

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.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2019

Open to Public  
Inspection

2006

A For the 2019 calendar year, or tax year beginning

07-01, 2019, and ending

06-30, 2020

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)

PO BOX 6905

Room/suite

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

Mesa, AZ 85216-6905

04

D Employer identification number

86-0409250

E Telephone number

F Group Exemption  
Number ►

G Accounting Method

 Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no)  4947(e)(1) or  527H Check ►  if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 70,126

## 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 45
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 5,283
	4 Investment income	4
	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
Expenses	b Gross income from fundraising events (not including \$ 45 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 64,798
	c Less direct expenses from gaming and fundraising events	6c 45,469
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 19,329
	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
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 24,657
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	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	14 715
	15 Printing, publications, postage, and shipping	15 684
	16 Other expenses (describe in Schedule O)	16 11,102
	17 Total expenses. Add lines 10 through 16	17 12,501
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 12,156
	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 17,144
	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 29,300

For Paperwork Reduction Act Notice, see the separate instructions.  
EEA

Form 990-EZ (2019)

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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	17,144	22	29,300
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	17,144	25	29,300
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,144	27	29,300

**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 SCH O)**(Grants \$ 12,325 ) If this amount includes foreign grants, check here  28a 0**29 LEO SCHOLARSHIP (ALSO SEE SCH O)**(Grants \$ 1,200 ) If this amount includes foreign grants, check here  29a 0**30 JEFFERSON ELEM. SCHOOL LITERACY PROJECT (ALSO SEE SCH O)**(Grants \$ 2,018 ) If this amount includes foreign grants, check here  30a 0**31 Other program services (describe in Schedule O)**(Grants \$ 18,286 ) If this amount includes foreign grants, check here  31a See SERVICES**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
<b>See 990 OFOV</b>				
MIKE SANFORD				
<b>PRESIDENT</b>	4.00	0	0	0
DENNIS HEIMPEL				
<b>1ST VP</b>	4.00	0	0	0
BARRY JACOBSON				
<b>2ND VP</b>	4.00	0	0	0
KATHLEEN HILGER				
<b>SECRETARY</b>	8.00	0	0	0
PETER VAGLIO				
<b>TREASURER</b>	8.00	0	0	0
DAVE GUEVARA				
<b>1 YR DIRECTOR</b>	4.00	0	0	0
DON MURPHY				
<b>1 YR DIRECTOR</b>	4.00	0	0	0
ALAN YAPP				
<b>1 YR DIRECTOR</b>	4.00	0	0	0
BARBARA YAPP				
<b>1 YR DIRECTOR</b>	4.00	0	0	0
LOU DESIDERIO				
<b>2 YR DIRECTOR</b>	4.00	0	0	0
SUE HAYES				
<b>2 YR DIRECTOR</b>	4.00	0	0	0
DON STEFFAN				
<b>2 YR DIRECTOR</b>	4.00	0	0	0
JILL HEIMPEL				
<b>MEMBERSHIP DIRECTOR</b>	4.00	0	0	0

60

**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

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

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

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? 37b

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

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 39b

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

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 40e

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 40e

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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 ► 42a

42 a The organization's books are in care of ► Peter Vaglio Telephone no ► 509-741-7113  
Located at ► 2387 Leisure World, Mesa, AZ ZIP + 4 ► 85206 42b

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 ► 42c   
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 ► 43

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

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

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

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 . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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."	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

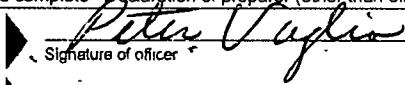
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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 <b>PETER VAGLIO, TREASURER</b> Type or print name and title	<b>9-22-20</b> Date
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Paid Preparer Use Only	Print/Type preparer's name <b>Louis Desiderio</b>	Preparer's signature 	Date <b>09-19-2020</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00090290</b>
	Firm's name ►	Firm's EIN ►			
	Firm's address ► <b>1848 Leisure World Mesa AZ 85206</b>	Phone no <b>480-363-9105</b>			

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

2019

**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.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Employer identification number**

MESA LEISURE WORLD LIONS CLUB

86-0409250

MESA LEISURE WORLD LIONS CLUB 86-0409250  
**Part II** Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

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?

**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						
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 III**

**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 <b>FLY THE FLAG</b> (event type)	(b) Event #2 <b>ESTATE SALES</b> (event type)	(c) Other events <b>10</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts .....	21,215	17,811	18,929	57,955
2 Less: Contributions .....				
3 Gross income (line 1 minus line 2) .....	21,215	17,811	18,929	57,955
Direct Expenses				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	4,499	11,444	15,289	31,232
10 Direct expense summary Add lines 4 through 9 in column (d) .....				31,232
11 Net income summary Subtract line 10 from line 3, column (d) .....				26,723

**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 .....				
Direct Expenses				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
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) .....				
8 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 \_\_\_\_\_

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Department of the Treasury  
Internal Revenue Service**

Name of the organization

## **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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2019

**Open to Public  
Inspection**

**Employer identification number**

86-0409250

01. Description of other expenses (Part I, line 16)

Description	Amount
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admin expenses to state & intl 11,102

02. Other program services (Part III, line 31)

LW LIBRARY \$1000      LW OPEN DOOR \$500      ST MARY'S FOOD BANK \$3920

SUNSHINE ACRES S640 VETS BRIDGING AZ S640 TRUNK OR TREAT S200

A NEW LEAF \$640 PEN PALS \$72 ETC FLAGS \$593

PEACE POSTER \$100 LIOND FOUNDATION AZ \$300 MELVIN JONES MEM. \$300

MELVIN JONES LAND \$200

KIRBY SMITHE \$1000 VISON & HEARING \$1000 LIONS VISON CTR \$12000

LW CLUB VISION \$467    LCIF \$3000    LEADER DOGS \$800