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)

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2015 calendar year, or tax year beginning July 1 , 2015, and ending	June 30	, 20 16					
	Check if ap		Employer ide	entification number					
_	Address c	hange Lions Club of Cy-Fair, Inc.	74-1652723						
	Name cha	Poem/ouite F	E Telephone number						
	Initial retur	P.O. Box 40264	28	1-685-6322					
=		n/terminated City or town, state or province, country, and ZIP or foreign postal code	Group Exer	mption					
=	Amended Application		Number •	•					
_		ting Method: ✓ Cash	eck ▶ ☐ i	f the organization is not					
	Nebsite			red to attach Schedule B					
			rm 990, 990	0-EZ, or 990-PF).					
		organization: Corporation Trust Association Other							
L	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as:	sets						
(Pa	rt II. col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. > s						
-	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins		for Part I)					
	alli	Check if the organization used Schedule O to respond to any question in this Part I.		🗆					
_	1	Contributions, gifts, grants, and similar amounts received	. 1						
		Program service revenue including government fees and contracts	. 2						
	2	Membership dues and assessments	. 3	5,503.85					
	3	Investment income	. 4	.02					
	4	Gross amount from sale of assets other than inventory							
	5a	Less: cost or other basis and sales expenses							
	b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c						
	C								
	6	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than							
Je Je	a	\$15,000)							
Revenue	b	Gross income from fundraising events (not including \$of contributions							
ev	"	from fundraising events reported on line 1) (attach Schedule G if the							
Œ		sum of such gross income and contributions exceeds \$15,000) 6b 91,15	6.42						
	С	Less: direct expenses from gaming and fundraising events 6c 63,25							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act						
		line 6c)	. 6d						
	7a	Gross sales of inventory, less returns and allowances							
	b	Less: cost of goods sold	1 100						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c						
	8	Other revenue (describe in Schedule O)		1,235.00					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		34,641.87					
_	10	Grants and similar amounts paid (list in Schedule O)	. 10	14,517.46					
	11	Benefits paid to or for members	. 11	5,054.19					
c)	17.3653	Salaries, other compensation, and employee benefits	. 12						
ses	13	Professional fees and other payments to independent contractors							
Expen	14	Occupancy, rent, utilities, and maintenance		8,401.77					
Ĕ	15	Printing, publications, postage, and shipping		878.58					
	16	Other expenses (describe in Schedule O)		30,385.45					
	17	Total expenses. Add lines 10 through 16		59,237.45					
-	10	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	(24,595.58)					
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	vith						
S.		end-of-year figure reported on prior year's return)	. 19	168,466.96					
A	20	Other changes in net assets or fund balances (explain in Schedule O)							
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	143,871.38					

Par	Balance Sheets (see the instructions for	or Part II)	8 12 000 1			
	Check if the organization used Schedule	O to respond to an	y question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			18,167.63		16,853.33
23	Land and buildings			150,399.33	23	127,018.05
24	Other assets (describe in Schedule O)				24	
25	Total assets			168,466.96		143,871.38
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	168,466.96	27	143,871.38
Par		plishments (see th	e instructions for F	Part III)		
T Cit	Check if the organization used Schedule	O to respond to ar	y question in this	Part III 🗹		Expenses
\A/ha		To aid the less fortur				quired for section (c)(3) and 501(c)(4)
	ribe the organization's program service accomplis	hmonte for each of	ite three largest n	rogram services		anizations; optional for
as m	enbe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	services provided	I, the number of	oth	ers.)
	Purchased 63 pair of eyeglasses for students in the C					
20	Fulliased of pair of cyceniasses for statement	-d				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	• 🗆	28	a 3,110.00
20	Donated to the Texas Lions Camp Endowment Fund					
29						
	/O	includes foreign gra	ints check here	▶ □	29	a 2,619.64
-			inta, check nore		-	2,010.01
30	Donated 53 bushel baskets to needy families in the C	y-Fair area				
	(O - t d	includes foreign gra	ints check here	▶ □	30	a 1,852.58
			ints, check here		1	1,002.00
31	Other program services (describe in Schedule O)	includes foreign gra			31	a 6,935.24
	(Grants \$) If this amount Total program service expenses (add lines 28a	through 31a)	ints, check here .	•	32	
32		Employees (list each	one even if not com	nensated—see the		
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
	Check if the organization used Schedule	CONTRACTOR CONTRACTOR	(c) Reportable	(d) Health benefits,		Officeration on an area
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	benefit plans, and		 Estimated amount of other compensation
Paul	Yackley					
Pres	ident	4	-0	-	-0-	-0-
Reb	ecca Franco					
Vice	President	11	-0	-	-0-	-0-
Sand	dra Martin					
	etary	16	-0	-	-0-	-0-
	rles Martin					
Trea	surer	20	-0	-	-0-	-0-
	man Douglas					
Imm	ediate Past President	1	-0	-	-0-	-0-
-	es B Casey					
	bership Chair	3	-(I-	-0-	-0-
-	on Robinson					
	Twister	1	-(l-	-0-	-0-
	Iman Douglas					
	Tamer	2	-()-	-0-	-0-
	y Alderman					
Dire	f	1	-()-	-0-	-0-
-						
	othy Casey	1)-	-0-	-0
Dire			1			
	/ Spencer	1	-()-	-0-	-0
Dire			1			
	n Peterson	3	-1)-	-0-	-0
Dire	ctor	J			_	The second second second

