

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)

2015

Open to Public  
InspectionDepartment 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](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

**B** Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C</b> Name of organization LIONS INTERNATIONAL DISTRICT 1 J	<b>D</b> Employer identification number 36-3104101
Number and street (or P O box, if mail is not delivered to street address) 12955 BIG HORN DRIVE	ETelephone number (847) 515-3036
City or town, state or province, country, and ZIP or foreign postal code HUNTLEY, IL 60142	
<b>F</b> Group Exemption Number ► 5014	

**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.DISTRICT1J.ORG](http://WWW.DISTRICT1J.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 ► \$ 155,046**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 . . . . . 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	54,115
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	40,449
	4 Investment income . . . . .	4	18
	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	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the <input checked="" type="checkbox"/> sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	37,887
	c Less direct expenses from gaming and fundraising events . . . . .	6c	31,202
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	6,685
	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	22,577
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	123,844
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	62,712
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	8,177
	13 Professional fees and other payments to independent contractors . . . . .	13	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	1,087
	16 Other expenses (describe in Schedule O) . . . . .	16	40,418
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	112,394
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	11,450
	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	72,821
	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	84,271

**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
<b>22 Cash, savings, and investments</b> . . . . .	72,821	<b>22</b> 84,271
<b>23 Land and buildings</b> . . . . .	.	<b>23</b>
<b>24 Other assets (describe in Schedule O)</b> . . . . .	.	<b>24</b>
<b>25 Total assets</b> . . . . .	72,821	<b>25</b> 84,271
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	.	<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	72,821	<b>27</b> 84,271

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

## Expense

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

What is the organization's primary exempt purpose?

THE ORGANIZATION IS DEDICATED TTO PROJECTS RELATED TO SIGHT AND HERING AND PROVIDING SERVICES FOR YOUTH

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.

PURCHASE EYE SCREENING DEVICES FOR SCREENING OF CHILDREN \$32,805 VISITING NURSES  
ASSOCIATION GRANT FOR IMPROVING EYE CARE FOR NEEDY \$13,622 ELMHURST HOSPITAL

28 DIABETES RESEARCH \$15,685

If this amount includes foreign grants, check here

(Grants \$ )

29

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

30

If this amount includes foreign grants, check here      **30a**

31 Other program services (describe in Schedule Q)

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

Program service expenses (add lines 20a through 31a) **32** see the instructions for 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
ROBERT FOWLER DISTRICT GOVERNOR	10 00	0		3,200
MARIA ANDREWS 1ST VD GOVERNOR	5 00	0		1,800
JOHN HILLIARD 2ND VD GOVERNOR	5 00	0		1,000
BONNIE BRADBURY SECRETARY	5 00	0		1,000
JAMES GRAVES TREASURER	2 00	0		600

**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.

	<b>Yes</b>	<b>No</b>
<b>33</b> 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	<b>33</b>	No
<b>34</b> 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)	<b>34</b>	No
<b>35a</b> 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>35a</b>	No
<b>b</b> If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	<b>35b</b>	
<b>c</b> 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	<b>35c</b>	No
<b>36</b> 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	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b>	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? <input type="checkbox"/> <b>37b</b>	<b>37b</b>	
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? <input type="checkbox"/> <b>38a</b>	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> <b>38b</b>	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter	<b>39a</b>	
<b>a</b> Initiation fees and capital contributions included on line 9 <input type="checkbox"/> <b>39a</b>	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> <b>39b</b>	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> <b>40a</b> , section 4912 <input type="checkbox"/> <b>40a</b> , section 4955 <input type="checkbox"/> <b>40a</b>	<b>40a</b>	
<b>b</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 <input type="checkbox"/> <b>40b</b>	<b>40b</b>	No
<b>c</b> 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="checkbox"/> <b>40c</b>	<b>40c</b>	
<b>d</b> 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="checkbox"/> <b>40d</b>	<b>40d</b>	
<b>e</b> 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 <input type="checkbox"/> <b>40e</b>	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/> <b>41</b>	<b>41</b>	
<b>42a</b> The organization's books are in care of <input type="checkbox"/> <b>42a</b> JAMES GRAVES Telephone no <input type="checkbox"/> (847) 515-3036 Located at <input type="checkbox"/> 12955 BIG HORN DR Huntley, IL ZIP + 4 <input type="checkbox"/> 60142 <input type="checkbox"/> <b>42b</b>	<b>42a</b>	
<b>b</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="checkbox"/> <b>42c</b>	<b>42b</b>	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	<b>42c</b>	
<b>c</b> 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 <input type="checkbox"/> <b>42d</b>	<b>42d</b>	No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>43</b>	<b>43</b>	
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/> <b>44a</b>	<b>44a</b>	No
<b>b</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 <input type="checkbox"/> <b>44b</b>	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <input type="checkbox"/> <b>44c</b>	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="checkbox"/> <b>44d</b>	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <input type="checkbox"/> <b>45a</b>	<b>45a</b>	No
<b>45b</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) <input type="checkbox"/> <b>45b</b>	<b>45b</b>	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

