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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)

Department of the Treasury
Internal Revenue Service

► 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.

OMB No 1545-1150

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

JULY1, 2013, and ending JUNE 30, 2014

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)

D Employer identification number

36-3104101

12955 BIG HORN DRIVE

Room/suite

(847) 515-3036

City or town, state or province, country, and ZIP or foreign postal code

HUNTLEY, ILLINOIS 60142-7679

**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: ► WWW.DISTRICT1JLIONS.ORG

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

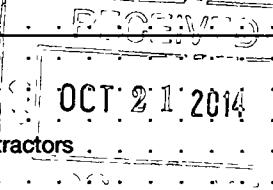
K Form of organization: Corporation Trust Association Other

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 ► \$ **109,885.88**

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 20,300.20
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 42,289.60
	4 Investment income	4 10.70
	5a Gross amount from sale of assets other than inventory	5a .00
	b Less: cost or other basis and sales expenses	5b .00
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c .00
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a .00
	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 40,567.34
Expenses	c Less: direct expenses from gaming and fundraising events	6c 31,107.07
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 9,460.27
	7a Gross sales of inventory, less returns and allowances	7a .00
	b Less: cost of goods sold	7b .00
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c .00
	8 Other revenue (describe in Schedule O)	8 6,718.04
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 	9 78,778.81
	10 Grants and similar amounts paid (list in Schedule O)	10 18,550.20
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 8,270.00
Net Assets	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 1,185.48
	16 Other expenses (describe in Schedule O)	16 45,982.75
	17 Total expenses. Add lines 10 through 16 ►	17 74,651.37
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 4,790.38
	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 18,079.65
	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 22,870.03

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	18,079.65	22	35,020.23
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	18,079.65	25	35,020.23
26 Total liabilities (describe in Schedule O)		26	12,150.20
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,079.65	27	22,870.03

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 ILLINOIS EYE BANK

(Grants \$ 6,400.00) If this amount includes foreign grants, check here . . . ► 28a 6,400.00

29 ILLINOIS TORNADO RELIEF FUND

(Grants \$ 12,150.20) If this amount includes foreign grants, check here . . . ► 29a 12,150.20

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 18,550.20

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
SEE ATTACHMENT PAGE 3				

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	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:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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		
d Section 501(c)(3) and 501(c)(4) 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 ► ILLINOIS		
42a The organization's books are in care of ► JAMES E. GRAVES Telephone no. ► (847) 515-3036 Located at ► 12955 BIG HORN DRIVE, HUNTLEY, IL ZIP + 4 ► +0142-7679		
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		
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	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	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 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
NONE				

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

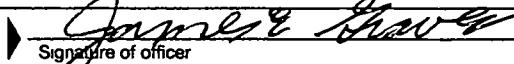
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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(a) Name and business address of each independent contractor	(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
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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 JAMES E. GRAVES, DISTRICT 1-J TREASURER Type or print name and title	Date 10-6-14
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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 07-01-2013
To 06-30-2014

ATTACHMENT SCHEDULE PAGE 1

Page 1. Revenue

LINE 1.	CONTRIBUTIONS, GIFTS & GRANTS		\$ 20,300.20
LINE 3.	MEMBERSHIP DUES AND ASSESSMENTS		\$ 42,289.60
LINE 4.	INVESTMENT INCOME		\$ 10.70
LINE 6.	SPECIAL EVENTS & ACTIVITIES		
	6B	6C	6D
DIST. 1-J BOWLING	7,753.00	4,549.91	3,203.09
DIST. 1-J GOLF	10,264.00	7,903.73	2,360.27
DIST. 1-J PINS	526.34	662.97	(136.63)
DIST. 1-J CONVENTION	22,024.00	17,990.46	4,033.54
TOTAL	40,567.34	31,107.07	9,460.27
	LINE 6D	\$	9,460.27

