990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	A For the 2017 calendar year, or tax year beginning , 2017, and ending					, 20		
B Check if applicable		oplicable	C Name of organization		D Employer id	entification number		
	Address change Name change Initial return Final return/terminated Amended return		LULAC COUNCIL 4681		8	1-1243150		
			Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone n			
_			2803 FREDERICKSBURG RD.	6203				
=			City or town, state or province, country, and ZIP or foreign postal code	1	F Group Exe	mption		
=		n pending	SAN ANTONIO, TX 78201	M	Number I			
_		ting Method.	✓ Cash Accrual Other (specify) ►	λн	Check ► ✓ if the organization is not			
	Nebsite					ach Schedule B		
JΤ	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3)		(Form 990, 99	0-EZ, or 990-PF).		
			☐ Corporation ☐ Trust ☑ Association ☐ Other		 			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if tota	l assets			
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ \$	n		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instructions	for Part I)		
			the organization used Schedule O to respond to any question in	•		🗆		
	1		ons, gifts, grants, and similar amounts received		1	<u> </u>		
	2		ervice revenue including government fees and contracts		2			
	3		ip dues and assessments		3			
	4	Investmen			. 4			
	5a	Gross amo	ount from sale of assets other than inventory 5a		75			
2	b		or other basis and sales expenses					
3	C		ss) from sale of assets other than inventory (Subtract line 5b from line	ne 5a)	5c			
3	6	Gaming ar						
╡	a	Gross inc						
e .		\$15,000)						
Revenue	Ь	Gross inco	ns S					
ě			aising events reported on line 1) (attach Schedule G if the					
_			th gross income and contributions exceeds \$15,000) 6b					
;	C	Less: direc	t expenses from gaming and fundraising events 6c					
:	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and sul	btract			
)		line 6c)			· · 6d			
)	7a	Gross sale	s of inventory, less returns and allowences		12.50			
	ь	Less: cost	of goods sold RECEIVED					
	С	Gross prof	it or (loss) from sales-of-inventory (Subtract lines to from line 7a) .		7с			
	8	Other reve	nue (describe in နညာedule ပု) . ႑. ၉. ၁၉.18		8			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9			
Expenses	10	Grants and	sımılar amounts paid (lıst ın Schedule Θ)		10			
	11	Benefits pa	aid to or for members OGDEN, .U.T		11			
	12	Salaries, o	ther compensation, and employee benefits		12			
	13	Profession	al fees and other payments to independent contractors	13				
	14	Occupanc	y, rent, utilities, and maintenance	14				
	15	Printing, p	ublications, postage, and shipping	15				
	16	Other expe	enses (describe in Schedule O)	16				
	17	Total expe	enses. Add lines 10 through 16	<u>.</u> .	. ▶ 17			
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	0		
	19		or fund balances at beginning of year (from line 27, column (A))					
		end-of-yea	r figure reported on prior year's return)		19	0		
et	20	Other char	iges in net assets or fund balances (explain in Schedule O)		20	0		
Z	21		or fund balances at end of year. Combine lines 18 through 20			0		
For	Paper			No 10642I		Form 990-EZ (2017)		

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Pa	rt II Balance Sheets (see the instructions t					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year	L.,	(B) End of year
22	Cash, savings, and investments		[0	22	0
23	Land and buildings	· · · · · · · · · · · · · · · · · · ·		0	+ +	0
24	Other assets (describe in Schedule O)			0	+ +	0
25	Total assets			0	25	<u></u>
26	Total liabilities (describe in Schedule O)			0	+	0
27	Net assets or fund balances (line 27 of column	<u> </u>		0	27	0
Par		- ,		•		Expenses
Mho	Check if the organization used Schedule				l (Re	quired for section
	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplish	shments for each o	f its three largest p	rogram services,		anızatıons, optional for ers.)
Derse	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	ianner, describe inc ach program title	e services provided	i, the number of	""	3101)
28	sile poriented, and enter relevant information for the	aon program title.			├	T
				••••••		
			•••	•••••		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	• □	288	a 0
29		<u> </u>		<u> </u>		1
				••••		ļ
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	29a	0
30						
	*			•••••		
		ıncludes foreign gra			30a	0
31	Other program services (describe in Schedule O)					
22		includes foreign gra			31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstru	ctions for Part IV)
	Check if the organization used Schedule		l (c) Reportable	(d) Health benefits,		<u> U</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) raino ano mo	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)			other compensation
FELL	Z SANCHEZ		(ii iio paid, oiiioi o)	asiand compandation	+	
	SIDENT	5	o			0
1112	TO CITY			-	0	
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Part				\Box
	. instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pari	V Yes	No
33~	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
00	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	33		
5 7	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1 .		1
	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		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		1
	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		✓_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		1	
b	Did the organization file Form 1120-POL for this year?	37b	3. 46	✓_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			ľ
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	33977 2.	√ ,
	If "Yes," complete Schedule L, Part II and enter the total amount involved		-	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		7
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-		
700	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		T, day	
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	Laure State of State Co.	, Karattie	
	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		3.8%	
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			2
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	1122		
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	-325	AND THE	<u> </u>
41	List the states with which a copy of this return is filed	40e		_
42a	The organization's books are in care of ▶ FELIZ SANCHEZ Telephone no. ▶			
720	Located at ► 2803 FREDERICKSBURG RD., SAN ANTONIO, TX	783	201	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V
	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).	Street Street		
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		✓
	If "Yes," enter the name of the foreign country: ▶			. —
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	NI.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
770	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	44a	\$ - 568	∀
	completed instead of Form 990-EZ	44b	ككلينكا	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	24	9 - 1	10.53
_	explanation in Schedule O	44d		1
45a	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	1.4		
	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

Form 990	0-EZ (20	017)						Pa	age 4	
46	Qid th to car	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political complete Schedule C	ampaign activities	on behalf	of or in opposition		Yes	No ✓	
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			· ·	ables fo	r line	 >ss □	
	Did tl	ne organization engage in lobbying If "Yes," complete Schedule C, Part	activities or have a		ction in effe			Yes	No	
49a b	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, the employees) who each received more than \$100,000 of compensation from the organization. If there is none, en								√ √ d key	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut		Estimated other comp			
	Comp	number of other employees paid ovo	s five highest compe	ensated independe	o ent contrac	tors who each re	ceived r	nore	than	
	\$100,000 of compensation from the organization. If there is (a) Name and business address of each independent contractor			(b) Type of	(c) Co	(c) Compensation				
d 52	Did t	number of other independent contra the organization complete Scheduleted Schedule A	ile A? Note: All se	•	_	_		<u></u> ✓ N		
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than					edge and b	elief,	ıt ıs	
Sign Here		Signature of officer FELIZ SANCHEZ, PRESIDENT	Sig			7-10. Date	-18			
Paid Prepa Use (▼ Type or print name and title Print/Type preparer's name Firm's name ▶	Preparer's signature		Date	Check ☐ if self-employed	PTIN			
		Firm's address ► Phone no. S discuss this return with the preparer shown above? See instructions							Vo.	