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)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public

Form 990 (2023)

Department of the Treasury Internal Revenue Service Inspection For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24C Name of organization D Employer identification number LIONS VISION SERVICES. Check if applicable: A SOUTH CAROLINA CHARITY Address change Doing business as 23-7105526 Name change Number and street (or P.O. box if mail is not delivered to street address) 234 OUTLET POINTE BLVD., SUITE C 803-796-1304 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated COLUMBIA SC 29210 791,800 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending DANIEL PROHASKA 234 OUTLET POINTE BLVD SUITE C H(b) Are all subordinates included? COLUMBIA If "No," attach a list. See instructions 29210 X 501(c)(3) Tax-exempt status: 501(c) ( ) (insert no.) 4947(a)(1) or 527 WWW.LIONSVISIONSERVICES.ORG H(c) Group exemption number X Corporation Year of formation: 1969 Form of organization: Trust Association SC PartI Summary 1 Briefly describe the organization's mission or most significant activities: LIONS VISION SERVICES EMPOWERS THE UNDER-SERVED BLIND AND VISUALLY-Activities & Governance IMPAIRED IN SOUTH CAROLINA TO LIVE SAFE, MEANINGFUL AND FULFILLING LIVES 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 5 Total number of individuals employed in catendar year 2023 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Prior Year Current Year 780,757 8 Contributions and grants (Part VIII, line 1h) 764,225 9 Program service revenue (Part VIII, line 2g) 144 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 807 902 791,800 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 200,209 273,577 46,500 16a Professional fundraising fees (Part IX, column (A), line 11e) 48,000 107,238 b Total fundraising expenses (Part IX, column (D), line 25) 373,398 449,284 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 770,861 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 620,107 187,795 20,939 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,906,310 2,179,379 21 Total liabilities (Part X, line 26) 75,177 156,608 1,831,133 22 Net assets or fund balances. Subtract line 21 from line 20 2,022,771 Part II Signature Block 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. Signature of officer Sign Date PRESIDENT & CEO DANIEL PROHASKA Here Type or print name and title Print/Type preparer's name Preparer's signature X if Check Paid HARRY D DELOACH HARRY D DELOACH self-employed P00592698 Preparer THE BRITTINGHAM GROUP, 46-4116137 Firm's name Firm's EIN **Use Only** PO BOX 5949 29171-5949 WEST COLUMBIA, SC 803-739-3090 Phone no May the IRS discuss this return with the preparer shown above? See instructions X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III	Statement of Program	n Service Accomplishme	ents		X
	Check if Schedule O c	ontains a response or note	e to any line in this P	art III	<u> </u>
LIONS	describe the organization's mis VISION SERVICE RED IN SOUTH CP	S EMPOWERS THE CAROLINA TO LIVE S	SAFE, MEANING	BLIND AND VISUALI FUL AND FULFILLI	LY- NG LIVES.
*					
	organization undertake any sion 990 or 990-EZ?	gnificant program services during	g the year which were not		Yes X No
If "Yes	" describe these new services	on Schedule O.			
3 Did the service	-	g, or make significant changes ir	n how it conducts, any pro		Yes X No
If "Yes	" describe these changes on S	Schedule O.			
4 Describ	oe the organization's program s	service accomplishments for eac	ch of its three largest prog	ram services, as measured by	
		(c)(4) organizations are required		rants and allocations to others,	
the tota	al expenses, and revenue, if ar	ly, for each program service repo	orted.		
AND SCAROL NUMBIN-K. ORGAL WITH	SUSTAINABLE EYE LINA, PROVIDING ER OF EYE DISEA IND INCOME AND VIZATION FOR DI	SURGERY PROGRAM ACCESS TO CRITI SES. NOT INCLUDE IN-KIND EXPENSE SCOUNTED SURGERY	OF ITS KIND CAL SIGHT-SA D IN THE ABO OF \$870,973 SERVICES AC	COMPREHENSIVE, I IN THE STATE OF VING SERVICES THA VE FIGURES IS ADD PROVIDED TO AND U HIEVED THROUGH PA S, AND SURGERY CE	SOUTH AT TREAT A DITIONAL JSED BY THE ARTNERSHIP
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	.,				
4c (Cod SEE	e: ) (Expenses \$ SCHEDULE O	186,567 includir	ng grants of \$	) (Revenue \$	
		on Schodule O \			
	er program services (Describe penses \$ 19,	710 including grants of \$		) (Revenue \$	)
	Il program service expenses	632,986			
76 1018	- F S. a Service Syponoso				Form <b>990</b> (2023

