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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	LIONS DISTRICT 2-S2 9018 BONNYVIEW DRIVE HOUSTON, TX 77040
Prepared by	BRIGGS & VESELKA CO., P.C. 9 GREENWAY PLAZA, SUITE 1700 HOUSTON, TX 77046
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2016.</p> <p>*** FOR FASTER PROCESSING, YOU MAY FAX YOUR SIGNED FORM 8879 TO 713-218-5475 OR EMAIL TO 8879@BVCCPA.COM ***</p>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

LIONS DISTRICT 2-S2

32-0362736

Name and title of officer

NOAH SPEER

DISTRICT GOVERNOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	<u>178,699.</u>
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BRIGGS & VESELKA CO., P.C. to enter my PIN 77040
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76918177046

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ BRIGGS & VESELKA CO. Date ▶ 11/09/16

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Short Form Return of Organization Exempt From Income Tax

2015

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LIONS DISTRICT 2-S2
	D Employer identification number 32-0362736
	E Telephone number 713-468-1196
	F Group Exemption Number ▶ 0239
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____
I Website: ▶ WWW.LIONS2S2.ORG	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 178,699.	

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 <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received 1
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3 178,437.
	4 Investment income 4 262.
	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
b 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	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
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 9 178,699.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10 19,694.
	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 3,000.
	14 Occupancy, rent, utilities, and maintenance 14
	15 Printing, publications, postage, and shipping 15 2,831.
	16 Other expenses (describe in Schedule O) 16 179,043.
	17 Total expenses. Add lines 10 through 16 17 204,568.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -25,869.
	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) 19 178,149.
	20 Other changes in net assets or fund balances (explain in Schedule O) 20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 152,280.

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

Form **990-EZ** (2015)

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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Table with 2 columns: Description of program services, Expenses. Rows 28-32 include SEE SCHEDULE O, 28a (Grants \$ 19,694), 29a, 30a, 31 (SEE SCHEDULE O), 31a, 32 Total program service expenses.

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

Table with 5 columns: (a) Name and title, (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. Rows include MOORMAN, CHRIS; IMMEDIATE PAST DISTRICT GO; SPEER, NOAH; DISTRICT GOVERNOR; ROTH, MARK; FIRST VICE DISTRICT GOVERNOR; EZELL, BETTY; SECOND VICE DISTRICT GOVERNOR; CHIU, MARIA; CABINET SECRETARY; TURNER, GREG; CABINET TREASURER.

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 Sch. O to respond to any question in this Part V [X]

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
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)
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 N/A; section 4912 N/A; section 4955 N/A
40b 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
40c 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 0.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e 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
41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of MARTIN, CHARLES B. Telephone no. 281-550-2798
Located at 9018 BONNYVIEW DRIVE, HOUSTON, TX ZIP+4 77095-3741
42b 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:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

	Yes	No
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	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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

(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
N/A				

f Total number of other employees paid over \$100,000 N/A

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." N/A

(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 N/A

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: NOAH SPEER, DISTRICT GOVERNOR Date: _____

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JASON C. SANDERS	JASON C. SANDERS	11/09/16		P01055811
	Firm's name BRIGGS & VESELKA CO., P.C.	Firm's address 9 GREENWAY PLAZA, SUITE 1700 HOUSTON, TX 77046		Firm's EIN 74-1769118	Phone no. 713-667-9147

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

2015

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Name of the organization LIONS DISTRICT 2-S2	Employer identification number 32-0362736
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INVESTMENT INCOME	262.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

AMOUNT GIVEN:	5,000.
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ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: LIONS CLUB INTERNATIONAL FOUNDATION

AMOUNT GIVEN:	11,536.
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ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: TEXAS LIONS FOUNDATION

