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

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning **JULY 1,** , 2011, and ending **JUNE 30** , 20 **12**

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
LIONS INTERNATIONAL DISTRICT 1-J

Number and street (or P O box, if mail is not delivered to street address) Room/suite
12955 BIG HORN DR

City or town, state or country, and ZIP + 4
HUNTLEY, IL 60142-7679

D Employer identification number
36-310401 36-3104101

E Telephone number
(847) 515-3036

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► **www.district1jlions.org**

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, 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	9,815.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	36,051.00
	4	Investment income	4	19.22
	5a	Gross amount from sale of assets other than inventory	5a	0.00
	b	Less: cost or other basis and sales expenses	5b	0.00
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0.00
b	Gross income from fundraising events (not including \$9,815.00 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	41,996.30	
c	Less: direct expenses from gaming and fundraising events	6c	35,464.26	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,532.04	
7a	Gross sales of inventory, less returns and allowances	7a	0.00	
b	Less: cost of goods sold	7b	0.00	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8	Other revenue (describe in Schedule O)	8	5,290.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,707.26	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	9,815.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	8,490.00
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,973.94
	16	Other expenses (describe in Schedule O)	16	38,821.01
	17	Total expenses. Add lines 10 through 16	17	59,099.95
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1,392.69)
	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	15,432.69
	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	14,038.95

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

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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	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0.00	
b Gross receipts, included on line 9, for public use of club facilities	39b 0.00	
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) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.00		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.00		
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. ▶ ILLINOIS		
42a The organization's books are in care of ▶ JAMES E. GRAVES Telephone no. ▶ (847) 515-3036 Located at ▶ 12955 BIF HORN DR., HUNTLEY, ILLINOIS ZIP + 4 ▶ 60142-7679		
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)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

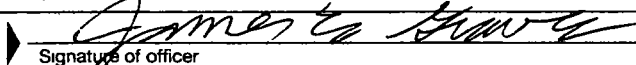
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts 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		9-23-12
	Signature of officer	Date
	JAMES E. GRAVES, DISTRICT 1-J TREASURER	
	Type or print name and title	

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

Lions International - District 1-J
Multiple District 1 - Lions Clubs
12955 Big Horn Drive
Huntley, IL 60142

Employer Fed ID: 36-3104101
IL CO: 01-17167
For Year 07-01-2011
To 06-30-2012

ATTACHMENT SCHEDULE PAGE 1

Page 1. Revenue

LINE 1.	CONTRIBUTIONS -				\$ 9,815.00
LINE 3.	MEMBERSHIP DUES				\$ 36,051.00
LINE 4.	INVESTMENT INCOME				\$ 19.22
LINE 6.	SPECIAL EVENTS & ACTIVITIES				
		6B	6C	6D	
	DIST. 1-J BOWLING	7,998.00	4,778.90	3,219.10	
	DIST. 1-J GOLF 2011	9,195.00	6,938.67	2,256.33	
	DIST. 1-J PINS	507.30	1,598.10	(1,090.80)	
	DIST. 1-J CONVENTION	24,296.00	22,148.59	2,147.41	
		41,996.30	35,464.26	6,532.04	
				LINE 6D	\$ 6,532.04
LINE 8.	OTHER REVENUES				
	MISC				290.00
	NEWSLETTER SUBSIDY				600.00
	RESERVE FUNDS				
	CANDY DAY JAMBOREE				2,065.00
	TAIL TWISTER				460.00
	LIONESS ACCOUNT				715.00
	CENTRAL REGION				186.00
	EASTERN REGION				300.00
	FOX RIVER REGION				339.00
	SOUTHEASTERN REGION				123.00
	SOUTHWESTERN REGION				212.00
	TOTAL LINE 8				\$ 5,290.00
	TOTAL LINE 9				<u>\$ 57,707.26</u>

