FOR POTENTIAL IMPLICATIONS TO ITS TAX STATUS. THE ORGANIZATION'S FEDERAL RETURNS ARE SUBJECT TO EXAMINATION GENERALLY FOR THREE YEARS AFTER THEY ARE FILED AND ITS STATE RETURNS GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED. THE ORGANIZATION HAS NOT IDENTIFIED ANY INCOME IT WOULD CONSIDER TO BE UNRELATED BUSINESS INCOME.

4c

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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 2015

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.

Open to Public Inspection

Name of the organization

WISCONSIN LIONS BIRCH-STURM MEMORIAL FUND, INC.

Employer identification number 45-2034418

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, ACCOUNTANT AND BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE FUND STRICTLY PROHIBITS ITS DIRECTORS, OFFICERS, AND OTHER EMPLOYEES
FROM ENGAGING IN CONDUCT WHICH INVOLVES A CONFLICT WITH THE INTERESTS OF
THE FUND.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC AT THE WISCONSIN LIONS FOUNDATION INC'S LOCATION UPON REQUEST

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

				•			ひ て て に
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	on answered "Yes" o	on Form 990, Part	V, line 33, 34, 35b	, 36, or 37.		( C )
		▶ Attach to Form 990.	Form 990.				Onen to Public
Department of the Treasury Internal Revenue Service	▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Jule R (Form 990) an	d its instructions i	s at www.irs.gov/I	orm990.		Inspection
Name of the organization	WISCONSIN LIONS BIRCH-STURM MEMORIAL FUND, INC.					Employer identificatio	Employer identification number $45-2034418$
Part I Identific	Identification of Disregarded Entities Complete If the or	rganization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on Fo	ırm 990, Part IV	', line 33		
Name,	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							,
(4)							
(9)							
Part II Identific	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	complete if the org tax vear	J janization answe	l red "Yes" on Fo	orm 990, Part IV	/, line 34 because	it had
	(a) Name, address, and Ein of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	(9) Section 512(b)(13) controlled entity?
(1) WISCONSIN LIONS FO 3834 COUNTY ROAD A ROSHOLT	WISCONSIN LIONS FOUNDATION, INC. 3834 COUNTY ROAD A ROSHOLT	CAMP	M	50103	7	N/A	
(2)							
(3)							
(4)							
(5)							
	Con Demonstrate Deal setting Ask Notice 1						

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Schedule R (Form 990) 2015 WISCONSIN LIONS BIRCH-STURM

Schedule R (Form 990) 2015 (k) Percentage (i) Section 512(b)(13) controlled entity? Š ownership (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Percentage ownership amount in box 20 of Schedule K-1 Code V--UBI (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes 9 Share of end-ofyear assets 6 Share of total Share of total (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity Direct controlling foreign country) Legal domicile (state or 9 (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV ₽ £ € 2 3 |3 ල 13 <u>@</u>

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Page 3

Part V

ž × × × × × × × × × × × × × × × × Yes Method of determining amount involved Ë 두 9 뒤 4 + 4 ဗ 9 <del>1</del>e ***** 4 <del>1</del>9 19 두 <del>*</del> = = Ð 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Amount involved 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule k Lease of facilities, equipment, or other assets from related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) q Reimbursement paid by related organization(s) for expenses Name of related organization Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) 3 Ξ (2) 3

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(2)

Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015 WISCONSIN LIONS BIRCH-STURM

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization. See instructions regarding excussion to certain investment particles in gross revenue) that was not a related organization.	is regarding exc	O HOISO	Cellalli mvesu	ופוו		- 1				-		
(a)  Moment and Gill of paths.	(p)	(0)	(b)	(e)		<b>(£)</b>	(b)	(h)	(E)		3	( <del>X</del> )
אמחפ, ממחפט, מחם בווע סו פחווע	Primary activity	Cegal	Predominant	Are all partiti	mers.	Share of	Share of	Uisproportionate			General or	Percentage
		(state or	unrelated, excluded	501(c)(		total income	end-or-year assets	anocanous			managing partner?	ownersnip
		foreign	from tax under	organizations?	ons				(Form 1065)		_	
		country)		Yes	No			Yes No	_		Yes No	
(1)												
(2)												
(3)										<del> </del>		
(4)											•	
(5)												
(9)												
(1)									,		 	
(8)												
(6)												
(10)												
(11)												

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 WISCONSIN LIONS BIRCH-STURM

45-2034418

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VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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ARTICLES OF AMENDMENT

10 THE
ARTICLES OF INCORPORATION

WISCONSIN DFI

OF THE BIRCH-STURM MEMORIAL FUND, INC.

These Articles of Amendment to the Articles of Incorporation of The Birch-Sturm Memorial Fund, Inc., a corporation organized under Chapter 181 of the Wisconsin Statutes ("Corporation"), are executed for the purpose of amending the Corporation's Articles of Incorporation.

- 1. The present name of the Corporation is: The Birch-Sturm Memorial Fund, Inc.
- 2. The following amendment to the Corporation's Articles of incorporation was adopted on February 4, 2012:

Article I of the Articles of Incorporation is hereby amended to read in its entirety as follows:

"The name of the Corporation is Wisconsin Lions Birch-Sturm Memorial Fund, Inc. ("Corporation")."

3. The amendment was adopted by the Board of Directors in accordance with Section 181.1002 of the Wisconsin Statutes.

Dated as of the 4 day of February, 2012.

THE BIRCH-STURM MEMORIAL FUND, INC.