LINE 8. OTHER REVENUES

MISC	1,190.00
NEWSLETTER SUBSIDY	240.00
RESERVE FUNDS	
QUILT FUND	1,317.04
BLIND BOWLERS FUND	580.00
CANDY DAY JAMBOREE	1,625.00
TAIL TWISTER	139.00
LIONESS ACCOUNT	660.00
CENTRAL REGION	172.00
EASTERN REGION	-
FOX RIVER REGION	291.00
SOUTHEASTERN REGION	306.00
SOUTHWESTERN REGION	198.00

TOTAL LINE 8 \$ 6,718.04

TOTAL LINE 9 \$ 78,778.81

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ATTACHMENT SCHEDULE PAGE 2

PART 1. EXPENDITURES

LINE 10.	GRANTS AND SIMILAR AMOUNTS PAID	\$ 18,550.20
LINE 12.	SALARIES, OTHER COMPENSATIONS (SEE ATTACHMENT PAGE 3)	\$ 8,270.00
LINE 15.	PRINTING, PUBLICATIONS, POSTAGE, AND SHIPPING	
	DIRECTORIES AND STATIONARY	962.00
	NEWSLETTER,	118.41
	POSTAGE	105.07
	TOTAL LINE 15	\$ 1,185.48
LINE 16.	OTHER EXPENSES	
	BUDGET & AUDIT	116.00
	ADVERTISING	3,000.00
	EQUIPMENT MAINT.	213.46
	MELVIN JONES DISPLAY	-
	OFFICE SUPPLIES	320.32
	CABINET MEETINGS	1,739.75
	REGION MEETINGS	1,722.12
	STATE LIONS CONVENTION	1,409.13
	USA/CANADA FORUM	795.00
	TRAINING	95.00
	NEW CLUB DEVELOPMENT	384.34
	REGION ACCOUNTS	642.72
	AWARDS	1,359.08
	I. D. PADGES	279.35
	STATE DUES	27,662.40
	MEMORIALS	325.00
	WEB PAGE	178.20
	LIONESS FORUM	424.50
	RESERVED FUNDS	3,762.04
	MISC	1,554.34
	TOTAL LINE 16	45,982.75
LINE 17.	TOTAL EXPENSES	73,988.43
	TOTAL LINE 18	\$ 4,790.38

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ATTACHMENT SCHEDULE PAGE 3

PAGE 2. BALANCE SHEET

LINE 28. LIABILITIES:

CHECKS WRITTEN FOR TORNADO RELIEF BUT NOT YET
DELIVERED OR CASHED. \$ 12,150.00

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

MARIO GUMINO 8708 S ROOD RD	KINGSTON, IL	DISTRICT 60145 GOVERNOR	30 HRS WK	\$ 3,200.00
CHRIS HALSEY 872 ELM ST	SUGAR GROVE, IL	1ST VICE 60554 DIST GOV	15 HRS WK	\$ 1,800.00
ROBERT FOWLER 1180 SUNBURY RD	SOUTH ELGIN, IL	2ND VICE 60177 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 GROTH 64 BUNKER HILL AVE	SOUTH ELGIN, IL	ZONE 60177 CHM	5 HRS WK	\$ 120.00
PAM KELLEY 930 S SIXTH ST	DEKALB, IL	ZONE 60115 CHM	5 HRS WK	\$ 110.00
JEROME PEREZ P. O. BOX 304	SYCAMORE, IL	ZONE 60178 CHM	5 HRS WK	\$ 60.00
JOHN BARSANTI 50 WEST PICTON RD	ROSELLE, IL	ZONE 60172 CHM	5 HRS WK	\$ 150.00
JOHN HILLARD 12330 RUSSET LANE	HUNTLEY, IL	ZONE 60142 CHM	5 HRS WK	\$ 70.00
LORI CHASSEE 841 LAWRENCE AVE	WEST CHICAGO, IL	60186 ZONE CHM	5 HRS WK	\$ 10.00
		TOTAL LINE 12		\$ 8,270.00