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ATTACHMENT SCHEDULE PAGE 2

PART 1. EXPENSIDURES

LINE 10.	GRANTS AND SIMILAR AMOUNTS PAID TORNADO RELIEF FUNDS		\$ 9,815.00
LINE 12.	SALARIES, OTHER COMPENSATIONS (SEE ATTACHMENT PAGE 3)		\$ 8,490.00
LINE 15.	PRINTING, PUBLICATIONS, POSTAGE, ANDSHIPPING		
	DIRECTORIES AND STATIONARY	1687.53	
	NEWSLETTER	187.03	
	POSTAGE	99.38	
	TOTAL LINE 15		\$ 1,973.94
LINE 16.	OTHER EXPENSES		
	BUDGET & AUDIT	125.77	
	EQUIPMENT MAINT.	849.68	
	MELVIN JONES DISPLAY	188.78	
	OFFICE SUPPLIES	224.97	
	CABINET MEETINGS	2,021.59	
	REGION MEETINGS	1,565.55	
	STATE LIONS CONVENTION	1,789.34	
	USA/CANADO FORUM	600.00	
	NEW CLUB DEVELOPMENT	198.87	
	REGION ACCOUNTS	831.65	
	AWARDS	1,733.85	
	I. D. PADGES	200.00	
	STATE DUES	25,720.00	
	MEMORIALS	125.00	
	LIONESS STATE DUES	504.00	
	LIONESS FORUM	824.82	
	RESERVED FUNDS	810.34	
	MISC	506.80	
	TOTAL LINE 16		38,821.01
LINE 17.	TOTAL EXPENSES		59,099.95
	TOTAL LINE 18		\$ (1,392.69)

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ATTACHMENT SCHEDULE PAGE 3

PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES

JAMES ADDINGTON 337 TRAUBE	WESTMONT, IL	60559	DISTRICT GOVERNOR	30 HRS WK	\$ 3,200.00
LEO SNYDER 1111 SUNBURY DRIVE	SOUTH ELGIN, IL	60177	1ST VICE DIST GOV	15 HRS WK	\$ 1,800.00
MARIO GUMINO 8708 S ROOD RD	KINGSTON, IL	60145	2ND VICE DIST GOV	15 HRS WK	\$ 1,000.00
BONNIE BRADBURY 13284 W ESSEZ LANE	HUNTLEY, IL	60142	DISTRICT SECRETARY	7 HRS WK	\$ 1,000.00
JAMES GRAVES 12955 BIG HORN DR	HUNTLEY, IL	60142	DISTRICT TREASURER	4 HRS WK	\$ 600.00
CHARLES DAVIS 1505 WEST DOWNER	AURORA, IL	60506	ASST. SEC/TREAS.	1 HR WK	\$ 150.00
PAUL ZUBINSKI 969 W. SPENCER	PALATINE, IL	60067	ZONE CHM	5 HRS WK	\$ 60.00
PAUL GROTH 64 BUNKER HILL AVE	SOUTH ELGIN, IL	60177	ZONE CHM	5 HRS WK	\$ 140.00
ROBERT FOWLER 1180 SUNBURY RD	SOUTH ELGIN, IL	60177	ZONE CHM	5 HRS WK	\$ 80.00
CHRIS HALSEY 872 ELM ST	SUGAR GROVE, IL	60554	ZONE CHM	5 HRS WK	\$ 140.00
JEROME PEREZ			ZONE CHM	5 HRS WK	\$ 80.00
JOHN BARSANTI 50 WEST PICTON RD	ROSELLE, IL	60172	ZONE CHM	5 HRS WK	\$ 60.00
MARIA ANDREWS			ZONE CHM	5 HRS WK	\$ 60.00
SUSAN GALVEZ 5347 GALLOWAY DR	HOFFMAN ESTATE, IL	60192	ZONE CHM	5 HRS WK	\$ 40.00
JOHN HILLARD 12330 RUSSET LANE	HUNTLEY, IL	60142	ZONE CHM	5 HRS WK	\$ 30.00
RON FANGUSARO 231 FAIRFIELD CT	BLOOMINGDALE, IL	60108	ZONE CHM	5 HRS WK	\$ 50.00
TOTAL LINE 12					\$ 8,490.00