r a	Checklist of Nedulied Schedules		es î	No
			es i	40_
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X	
	complete Schedule A		X	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions			_
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	Į	X
	candidates for public office? If "Yes," complete Schedule C, Part I			==-
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	1	X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5	}	X
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		_	
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6	}	X
	"Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8	ļ	X
	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		1	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		X
	debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			100000000 1000000000 10000000000
	VII, VIII, IX, or X, as applicable.	5,000,000,000,00	9000000	78888777861
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
	complete Schedule D, Part VI	IIa		
þ	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	410		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		42
d				х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> 22</u>	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	X	İ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<del>                                      </del>	_25_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	X	
	Schedule D, Parts XI and XII	12a		
b		126		X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<u> </u>	X
14a		14a	<del> </del>	28
b		İ		Ì
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1445	Ì	X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	+	+ 25
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1 25
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	+	48
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1 47	Ж	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	12	+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.5		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	125
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			×5
	If "Yes," complete Schedule G, Part III	19		X X
20		20:		125
ì	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	- P	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			92
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		25

	Checklist of Required Schedules (Communed)			<u> </u>
22	Did the experiencies report more than \$5,000 of greats or other appirtures to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		i	
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Ì
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			**
	If "Yes," complete Schedule L., Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	l	! 	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<b>75</b>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	}	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		X
	persons? If "Yes," complete Schedule L, Part III	21		45
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
_	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	50000000		0.0000000000000000000000000000000000000
а	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<del> </del>	Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1	<u> </u>	†
Ŭ	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Ж
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Ж
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358		X
ď				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351	)	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		}	32
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		.	82
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		3 Z	,
77.55	19? Note: All Form 990 filers are required to complete Schedule O	38	4	5
Į2	Part V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V		Ye	es No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	000000 1400000	76	25   NO
1:		-		
	b Effect the number of Forms vi 2d moleded on line fat Effect of a not approache			
!	c Did the organization comply with backup withholding rules for reportable payments to vendors and	. 1	;   3	₹
<u></u>	reportable gaming (gambling) winnings to prize winners?			<b>390</b> (202

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	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)?	4a		X
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		000000000000000000000000000000000000000	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del></del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	00000000000	
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			######################################
	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b></b>	<del></del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	1
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├—	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	10000000	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	0.0000000	
9	Sponsoring organizations maintaining donor advised funds.			9 (50000000
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del>	<del> </del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
Ċ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
14a				+-
io 45		14t	+	+-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		<u>*</u>
	If "Yes," see instructions and file Form 4720, Schedule N.	900000		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
. –	If "Yes," complete Form 4720, Schedule O.	28000	* <b>*</b> * * *	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	4-	,	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	<b>1</b> 000000	are to des	ara <b>-p</b> alasan

23-7105526 Form 990 (2023) LIONS VISION SERVICES, <u> Page</u> **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νo 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 86 Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.. 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure SC List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

234 OUTLET POINTE BLVD., SUITE C

SC 29210

Form 990 (2023)