	Yes	No
46		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

	Yes	No
47		
48		
49a		
49b		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

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

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

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

**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"

(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 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.**

<b>Sign Here</b>	***** Signature of officer JAMES E GRAVES TREASURER Type or print name and title	2016-08-17 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name JIM GRAVES	Preparer's signature	Date 2016-10-26	Check <input type="checkbox"/> if self-employed	PTIN P00250109
	Firm's name ► H AND R BLOCK	Firm's EIN ►			
	Firm's address ► 12040 PRINCETON DR HUNTLEY, IL 60142	Phone no (847) 669-8186			

May the IRS discuss this return with the preparer shown above? See instructions

2015

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceName of the organization  
LIONS INTERNATIONAL DISTRICT 1 J

Employer identification number

36-3104101

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising  Yes  No services?**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**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 (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
<b>1</b> Gross receipts . . . . .				
<b>2</b> Less Contributions . . . . .				
<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>				
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .				
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				

**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))
<b>Revenue</b>				
<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>				
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
<b>8</b> 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 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>13</b>	Indicate the percentage of gaming activity conducted in	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; height: 20px; vertical-align: middle;">13a</td> <td style="width: 40px; height: 20px; vertical-align: middle;">%</td> </tr> <tr> <td style="width: 40px; height: 20px; vertical-align: middle;">13b</td> <td style="width: 40px; height: 20px; vertical-align: middle;">%</td> </tr> </table>	13a	%	13b	%
13a	%					
13b	%					
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records					
<p>Name ► _____</p> <p>Address ► _____</p>						
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____					
<b>c</b>	If "Yes," enter name and address of the third party					
<p>Name ► _____</p> <p>Address ► _____</p>						
<b>16</b>	Gaming manager information					
<p>Name ► _____</p> <p>Gaming manager compensation ► \$ _____</p>						
<p>Description of services provided ► _____</p> <p><input type="checkbox"/> Director/officer      <input type="checkbox"/> Employee      <input type="checkbox"/> Independent contractor</p>						
<b>17</b>	Mandatory distributions					
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____					

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**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](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
LIONS INTERNATIONAL DISTRICT 1 J**Employer identification number**

36-3104101

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
LINE NUMBER 8	OTHER INCOME
LIONESS ACCOUNT \$485	LIONESS CLUBS
CENTRAL REGION 122	LIONS CLUBS
EASTERN REGION 214	EASTERN CLUBS
FOX RIVER REGION 294	FOX LIONS CLUBS
SOUTHEASTERN REGION \$273	SE LIONS CLUBS
SOUTHWESTERN REGION 211	SW LIONS CLUBS
SCREENING DEVICE FUNDS \$20,978	CLUB DONATIONS
LINE NUMBER 16	OTHER EXPENSES
BUDGET & AUDIT \$ 91	OTHER EXPENSES
ADVERTISING \$3980	OTHER EXPENSES
EQUIPMENT MAINT 250	OTHER EXPENSES
MELVIN JONES DISPLAY \$250	OTHER EXPENSES
OFFICE SUPPLIES \$98	OTHER EXPENSES
CABINET MTGS 1594	OTHER EXPENSES
REGION MTGS \$1553	OTHER EXPENSES
STATE CONVENTION \$1790	OTHER EXPENSES
USA/CANADA FORUM \$277	OTHER EXPENSES
TRAINING \$125	OTHER EXPENSES
REGION ACCTS \$1005	OTHER EXPENSES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
AWARDS \$1212	OTHER EXPENSES
I D PADGES \$201	OTHER EXPENSES
STATE DUES \$26,334	OTHER EXPENSES
MEMORIALS \$500	OTHER EXPENSES
WEB PAGE \$12	OTHER EXPENSES
LIONESS FORUM \$375	OTHER EXPENSES
RESERVES \$770	OTHER EXPENSES