AMOUNT GIVEN:	3,158.
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TOTAL INCLUDED ON FORM 990-EZ, LINE 10	19,694.
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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DISTRICT ADMINISTRATION FUND	14,383.
DISTRICT CONVENTION	13,180.
PROMOTE DISTRICT 2-S2	5,982.
CAMPER TRANSPORTATION	6,335.
SIGHT CONSERVATION	12,057.
OPPORTUNITIES FOR YOUTH	956.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Name of the organization LIONS DISTRICT 2-S2	Employer identification number 32-0362736
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MD-2 DUES	12,068.
TEXAS LIONS CAMP	77,526.
LIONS EYE BANK OF TEXAS	6,144.
LIGHTHOUSE OF HOUSTON - OPERATIONS FUND	1,536.
LEADER DOGS FOR THE BLIND	12,127.
HUMANITARIAN RELIEF FUND	14,613.
LIONS WORLD SERVICES FOR THE BLIND	1,536.
LIGHTHOUSE OF HOUSTON	600.
TOTAL TO FORM 990-EZ, LINE 16	179,043.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE LIONS CLUB
INTERNATIONAL DISTRICT 2-S2 WAS FORMED TO PROVIDE DISTRICT 2-S2 WITH AN
EFFICIENT ORGANIZATION FOR THE PURPOSE OF ADVANCING LIONISM IN
ACCORDANCE WITH THE OBJECTIVES OF THE LIONS INTERNATIONAL. LIONS CLUBS
INTERNATIONAL IS DEDICATED TO HELPING THOSE LESS FORTUNATE IN THEIR
COMMUNITIES AND AROUND THE WORLD. CUTTING ACROSS ALL NATIONAL, RACIAL
AND CULTURAL BOUNDARIES, ACTIVITIES HAVE INCLUDED SIGHT CONSERVATION
AND WORK WITH THE VISUALLY IMPAIRED, YOUTH PROGRAMS INCLUDING DRUG
EDUCATION AND PREVENTION AND VOLUNTEER PROGRAMS, DIABETES DETECTION AND
RESEARCH AND WORK FOR INTERNATIONAL COOPERATION AND UNDERSTANDING
HISTORY OF LIONS CLUBS INTERNATIONAL.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
TEXAS LIONS CAMP:
THE TEXAS LIONS CAMP IS A SUMMER CAMP FOR CHILDREN WITH
DISABILITIES AND DIABETES. CAMPERS COME FOR ONE WEEK SESSIONS AT NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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2015

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Name of the organization

LIONS DISTRICT 2-S2

Employer identification number

32-0362736

COST TO THE PARENTS. THIS PAST SUMMER THE CAMP HOSTED APPROXIMATELY
1,472 CAMPERS WITH 178 COMING FROM THE 7 COUNTIES THAT COMPRISE
DISTRICT 2-S2.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

DISTRICT CONVENTION:

THE DISTRICT CONVENTION IS AN ANNUAL EVENT WHERE THE LIONS
OF DISTRICT 2-S2 COME TOGETHER TO CONDUCT BUSINESS OF THE DISTRICT,
SUCH AS ELECTION OF THE DISTRICT GOVERNOR, FIRST AND SECOND VICE
DISTRICT GOVERNORS, DIRECTORS TO THE VARIOUS CHARITIES, AND VOTE ON
AMENDMENTS TO THE DISTRICT AND STATE CONSTITUTIONS. THE 2015 DISTRICT
CONVENTION HAD AN ATTENDANCE OF 83.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

SIGHT CONSERVATION AND BLIND ASSISTANCE:

SIGHT CONSERVATION IS A FUND FOR WHEN A LOCAL CLUB CANNOT
PROVIDE GLASSES TO A PERSON IN NEED, THE DISTRICT WILL PAY FOR AN EYE
EXAMINATION AND GLASSES THROUGH THE UNIVERSITY EYE INSTITUTE AT THE
UNIVERSITY OF HOUSTON.

LIONS EYE BANK OF TEXAS IS A 501C3 ORGANIZATION THAT EDUCATES THE
PUBLIC AND SOLICITS THE DONATION OF CORNEA TISSUE FOR TRANSPLANTATION
AND RESEARCH.

LEADER DOGS FOR THE BLIND IS AN ORGANIZATION IN ROCHESTER, MICHIGAN
THAT TRAINS GUIDE DOGS FOR THE BLIND. THEY PROVIDE GUIDE DOGS AND
TRAINING TO QUALIFIED BLIND PERSONS FREE OF CHARGE.

LIONS WORLD SERVICES FOR THE BLIND IS AN ORGANIZATION IN LITTLE ROCK,

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Name of the organization LIONS DISTRICT 2-S2	Employer identification number 32-0362736
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ARKANSAS THAT PROVIDES VOCATIONAL AND LIFE SKILLS TRAINING FOR BLIND PERSONS.

THE LIGHTHOUSE OF HOUSTON IS A VOCATIONAL AND LIFE SKILLS TRAINING FACILITY FOR THE BLIND.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

THE RELIEF FUND IS DESIGNED FOR VICTIMS OF NATURAL DISASTERS INCLUDING FINANCIAL ASSISTANCE AND VOLUNTEER DISASTER RELIEF.

GRANTS \$ 0. EXPENSES \$ 14,613.

VARIOUS EXPENSES INCURRED TO CARRY OUT THE THE OBJECTIVE

OF THE ORGANIZATION. THESE ACTIVITES INCLUDE BUT ARE NOT LIMITED TO PROMOTE DISTRICT 2-S2, OPPORTUNITIES FOR YOUTH, AND YOUTH OUTREACH.

GRANTS \$ 0. EXPENSES \$ 6,938.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.