COLUMBIA

ASHLYN FITZGERALD, EXEC VP

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- o List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - o List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- o List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- o List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the orga	nization nor any	relat	ed c			ion co	mp	ensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any	box, offic	unle: er an	ss per	tion more t son is rector	than ones both a r/trustee	in \	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) JAY ODELL										
CHAIR	2.00 0.00	X		X				o	0	0
(2) EVERETTE HAIR										
	2.00	_				[				^
VICE CHAIR	0.00	Ж		X		+		0	0	0
(3) MARCUS HUNTER	2.00									
TREASURER	0.00	x		X				0	0	0
(4) HELEN MCFADDEN		$\Box$			<u> </u>					
,	2.00			1	ļ					_
SECRETARY	0.00	X		X		_	<u>.</u>	0	0	0
(5) JIM BARBARE				İ				!		
DIBROWS	2.00	X						o	0	0
DIRECTOR (6) ANN AKERMAN BEA				<del> </del>	+-					
(0) 2 22 42 2 22 42 42 42 42 42 42 42 42 42	2.00									
DIRECTOR	0.00	X						0	0	0
(7) TONY BELL										
	2.00									
DIRECTOR	0.00	X		<del> </del>		<u> </u>	-	0	0	0
(8) SHAW DRUMMOND	2.00					ļ				
DIRECTOR	0.00	X						0	l c	o
(9) VALERIE LIGHTFO				+	+					
(6) 1000	2.00				Ì					
DIRECTOR	0.00	X						0	(	0
(10) JAY MCCLARY										
DIRECTOR	2.00	X							 	0
(11) NICK MCLANE	3.00	+45		+	+	<del>   </del>	T			
( · · ) as an area and a series are seen	2.00									
DIRECTOR	0.00	X	:					(	)	0

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Part VII Section A. Officers	, Directors, Tru	stee	s, K			oyee	s, a	nd Highest Compensated	Employees (continued)	<u> </u>	
(A) Name and title	(B) Average hours	bo	k, unle	Pos check ess pe	rson i	than o is both or/truste	an	(D) Reportable compensation	(E) Reportable compensation	0	(F) Ited amount f other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fr organ	pensation om the ization and organizations
(12) LISABETH MEDI	OCK 2.00										
DIRECTOR (13) LINDA RUMSEY	0.00	X			-	<u></u>		0	0		0
3) DIRECTOR	2.00	X						0	o c	)	0
14) MARY SEDGWICE 4)	2.00								_		_
DIRECTOR (15) RAY WILLIAMS	0.00	X				-		0	C		0
15) DIRECTOR	2.00	X						0	(	)	0
(16) DANIEL PROHA:	40.00 0.00	X		x				76,700		1	0
PRESIDENT & CEO  17)	0.00	A						70,700			
18)											
19)											
1b Subtotal c Total from continuation she				 A				76,700			
d Total (add lines 1b and 1c)  Total number of individuals (i	ncluding but not	limit	ed to	o the	se l	isted	abo	76,700			
3 Did the organization list any femployee on line 1a? If "Yes For any individual listed on line organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related or services rendered to the organization for services rendered to the organization from the relation of the relatio	former officer, don' complete School 12, is the suranizations greated a receive or ac	irectedule n of the	e J foreporan \$1	or su rtabl 150,0 nper	ich ii e co 000?  isati	ndividemper omper of "Y on fro	dual nsat ⁄es, om a	ion and other compensation complete Schedule J for somplete schedule J for some complete organization	n from the cuch		Yes No 3 X 4 X 5 X
Section B. Independent Contract  1 Complete this table for your	five highest com	pens	sate	d ind	epe	nden	t co	ntractors that received mor	e than \$100,000 of	<del></del>	
compensation from the orga-	nization. Report (A) nd business address	com	pens	satio	n fo	r the	cale	ndar year ending with or w	ithin the organization's tax (B) cription of services	cyear.	(C) Compensation
		·									
Total number of independer received more than \$100,00								hose listed above) who	0		
DAA		_		-							Form <b>990</b> (202

