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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 20 16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **INTERNATIONAL ASSOC. OF LIONS BELOIT EVENING LIONS CLUB**
 Number and street (or P.O. box, if mail is not delivered to street address): **3503 W COUNTY ROAD A**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **JANESVILLE WI 53548**

D Employer identification number: **510212715**
E Telephone number: **608-289-2699**
F Group Exemption Number: ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ _____

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

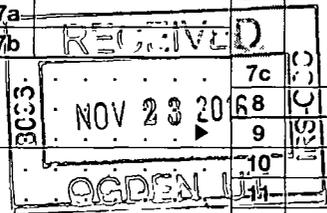
K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1					3346
	2	Program service revenue including government fees and contracts	2					
	3	Membership dues and assessments	3					2275
	4	Investment income	4					1
	5a	Gross amount from sale of assets other than inventory	5a					
	b	Less cost or other basis and sales expenses	5b					
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
	6	Gaming and fundraising events						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					9350
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b					68065
c	Less: direct expenses from gaming and fundraising events	6c					40730	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d					36685	
7a	Gross sales of inventory, less returns and allowances	7a						
b	Less: cost of goods sold	7b						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					0	
8	Other revenue (describe in Schedule O)	8						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9					42307	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10					19147
	11	Benefits paid to or for members	11					1385
	12	Salaries, other compensation, and employee benefits	12					
	13	Professional fees and other payments to independent contractors	13					
	14	Occupancy, rent, utilities, and maintenance	14					
	15	Printing, publications, postage, and shipping	15					635
	16	Other expenses (describe in Schedule O)	16					3632
	17	Total expenses. Add lines 10 through 16	17					24799
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18					17508
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19					57914
	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21					75422



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	57914	75422
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	57914	75422
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57914	75422

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose? **ASSISTANCE TO THE VISUALLY IMPAIRED**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 GENERAL DONATION AND MONTHLY STOCKING OF SHELVES AT CARITAS, A LOCAL FOOD BANK ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1090
29 EYE EXAMS AND EQUIPMENT, EYE BANK AND CORRECTIVE LENSES FOR PEOPLE IN NEED AS WELL AS ALL CHILDREN IN THE LOCAL SCHOOLS ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3527
30 SCHOLARSHIP FOR CONTINUING EDUCATION ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	700
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	13830
32 Total program service expenses (add lines 28a through 31a)	32	19147

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KEITH SALERNO PRESIDENT	1	0	0	0
SANDIE STORLEY 1ST VICE PRESIDENT	1	0	0	0
LARRY MERLET SECRETARY	2	0	0	0
RANDAL SCHWEIGER TREASURER	1	0	0	0
DUANE GEORGENS DIRECTOR	.25	0	0	0
JOHN KANNENGEISER DIRECTOR	.25	0	0	0
JOE CHAMBERLAIN DIRECTOR	.25	0	0	0
JACK WALSH DIRECTOR	.25	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ RANDAL M SCHWEIGER Telephone no. ▶ 608-289-2699 Located at ▶ 3503 W COUNTY ROAD A JANESVILLE, WI ZIP + 4 ▶ 53548		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Randal Schweiger), Date (11/14/16), Type or print name and title (Randal Schweiger, Treasurer).

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CAR SHOW (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	77000			77000
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	77000			77000
Direct Expenses	4 Cash prizes	5347			5347
	5 Noncash prizes	1803			1803
	6 Rent/facility costs	6330			6330
	7 Food and beverages	10279			10279
	8 Entertainment	0			0
	9 Other direct expenses	16972			16972
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				40731
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				36269	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

- 9** Enter the state(s) in which the organization conducts gaming activities. _____
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: _____
-
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL ASSOC. OF LIONS BELOIT EVENING LIONS CLUB

Employer identification number

510212715

PART 1, LINE 10

\$177 - EYEWORKS

\$1000 - LIONS EYEBANK OF WISCONSIN

\$1250 - LIONS CLUB INTERNATIONAL FOUNDATION

\$1340 - CARITAS

\$1000 - MERRIL COMMUNITY

\$1000 - BOYS & GIRLS CLUB

\$1000 - DOMESTIC VIOLENCE CENTER

\$1000 - LEADER DOG

\$1000 - MEALS ON WHEELS

\$80 - 27D1 CARE

\$700 - SCHOLARSHIP

\$1000 - BIG BROTHER BIG SISTER

\$2000 - TOWN OF BELOIT

\$1000 - STATELINE PREGNANCY CLINIC

\$500 - FLAG CORPS

\$1000 - VETS ROLL

\$1500 - PROJECT 1649

\$1600 - VISION TESTING CAMERA

\$1000 - YMCA

PART 1, LINE 16

\$1576 - INT'L DUES

\$341 - STATE DUES

\$211 - DISTRICT DUES

\$103 - SUNSHINE CLUB

\$1400 - BUS TRIP EXPENSES