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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	15,432.69	22 14,038.95
23	Land and buildings	0.00	23 0.00
24	Other assets (describe in Schedule O)	0.00	24 0.00
25	Total assets	15,432.69	25 14,038.95
26	Total liabilities (describe in Schedule O)	0.00	26 0.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,432.69	27 14,038.95

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

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

What is the organization's primary exempt purpose?

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 TORNADO RELIEF EFFORTS FOR HARRISBURG, ILLINOIS TORNADO DAMAGE

(Grants \$) If this amount includes foreign grants, check here

28a 9,815.00

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$ **) If this amount includes foreign grants, check here**

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a) ► 32

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

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

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

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

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 ► _____ 40b

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

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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.00 40d

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., HUNTER, 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)? 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**. 42b

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: ► _____ 42c

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 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

		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 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

		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 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	► <input type="checkbox"/> Yes <input type="checkbox"/> 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	<i>James E. Graves</i>	<i>9-23-12</i>
	JAMES E. GRAVES, DISTRICT 1-J 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 ►		

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. EXPENDITURES

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, AND SHIPPING 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. PAGES 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	DISTRICT 60559 GOVERNOR	30 HRS WK	\$	3,200.00
LEO SNYDER 1111 SUNBURY DRIVE	SOUTH ELGIN, IL	1ST VICE 60177 DIST GOV	15 HRS WK	\$	1,800.00
MARIO GUMINO 8708 S ROOD RD	KINGSTON, IL	2ND VICE 60145 DIST GOV	15 HRS WK	\$	1,000.00
BONNIE BRADBURY 13284 W ESSEZ LANE	HUNTLEY, IL	DISTRICT 60142 SECRETARY	7 HRS WK	\$	1,000.00
JAMES GRAVES 12955 BIG HORN DR	HUNTLEY, IL	DISTRICT 60142 TREASURER	4 HRS WK	\$	600.00
CHARLES DAVIS 1505 WEST DOWNER	AURORA, IL	ASST. 60506 SEC/TREAS.	1 HR WK	\$	150.00
PAUL ZUBINSKI 969 W. SPENCER	PALATINE, IL	ZONE 60067 CHM	5 HRS WK	\$	60.00
PAUL GROTH 64 BUNKER HILL AVE	SOUTH ELGIN, IL	ZONE 60177 CHM	5 HRS WK	\$	140.00
ROBERT FOWLER 1180 SUNBURY RD	SOUTH ELGIN, IL	ZONE 60177 CHM	5 HRS WK	\$	80.00
CHRIS HALSEY 872 ELM ST	SUGAR GROVE, IL	ZONE 60554 CHM	5 HRS WK	\$	140.00
JEROME PEREZ		ZONE CHM	5 HRS WK	\$	80.00
JOHN BARSANTI 50 WEST PICTON RD	ROSELLE, IL	ZONE 60172 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	ZONE 60142 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