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)

2016

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 2016 calendar year, or tax year beginning July 1 2016, and ending , 20 C Name of organization B Check if applicable: D Employer identification number Address change Lions Club of Cy-Fair DBA Houston Cy-Fair Lions Club 74-1652723 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 281-550-2798 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Application pending Houston, Texas 77240 0239 G Accounting Method: Other (specify) H Check ▶ ☐ if the organization is not www.houstoncy-fairlions.org required to attach Schedule B J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: Corporation Trust ✓ Other Non-Profit Association 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 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 Contributions, gifts, grants, and similar amounts received 1 -1,100 2 Program service revenue including government fees and contracts 2 3 3 5,388 4 0 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 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) . . . 6b 73,728 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 27,432 72 Gross sales of inventory, less returns and allowances . . . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 8 1,079 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 34,999 10 Grants and similar amounts paid (list in Schedule O) 10 19,466 11 Benefits paid to or for members 11 5,288 12 Salaries, other compensation, and employee benefits 12 Expenses 13 Professional fees and other payments to independent contractors . . . 13 14 14 7,237 15 15 392 16 16 3,697 17 17 36,080 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -1,080 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 143,938 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -23,381 Net assets or fund balances at end of year. Combine lines 18 through 20 119,477

Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[16,920	22	15,840
23	Land and buildings		[127,018		103,637
24	Other assets (describe in Schedule O)		[24	
25	Total assets			143,938	25	119,477
26	Total liabilities (describe in Schedule O)			2.19/222	26	
27	Net assets or fund balances (line 27 of column			143,938		119,477
Par						110,477
Latercongue	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					quired for section
	cribe the organization's program service accomplis					(c)(3) and 501(c)(4) anizations; optional for
as n	neasured by expenses, in a clear and concise m	anner describe the	i its tilree largest p e services provided	the number of		ers.)
pers	ons benefited, and other relevant information for ea	ch program title.	ocivioco provided	z, are number of	ĺ	
28	Donations to Lions Clubs and Scout Troops for helpi				 	1

	(Grants \$) If this amount	includes foreign gra	ints check here	ы П	28	7,658
29	Donation to the Texas Lions Camp				200	7,030
		. *			-	
	(Grants \$) If this amount	includes foreign gra	nto shook boro	▶П	29:	_
30					29	2,400
00	Purchase of 40 pair of eye glasses					
	(Grants \$) If this amount	includes foreign gra	nto shook boro	····	20.	_
24	Other program services (describe in Schedule O)				30	2,000
31						
22	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here .		31:	
Par					32	10,700
ir ei	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstru	ictions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.		<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	ee (e) Estimated amount of
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
			th not paid, enter -0-/	deletted compensatio	-	
	Yackley					
	ident	3	9.1	0	0	0
	ı Blaies				Ì	
	President	1		0	0	0
	Ira Martin		The state of the s		1	
	etary	16		0	0	0
Char	les B. Martin					
Trea	surer	20		0	0	0
Sted	man Douglas			*		
Imm	ediate Past President	1		0	0	0
Jame	es B. Casey					
Mem	bership Chair	1		0	0	0
C Do	n Robinson					
Tail	Twister	1		o l	0	0
Sted	man Douglas	4				
Lion	Tamer	1		ol	0	0
Terr	/ Alderman				T	
Direc	***************************************	1		0	0	0
	thy Casey			1	1	
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	a Franco				1	
Direc		1		o	0	0
	ner Poonawala	-			+	
		1	1	_1	_	9,6
Direc	ctor	1	1	Di	0	0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne ·	490
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	٧	
200		,	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		1
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		1
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		1
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		
С	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			diameter also
	Did the organization file Form 1120-POL for this year?	37b		
38a	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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9°			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	- Vigo 12 /	
41	List the states with which a copy of this return is filed ► Texas			
42a	PROPERTY AND	281-55	0-279	8
	Located at ▶ 9018 Bonnyview Drive Houston, Texas ZIP + 4 ▶	77	095	
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).			
	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	L	✓
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	▶ [_]
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	res	No.
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 C	Did the organization receive any payments for indoor tanning services during the year?	44c		V
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	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	1

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4€ .	Did the organization engage, directly or to candidates for public office? If "Yes,"	Indirectly, in political of complete Schedule O	campaign activities or	behalf of or	in oppositio	n 46	Yes	No
Part		ns only ons must answer que	estions 47-49b and	52, and cor	***************************************			
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa	g activities or have a	section 501(h) election		uring the ta	1X 47	Yes	No
48 49a b 50	Is the organization a school as described Did the organization make any transfers If "Yes," was the related organization as Complete this table for the organization employees) who each received more that	to an exempt non-cha section 527 organization 's five highest comper	aritable related organion?	zation? ner than office	ers, directors	48 49a 49b s, trustee	es, an	d 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 to contributions to benefit plans, a compens	o employee (e nd deferred	e) Estimate other con		
None								
							-	
						,		
f 51	Total number of other employees paid of Complete this table for the organization			contractors	who each r	received	more	that
	\$100,000 of compensation from the organization from the organizati	ganization. If there is n	one, enter "None." (b) Type of sen	Т		ompensati		
None			-	A Comment of the Comm				
			-	and distance of the second				
			-012					

d 52	Total number of other independent cont Did the organization complete Sched completed Schedule A	and the second s	ection 501(c)(3) orga	nizations mu		a ≻∐ Yes		No
Under p	penalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other the	is return, including accompar nan officer) is based on all inf	nying schedules and statem ormation of which preparer	ents, and to the t has any knowled	oest of my knov ge.	wledge and	belief,	it is
Sign Here	Signature of officer Charles P. Mostin, Traccurer	Lair		Date	0/++/1-)		
. 1010	Charles B. Martin Treasurer Type or print name and title							
Paid		Preparer's signature	D	ate	Check if		1000 TABLE	

Firm's name

Firm's address ▶

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Anomalou about bonedate of thin 550 th 550 Et, and its instructions is at with	wagecates
	DBA Houston Cy-Fair Lions Club	Employer identification number 74-1652723
		17.1002.20
Part I Line 8		
Rental Income		\$ 1,010
Cabinet Meeting Incon	ne	69
Line 16		
Christmas Basket Foo	d donation (60 bushel baskets)	\$ 2,197
Website		948
Office Supplies		501
Bank Service Charges		51
Line 20		
Depreciation		\$ 23,381
Part III		
Camper Transportation	1	\$ 1,500
Humanitarian Relief Fu	and Matching Contribution	1,453
Boy Scouts		1,040
Lions Club Internation	al Foundation	847
Lions Clubs Internation	nal District 2-S 2 Charities	783
Scholarships	WANTED AND THE RESERVE OF THE RESERV	500
Lions Eye Bank of Tex	as	500
Texas Lions Camp (Bo	b Dowden Dinner)	500
Anti Bullying		150
Cancer Awareness		100
Special Gift for Distric	t Governor	35