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Only Only Only Only Only Did the organization file Form 1120-POL for this year? 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?	37b 38a		1
ь 39 а	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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		1
С	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	transaction? If "Yes," complete Form 8886-T	40e		1
41 42a		281-68	5-632	2
	Located at ▶ 9018 Bonnyview Drive Houston, Texas ZIP + 4 ▶	7709	_	-
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)?	42b	Yes	No ✓
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► U
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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	+	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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		1

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						Yes	No
46	Did the organization engage, directly or in	directly, in political c	ampaign activities on	behalf of or in opposit	ion		
	to candidates for public office? If "Yes," co		, Part I		. 46		✓
Part '	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			e tables f	or line	es . [
						Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax rear? If "Yes," complete Schedule C, Part II			. 47			
48	Is the organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule E	. 48		
49a	Did the organization make any transfers to	an exempt non-cha	aritable related organiz	ation?	. 49a	-	-
b	If "Yes," was the related organization a se	ction 527 organization	on?		. 49b		d ko
50	Complete this table for the organization's employees) who each received more than	five highest comper	nsated employees (oth	er than officers, direct	ors, truste e enter "N	done '	, ke
	(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) Estimate other con	ed amo	unt of
None							
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	s five highest comp	ensated independent	contractors who eac	h received	d more	e tha
	(a) Name and business address of each independent contractor		(b) Type of service		(c) Compensation		
None							
			-				
							_
52	Total number of other independent contra Did the organization complete Schedu completed Schedule A	ule A? Note: All s	g over \$100,000	nizations must attac	h a .▶∐ Ye	s 🗸	No
Under true, co	penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other tha	return, including accompa n officer) is based on all in	nying schedules and statem formation of which preparer	ents, and to the best of my k has any knowledge.	knowledge ar	nd belief	, it is
	N						
Sign	Signature of officer			Date			
Here	Charles B. Martin						

rue, correct, and	of perjury, I declare that I have examine d complete. Declaration of preparer (otl	ed this return, including accompanying schecher than officer) is based on all information of	f which preparer has any	knowledge.	edge and belief, it i	
Sign Here	Signature of officer Charles B. Martin Type or print name and title			Date		
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
Preparer Use Only	Firm's name			Firm's EIN ▶		
Jac Olliy	Firm's address ► 6 discuss this return with the preparer shown above? See instructions			Phone no. Yes No		

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

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Lions Club of Cy-Fair, Inc.	74-1652723					
Part III , Section 31						
Boy Scouts - Sam Houston Area Council	\$ 1,665.00					
Lions Clubs International District 2-S 2 donations	\$ 1,718.24					
Member shirts	\$ 1,054.00					
Scholarship	\$ 500.00					
Lions Eye Bank of Texas	\$ 500.00					
Education	\$ 930.00					
Leader Dog for the Blind	\$ 300.00					
Cancer Awareness	\$ 268.00					
Total - Part III, Section 31	\$ 6,935.24					

