

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2018

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

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: **04**

City or town, state or province, country, and ZIP or foreign postal code: **JANESVILLE WI 53548**

D Employer identification number: **51-0212715**

E Telephone number: **(608) 289-2699**

F Group Exemption Number: **0239**

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: ▶ https://www.e-clubhouse.org/sites/beloit_evening/

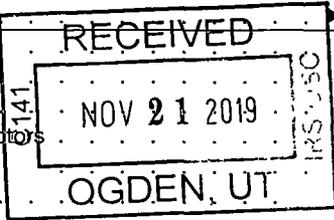
J Tax-exempt status (check only one) - 501(c)(3), 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

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)) 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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	9,756			18	-6,758
2	Program service revenue including government fees and contracts	2				19	94,224
3	Membership dues and assessments	3	3,715			20	
4	Investment income	4	1			21	87,466
5a	Gross amount from sale of assets other than inventory	5a					
b	Less cost or other basis and sales expenses	5b					
c	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	6,785				
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	70,307				
c	Less direct expenses from gaming and fundraising events	6c	47,369				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29,723				
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					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43,195				
10	Grants and similar amounts paid (list in Schedule O)	10	40,505				
11	Benefits paid to or for members	11	2,608				
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	403				
16	Other expenses (describe in Schedule O)	16	6,437				
17	Total expenses. Add lines 10 through 16	17	49,953				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,758				
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	94,224				
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	87,466				



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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		
35b			
35c	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 <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
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 ▶ <input type="text"/> ; section 4912 ▶ <input type="text"/> , section 4955 ▶ <input type="text"/>		
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		✓
40b			
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 ▶ <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
40e			
41	List the states with which a copy of this return is filed ▶ <input type="text"/>		
42a	The organization's books are in care of ▶ RANDAL SCHWEIGER Telephone no. ▶ (608) 289-2699 Located at ▶ 3503 W COUNTY ROAD A JANESVILLE, WI ZIP + 4 ▶ 53548-9540		
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 ▶ <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ <input type="text"/>		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43 <input type="text"/>		
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		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		✓
45b			

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

Part VI Section 501(c)(3) Organizations Only

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here	▶ <u>RANDAL SCHWEIGER</u> Signature of officer	11-11-19 Date
	▶ <u>RANDAL SCHWEIGER</u> Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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
		<u>CAR SHOW</u> (event type)	<u>MOVIE NIGHT</u> (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	75415	1677		77092
	2 Less. Contributions				
	3 Gross income (line 1 minus line 2)	75415	1677		77092
Direct Expenses	4 Cash prizes	4393			4393
	5 Noncash prizes	6348			6348
	6 Rent/facility costs	7000			7000
	7 Food and beverages	13470	1475		14945
	8 Entertainment	550			550
	9 Other direct expenses	14131			14131
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				47367
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				29725	

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))
		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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL ASSOC OF LIONS BELOIT EVENING LIONS CLUB

Employer identification number

51-0212715

PART 1, LINE 10 (GRANTS)

\$56 - EYEWORKS

\$1500 - LIONS EYEBANK OF WISCONSIN

\$1500 - LIONS CLUB INTERNATIONAL FOUNDATION

\$1760 - CARITAS

\$1500 - WISCONSIN LIONS FOUNDATION

\$2000 - BOYS & GIRLS CLUB

\$2000 - HOSPICE

\$1500 - STATELINE FAMILY SERVICES

\$1000 - LEADER DOG

\$3000 - MEALS ON WHEELS

\$500 - 27-D1 DIABETES

\$5000 - SCHOLARSHIP

\$106 - 27-D1 YOUTH EXCHANGE

\$2000 - BIG BROTHER BIG SISTER

\$2000 - TOWN OF BELOIT

\$1500 - STATELINE PREGNANCY CLINIC

\$1000 - SOUTH BELOIT LIONS WIMPY'S FUND

\$2000 - YMCA SCHOLARSHIPS

\$1000 - FLAG CORPS

\$3000 - VETS ROLL

\$1000 - PROJECT 1649

\$2134 - MISC DONATIONS

Name of the organization

Employer identification number

INTERNATIONAL ASSOC. OF LIONS BELOIT EVENING LIONS CLUB

51-0212715

PART 1, LINE 10 (PAYMENTS TO AFFILIATES)

\$2232 - INT'L DUES

\$530 - STATE DUES

\$328 - DISTRICT DUES

\$158 - INT'L INITIATION FEE

\$200 - MEMORIALS

PART 1, LINE 16

\$140 - ADVERTISING

\$10 - WI DEPT FINANCIAL INSTITUTE

\$75 - NSF CHK + FEE

\$175 - GBCC DUES

\$3470 - DINING IN THE DARK EXPENSES

\$186 - SUNSHINE CLUB

\$1371 - BUS TRIP EXPENSES

\$175 - INSTALLATION CENTER PIECES

\$50 - ALBANY LIONS SOCIAL RAFFLE

\$760 - OPEN HOUSE FOOD & PICTURES

\$26 - WI RAFFLE LICENSE

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