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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Department of the Treasury
Internal Revenue Service

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.

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		C Name of organization		D Employer identification number		
<input type="checkbox"/> Address change	Mesa Leisure world Lions club				86-0409250	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		Room/suite		E Telephone number	
<input type="checkbox"/> Initial return	P O Box 6905				(480) 363-9105	
<input type="checkbox"/> Final return/terminated	City or town	State	ZIP code			
<input type="checkbox"/> Amended return	Mesa	AZ	85216-6905			
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county	Foreign postal code	F Group Exemption Number ►		
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: ► N/A						
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other						
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	1 Contributions, gifts, grants, and similar amounts received			1	4,999	
	2 Program service revenue including government fees and contracts			2		
	3 Membership dues and assessments			3	7,240	
	4 Investment income			4		
	5a Gross amount from sale of assets other than inventory	5a			5c	0
	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)					
	6 Gaming and fundraising events			6a		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)			6b	79,172	
	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)			6c	14,999	
c Less direct expenses from gaming and fundraising events			6d	64,173		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						
7a Gross sales of inventory, less returns and allowances	7a			7c	0	
b Less cost of goods sold	7b					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
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		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	1047			10	55,948
	11 Benefits paid to or for members				11	
	12 Salaries, other compensation, and employee benefits				12	
	13 Professional fees and other payments to independent contractors				13	
	14 Occupancy, rent, utilities, and maintenance				14	1,385
	15 Printing, publications, postage, and shipping				15	2,150
	16 Other expenses (describe in Schedule O)				16	10,739
	17 Total expenses. Add lines 10 through 16			17	70,222	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)				18	6,190
	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	11,630
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	17,820	

For Paperwork Reduction Act Notice, see the separate instructions.

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 AZ LIONS CAMP TATIYEE (ALSO SEE SCHED O)

(Grants \$ 13,600) If this amount includes foreign grants, check here ►

29 LOCAL HS SCHOLARSHIPS (ALSO SEE SCHED O)

(Grants \$ 8,700) If this amount includes foreign grants, check here ►

30 SCHOLARSHIPS FOR VETS (ALSO SEE SCHED O)

(Grants \$ 3,000) If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O)

(Grants \$ 25,300) If this amount includes foreign grants, check here ►

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			

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 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) 34 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)? 35a 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 35b 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 35c 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 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b X

b Did the organization file Form 1120-POL for this year? 37b 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? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39a 39b

39 Section 501(c)(7) organizations Enter: 39a 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ► 40b X

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 40b 40c 40d 40e 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 40d 40e X

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 40e X

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 ► ARIZONA

42 a The organization's books are in care of ► JAMES PASEK Telephone no ► (480) 248-8013
Located at ► 2128 LEISURE WORLD City MESA ST AZ ZIP + 4 ► 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 ►
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b X

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 ►
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 44c X

c Did the organization receive any payments for indoor tanning services during the year? 44c 44d 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 45a

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b X

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

	Yes	No
33		X
34		X
35a		X
35b		X
35c		X
36		X
37a		
37b		X
38a		X
39a		
39b		
40b		X
40c		
40d		
40e		X
41		
42a		
42b		X
42c		X
43		
44a		X
44b		
44c		X
44d		X
45a		
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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
----	--

49 a 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 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	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST 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
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
	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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.**

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
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
Total				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? Yes 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? Yes No

13 Indicate the percentage of gaming activity conducted in.

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

13a	%
13b	%

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 ► \$ 0

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.

OMB No 1545-0047

2016

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► 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

Name of the organization

Mesa Leisure world Lions club

Employer identification number

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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2017

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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

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

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)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
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2017**Open to Public
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Name of the organization

MESA LEISURE WORLD LIONS CLUB

Employer identification number

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