9-8

### Fort Bend County Facility Rental Application

Mustang Community Center 4521 FM 521 North Fresno, TX 77545 (832)-471-2575

Fifth Street Community Center 3110 Fifth Street Stafford, TX 77477 (832)-471-2575

Kitty Hollow Park Dew House Heritage Museum 9555 Hwy 6-S Missouri City, TX 77459 (832) 471-2575

Landmark Community Center Gym and Activity Areas 100 Louisiana St. Missouri City, TX 77489 (832)471-5200 Four Corners Community Centers Gym, Activity Room 15710 Old Richmond Rd Sugar Land, TX 77498 (832)471-2583

Sports Hub Gym, Activity Rooms 727 Plantation Dr. Richmond, TX 77406 (832)471-2583

Forms can only be processed at the Four Corners, Kitty Hollow or Landmark Administrative Offices.

******	
Date of Application: 3/1/25	
Facility: FOUR Corners	
Person/Group Applying: Lisabi Association House	w (X
Date of Event: 8 2 7025	
Beginning Time: GAM Ending Time: LOPM	
	cks give aways
•	· '
I have read and agree to abide by the attached policies of Fort Bend County rega of its facilities. I understand that I am responsible for any accidents or damages	rding use that may
occur during the time I have use of the building. I understand that NO ALC	OHOLIC
BEVERAGES will be served. I will be present during the entire reservation time.	
Print Name of Responsible Applicant: MATTHEST BOKINE Olay	100 ( BOR).
Signature of Responsible Applicant	_
Responsible Applicant TDL/ID#:	
Address: _	<del>-</del>
City/State/Zip Code: LC Maynd TX	Dala
Telephone:	
A Command of the continuous control of the control	
OFFICE USE ONLY	
Date Received: 3/1/25	
Event: Comm, CnAc	
Reservation Fee (Non-Refundable):	
-Community Center, Single Room Rental! (HRS:	
Gym Rental: (HRS: Sports Hub Court: (HRS:	
Additional Rental: (HRS:	
Form of Payment: 5003 Receipt #:	
TOTAL:Auth #:	
Approved By:	
Additional Information:	

INCREME REVENUE SERVICE . CALINDATI. OH 45201

DEPARTMENT OF THE IREASURY

date:

SEP 19 2019

LISABI ELITE ASSOCIATION OF HOUSTON PO ROX 720904 HOUSTON, TX 77272 Employer Identification Number: 20-8429832
PLN: 17053066316019
Contact Person: SALLY & MAVENPORT ID# 31050
Contact Telephone Number: (877) 829-5500
Accounting Period Ending: December 31
Form 990-PF Required: Yes
Effective Date of Exemption: March 4 2019
Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2065. 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

We're approving your individual grant-making procedures under IRC Section 4945(g)(I). This means scholarships you grant according to your submitted procedures won't be taxable expenditures under Section 4945(d)(3). We determined awards made under these procedures are "scholarship or tellowship grants" within the meaning or Section II/(a) and are excludable from the recipient's gross income, subject to the immitations provided in Section II/(b) including to the extent that such grants are actually used for qualified tuition and related expenses within the meaning of Section II/(b)(2).

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the submission date of your application.

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

Letter 1076





## Franchise Tax Account Status

As of: 02/12/2019 12:23:20

This Page is Not Sufficient for Fillings with the Secretary of State

### LISABI ELITE ASSOCIATION OF HOUSTON, INC.

Texas Taxpayer Number 12084298327

Mailing Address 15202 MARLOWE GROVE DR C/O ALADE SODEKE SUGAR LAND, TX 77498-7565

O Right to Transact Business in ACTIVE

State of Formation TX

Effective SOS Registration Date 02/16/2007

Texas SOS File Number 0800777040

Registered Agent Name ALADE SODEKE

Registered Office Street Address PO BOX 2156 ALIEF, TX 77411



# Fort Bend County Parks and Recreation Community Use Request Form

#### COMMUNITY USE CRITERIA

Tax Exempt Entitles which serve Fort Bend resident communities and can provide copies of their active 501(c)(3) tax-exempt designations are eligible—to schedule and use community rooms and pavilions with use fees waived. Use shall be, up to a maximum of one use per month, during regular rental hours (Monday—Friday from 8:00 a.m. to 4:00 p.m.).