By:

Eric W. Ender, President

This document was drafted by and is returnable to:

Douglas A. Pessefall, Esq. Whyte Hirschboock Dudek S.C. 555 East Wells Street, Suite 1900 Milwenkee, WI 53202 (414) 273-2100



W/MD/#193071,1

# RESOLUTIONS OF THE BOARD OF DIRECTORS OF THE BIRCH-STURM MEMORIAL FUND, INC.

The undersigned, being all of the directors of the Board of Directors of the Birch-Sturm Memorial Fund, Inc., a Wisconsin nonstock corporation ("Corporation"), acting pursuant to Section 181.0821 of the Wisconsin Statutes, hereby consent to the adoption of the following resolutions and actions contemplated therein, with said consent to have the same force and effect as a unanimous vote thereon:

RESOLVED, that the following amendment to the Articles of Incorporation of the Corporation is hereby approved and adopted:

"The name of the Corporation is Wisconsin Lions Birch-Stylin Memorial Fund, Inc. (the "Corporation")."

FURTHER RESOLVED, that the proper efficers of the Corporation be, and hereby are, authorized and directed to execute and file Articles of Amendment to the Articles of Incorporation of the Corporation, and to do any and all acts which they deem necessary or proper to effectuate such amendment.

Dated as of the 477 day of February, 2012.

Thomas H. Clausen

Andrew I Dainhammer

Sugar A Doell

Eric W. Ender

David H. Hempel

Fric R Holthaue

Glen R. Moegenburg

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APR 25 2011

WISCONSIN DFI

# ARTICLES OF INCORPORATION OF

THE BIRCH-STURM MEMORIAL FUND, INC.



The undersigned, being a natural person of the age of eighteen (18) years or more, acting as the incorporator of the Corporation under Chapter 181 of the Wisconsin Statutes, adopts the following Articles of Incorporation for such Corporation.

# ARTICLE I NAME

The name of the Corporation is The Birch-Sturm Memorial Fund, Inc. ("Corporation").

# ARTICLE II PURPOSES

The Corporation is organized and shall be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any future United States internal revenue law (hereinafter the "Internal Revenue Code"). Only to the extent consistent with the foregoing, the specific purpose of the Corporation shall be to provide financial support from time to time to further certain of the exempt purposes of the Wisconsin Lions Foundation, Inc. ("Foundation"). including, without limitation, financial support for the Wisconsin Lions Camp, children's vision screening, diabetes, hearing, eyeglass recycling and other projects and programs of the Foundation, as determined by the Board of Directors of the Corporation; provided, however, that the Foundation remains an organization exempt from federal income taxation under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3) of the Internal Revenue Code.

#### ARTICLE III <u>LIMITATIONS ON ACTIVITIES</u>

- A. Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income taxation under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3) of the Internal Revenue Code or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.
- B. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office.

WI - DFI CORP FILE ID# \$>> TØ53636

- C. In the event the Corporation is classified as a private foundation under the Internal Revenue Code, the Corporation shall:
- (1) Distribute its income for each tax year at a time and in a manner as not to becomes subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code;
- (2) Not Engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code;
- (3) Not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code;
- (4) Not make any investment in a manner as to subject the Corporation to tax under Section 4944 of the Internal Revenue Code; and
- (5) Not make any taxable expenditure as defined in Section 4945(d) of the Internal Revenue Code.

### ARTICLE IV MEMBERS

The Corporation shall not have members.

### ARTICLE V BOARD OF DIRECTORS

The Corporation shall be governed by a Board of Directors. The authority and responsibilities of the Board, as well as the number of Directors and the manner in which the Directors are to be elected, shall be set forth in the Corporation's Bylaws.

#### ARTICLE VI DISSOLUTION

Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the Corporation's liabilities, dispose of all of the Corporation's assets exclusively for the purposes set forth in Article II of these Articles of Incorporation, to such organization or organizations organized and operated exclusively for charitable, scientific and/or educational purposes as shall at the time qualify as an organization or organizations described in Section 501(c)(3) of the Internal Revenue Code, and in such manner as the Board of Directors shall determine.

# ARTICLE VII REGISTERED AGENT AND REGISTERED OFFICE

The name and address of the registered agent and registered office of the Corporation at the time of the adoption of these Articles of Incorporation is Evett J. Hartvig, Wisconsin Lions Foundation, Inc. 3834 County Road A, Rosholt, Wisconsin 54473.

# ARTICLE VIII PRINCIPAL OFFICE

The principal office of the Corporation at the time of the adoption of these Articles of Incorporation is 3834 County Road A, Rosholt, Wisconsin 54473.

### ARTICLE IX INCORPORATOR

The name and address of the incorporator of the Corporation is Douglas A. Pessefall, Esq., Whyte Hirschboeck Dudek S.C., 555 East Wells Street, Suite 1900, Milwaukee, Wisconsin 53202-3819.

# ARTICLE X AMENDMENT

These Articles of Incorporation may be amended or restated by the affirmative vote, written consent or written ballot of at least two-thirds of the Directors then in office, provided (a) that the meeting notice or the material soliciting the approval contains or is accompanied by a copy or summary of the amendment or restatement; and (b) that any modification of the purposes set forth in Article II of these Articles of Incorporation shall be made only with the consent of the Foundation.

Dated this 25th day of April, 2011.

Douglas A. Pessefall, Incorporator

This document was drafted by and is returnable to:
Douglas A. Persefull. Esq.
Whyte Hirschboeck Dudek S C
555 East Wells Street, Suite 1900
Milwaukee, WI 53202-3819
(414) 273-2100

