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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

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

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 7/1/2016, and ending 6/30/2017

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: Mesa Leisure world Lions club
Number and street (or P O box, if mail is not delivered to street address): P O Box 6905
Room/suite:
City or town: Mesa State: AZ ZIP code: 85216-6905
Foreign country name: Foreign province/state/county: Foreign postal code:

D Employer identification number: 86-0409250

E Telephone number: (480) 363-9105

F Group Exemption Number:

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):
I Website: N/A
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

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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.

\$ 91,411

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	10 Grants and similar amounts paid (list in Schedule O)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	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)
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (explain in Schedule O)
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance	
5b Less cost or other basis and sales expenses	15 Printing, publications, postage, and shipping	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16 Other expenses (describe in Schedule O)	
6 Gaming and fundraising events	17 Total expenses. Add lines 10 through 16	
a Gross income from gaming (attach Schedule G if greater than \$15,000)		
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)		
6a		
6b 79,172		
6c 14,999		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
6d 64,173		
7a Gross sales of inventory, less returns and allowances		
7b Less cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
7c 0		
8 Other revenue (describe in Schedule O)		
8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
9 76,412		
10 55,948		
11		
12		
13		
14 1,385		
15 2,150		
16 10,739		
17 70,222		
18 6,190		
19 11,630		
20		
21 17,820		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

HTA

10

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	11,630	22	17,820
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	11,630	25	17,820
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,630	27	17,820

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? service to community

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, optional for others)

28 <u>AZ LIONS CAMP TATIYEE (ALSO SEE SCHED O)</u>		
(Grants \$ <u>13,600</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 <u>LOCAL HS SCHOLARSHIPS (ALSO SEE SCHED O)</u>		
(Grants \$ <u>8,700</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 <u>SCHOLARSHIPS FOR VETS (ALSO SEE SCHED O)</u>		
(Grants \$ <u>3,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ <u>25,300</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

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 SCHED O FOR DETAILS				
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
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	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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		X
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)		X
35 a 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)?		X
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		X
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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
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		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
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		X
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 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 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		X
41 List the states with which a copy of this return is filed 41 ARIZONA		
42 a The organization's books are in care of 42a JAMES PASEK Telephone no 42a (480) 248-8013		
Located at 42b 2128 LEISURE WORLD City MESA ST AZ ZIP + 4 42b 85206		
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 42b		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
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		X
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		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		
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		X

- 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		X

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 ☐

- 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		
48		
49a		
49b		

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

- 49 a 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
Name None				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		

- 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
Name None		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP

- 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	Signature of officer		Date	
	CAROLYN LOWY PRESIDENT <i>Carolyn Lowy</i>		9-12-2017	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
			SELF-PREPARED RETURN	
	Firm's name		Firm's EIN	Phone no
	Firm's address			

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

☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

Mesa Leisure world Lions club

Employer identification number

86-0409250

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.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☐ Special fundraising events
d ☐ 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 services? ☐ Yes ☐ No

b If "Yes," list the 10 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
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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 FLY THE FLAG (event type)	(b) Event #2 ESTATE SALES (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	19,635	11,481	8,942	40,058
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	19,635	11,481	8,942	40,058
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses			0	0
	10 Direct expense summary Add lines 4 through 9 in column (d)				(0)
	11 Net income summary Subtract line 10 from line 3, column (d)				40,058

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))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	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)				(0)
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				0

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 _____

- | | | | |
|----|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | 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 type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in. | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |

Name 

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ 0 and the amount of gaming revenue retained by the third party ► \$ _____ 0.
- c** If "Yes," enter name and address of the third party _____

Name ▶ _____

Address ►

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be 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 provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

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

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Mesa Leisure world Lions club

86-0409250

Form 990-EZ, Part III, Line 31 OTHER PROGRAM SERVICES (SEE SCHED O) Grants and allocations

25,300 Program service expenses 0

Form 990-EZ, Part I, Line 16 Other Expenses Dues to LCI & MD 21 AZ & Meeting expenses

10,739

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization

MESA LEISURE WORLD LIONS CLUB

Employer identification number

86-0409250

LIST OF SERVICE PROGRAM ACCOMPLISHMENTS-PART III

AZ Lions Camp Tatiyee	\$13,600	Local HS Scholarships	\$8,700
Scholarships for Vets	\$3,000	Mesa Comm College	\$2,000
Hospice of the Valley	\$1,500	Mesa Food Bank	\$1,100
LW Foundation	\$2,000	Open Door	\$1,000
Jefferson School Reading	\$4,000	Podiatry Institute	\$1,000
Lions Foundation of AZ	\$500	Melvin Jones Memorial	\$500
E Kirby Smythe	\$2,000	Lions sight & Hearing	\$1,500
Leader Dogs for the Blind	\$1,000	Sunshine Acres	\$1,000
Lions Club Intl	\$3,000	Helen's Hope Chest	\$2,048
Lions Vision Center	\$2,000	Leo Scholarships	\$500
Ta Touk Village School	\$500	EV Adult Resources	\$1,000
Vet's Medical	\$1,000	Vet's Bridging AZ	\$1,000
Women's Safe House	\$500		

GRAND TOTAL LINE 10 PART 1-- \$55,948

OTHER EXPENSES LINE 16-PART 1

Dues to LCI & MD 21 AZ \$6,878

Meeting Expenses \$3,861

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Open to Public
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Employer identification number

MESA LEISURE WORLD LIONS CLUB

86-0409250

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

NAME	AVG HRS/WK	COMP	HEALTH	OTHER COMP
CAROLYN LOWY - PRESIDENT	4	0	0	0
LARRY WEBER IMMED. PAST PRES.	4	0	0	0
DON STEFFAN- 1ST VICE. PRES.	4	0	0	0
JIM MCCOWN 2ND VICE. PRES.	4	0	0	0
PAT BROWN- 3RD VICE. PRES.	4	0	0	0
KATHLEEN HILGER- SECRETARY I	8	0	0	0
RON BICKLE- SECRETARY II	6	0	0	0
JAMES PASEK- TREASURER	8	0	0	0
CARL BURGESS- 1 YR. DIRECTOR	2	0	0	0
PATRICIA CUBAN- 1 YR. DIRECTOR	2	0	0	0
HELEN MCCALL-LACY- 1 YR. DIRECTOR	2	0	0	0
MIKE SANFORD- 1 YR. DIRECTOR	2	0	0	0
CHARLENE INGERSON- 1 YR. DIRECTOR	2	0	0	0
DAN CALLAHAN- 2 YR. DIRECTOR	2	0	0	0
PETER KJELDGAARD- 2 YR. DIRECTOR	2	0	0	0
WILLIAM NAIL- 2 YR. DIRECTOR	2	0	0	0
FRAN REICHERT- 2 YR. DIRECTOR	2	0	0	0
PATRICIA WATKINS- 2 YR. DIRECTOR	2	0	0	0
ELSIE TENNANT- MEMBERSHIP DIR.	2	0	0	0
KEN WALCOTT- LION TAMER	2	0	0	0
VICKIE TONDA- TAIL TWISTER	2	0	0	0
LENNIE SPICER- ZONE 2 DIR.	2	0	0	0