Schedules are subject to availability and management approval. Events/meetings must be booked at least 30 days out, and no more than 12 months out. Should significant set up be required, the County may require the entity requesting use to provide assistance necessary for room set up at the entity's own cost. The Authorized Representative for the entity must complete the FACILITY USE AGREEMENT & GUIDELINES prior to the Approval and must ensure that the event/meeting does not allow for more than 50 attendees.

Requests must be submitted by use of this Community Use Request Form, and will be reviewed/approved before any reservations are made. Staff will make every effort to notify applicant within five (5) business days of the determination, whether or not the request can be honored, and will follow-up with the appropriate rental documents, Questions regarding community Use Requests should be directed to the Parks Director at (832) 471-2583. Exceptions to the Community Use Criteria shall only be made by a waiver approved by Commissioners Court.

Entity requesting facility use: 43 NAVO ELLO 15000000000000000000000000000000000000	•
Authorized Representative Name, Title: Mar Bola Claya Svaid birectur	
Term of Office (if applicable):	r
Contact Information (Phone, Email Address):	
Organization Mailing Address:	
Secondary Contact Name, Tit	
Is your organization a federally-designated 501(c)(3)?	
If so, please attach a copy of your designation certificate with this request What is your organization's purpose? Bryly Cumulto together cultival	Lý
Do you provide direct services to the citizens of the County, and if so, what are they?	
Has your entity used County, Parks facilities previously, and if so, when and for what sorts of functions?  Back School Supplies gue away.  With Back pack S	

Complete usage request chart on following page

Date & Times Requested	Type of Function	Recurring?	Est. # Attending	Room Preference & Equipment Required	Room Booked	Firmed-up
1 1 1 1 1 1 1 1 1 1 1	Pack to	frequency?	ACA O	1	Tentativelý	
1. Aug 2 4202		نىڭ	350 b	departagness	ded 3	
2. May 254	meeting '					
3. Jule 29th	wealy					
4. July 27th,	Meter					<u> </u>
5. August 3/3	mother.					<u> </u>
6.' 0	ľ					
7.			-	1	· · · · · · · · · · · · · · · · · · ·	
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9.				5		
10.						
11.						
12.						
Approvals:	a y taga ang kari qoqi kama pu karibigi kalika da kabigan qoqi kalika kabi	lannaghar.		Date:	• , • • • •	. · · .
X:	<del> </del>	·VII-	1	Date:		,
Reservation agreemen	nt sent to client:		f	Date:	•	• •
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	•	•			•	
Form Approved by Com	missioners Court	on:	and the second s		•	,

Page 2 of 2

County Community Use Request Form Updated: 4/21/2021

### Fort Bend County Parks-Acknowledgment

#### For Community Center Reservations

- Set-up, decoration, & clean up time-NEEDS to be included in hours paid.
- Payment methods accepted: money order, or credit card with matching credentials
- ALL RESERVATIONS ARE: First come, first serve, first paid.
- Reservations ONLY accepted IN PERSON.
- Cancelled reservations: Must be in writing and may not be granted if reservation is cancelled after the two-week deadline date of the scheduled reservation.
- Refunds granted may take 4-6 weeks to process.
- Added Hours after reservation is made: Requests need to be completed in-person and will be assessed an additional reservation fee.
- Cleaning Requirement: (Mopping, sweeping, take out trash at completion of reservation).
- All Appliances are OFF limits including stoves, microwaves, fridges, etc..
- NO ALCOHOL, NO SMOKING
- All moonwalk vendors MUST be insured-FBC must be added as a "CERTIFICATE HOLDER", to certificate of liability: Certificate must be emailed no later than 2 weeks in advance of requested event date. Email: parksinbox@fortbendcountytx.gov.
- No motorized vehicles are allowed beyond the parking lots on park property.
- Only service animals are allowed in County buildings.
- Recreation Aide will wait no longer than 30 minutes for you to arrive

I understand and acknowledge the above reservation policy.						
CUSTOMER SIGNATURE	DATE 3 8 25					
2 WEEK DEADLINE Ag July 18	DATE 3/10/28					
EMPLOYEE SIGNATURE	DATE 3/10/25					