Par	EVII	I Statemer	n <b>t of</b> Sche	<b>Revenue</b>	ins a	response	or note t	o any line in thi	s Part VIII		
		Official	56116	dale o donte		Теоропос	, or moto	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campa	igns		1a	<del></del> -					
필		Membership due:			1b						
ξ		Fundraising even			1c						
a '5		Related organiza			1d						
, E		Government grants (con		)	1e						
200		All other contributions, g			46	7	64,225				
計		and similar amounts not Noncash contributions in			1f		04,223				
contributions, ones, orange and Other Similar Amounts	-				1g	\$					
3 <u>e</u>	h	Total. Add lines	1a-1f.			<u> </u>		764,225			
						Вы	usiness Code				
Program Service Revenue	2a b c d e										
		All other program								1	<u> </u>
	3	Total. Add lines Investment incor other similar amo	ne (inc ounts)	cluding dividend	s, inte	erest, and		27,574			27,574
		Income from inve		•						<u></u>	
	5	Royalties	·····			1	<u>.</u>				
			_ }	(i) Real		(ii) Per	rsonal				
		Gross rents	6a			<del>                                     </del>					
Ì		Less: rental expenses	6b			· · · · · · · · · · · · · · · · · · ·					
		Rental inc. or (loss)	6c			<u> </u>			<u> </u>		
		Net rental incom Gross amount from	e or (i			(ii) C					
		sales of assets		(i) Securities	•	(11)	711161				
.		other than inventory	7a								
ž	D	Less: cost or other	76			İ					
her Revenue	_	basis and sales exps.	7b 7c			+					
Ř		Gain or (loss)									
		Net gain or (loss Gross income from				T					
Ò	oa		i iui iui a	ising events		Ì					
		(not including \$ of contributions re	ortod c	on lino							
		1c). See Part IV, li		on nine	   8a						
	<b>.</b>	Less: direct exp			8b	<del></del>		-			
		Net income or (			<u> </u>	_ L	<del></del> .				
	Į.	Gross income f									
	Ja	activities. See F			9a						
	h	Less: direct exp			9b						
	1	Net income or (									
		Gross sales of									
		returns and allo			10	a					
	b	Less: cost of go			10	b					
_		Net income or (			ventor	y <u></u>					
ம							Business Code				
Miscellaneous	11a	MISCELLANI	ous				61171	0	1		1
an	ь						<u></u>	<del></del>			
Sel											
SE	- c	Ali other reveni	ле					<del> </del>			
	e	Total. Add line			· · · · · · · ·	<u> </u>	<u> </u>		1		3 08 55
	12	Total revenue	. See i	nstructions				791,80	וטנ	0	1 27,574

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Form 990 (2023)

Form **990** (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, Total expenses 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 57,525 6,136 13,039 76,700 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 15,750 33,469147,658 196,877 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (nonemployees): Management Legal 4,838 1,097 6,451 516 Accounting Lobbying 48,000 48,000 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 20,052 20,052 12 Advertising and promotion 2,316 247 525 3,088 Office expenses Information technology 15 Royalties 3,173 2,379 254 540 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 440 935 5,500 4,125 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 16,464 4,516 3,729 24,709 Depreciation, depletion, and amortization 22 3,311 2,483 265 563 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 282,752 282,752 EYE SURGERIES 5,341 2,513 31,415 23,561 MISCELLANEOUS OTHER b 18,931 18,931 EYEGLASS PROGRAM C 18,515 18,515 SANTEE BLIND FISHING EVEN d 31,387 31,387 e Ali other expenses 30,637 107,238 770,861 632,986 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 265,446 248,356 Cash—non-interest-bearing 25,234 64,455 2 Savings and temporary cash investments 2 50,000 25,105 Pledges and grants receivable, net 3 5,988 7,256 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Assets 7 Notes and loans receivable, net 2,148 8 Inventories for sale or use 1,845 1,845 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 162,511 10a basis. Complete Part VI of Schedule D 32,761 80,569 81,942 b Less: accumulated depreciation 10b 1,483,667 1,791,014 11 Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 12 12 13 Investments-program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 2,179,379 1,906,310 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 62,583 37,649 17 Accounts payable and accrued expenses 17 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 37,528 94,025 of Schedule D 75,177 156,608 Total liabilities. Add lines 17 through 25 ... Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,552,407 1,414,578 27 Net assets without donor restrictions 27 470,364 416,555 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 2,022,771 1,831,133 32 Total net assets or fund balances 32 1,906,310 2,179,379 Total liabilities and net assets/fund balances

Form **990** (2023)

orm	990 (2023) LIONS VISION SERVICES, 23-7	105526		Page <b>12</b>
	ルメ Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	****		
1	Total revenue (must equal Part VIII, column (A), line 12)		79	1,800
	Total expenses (must equal Part IX, column (A), line 25)		77	0,861
	Revenue less expenses. Subtract line 2 from line 1	9	2	0,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,83	1,133
5	Net unrealized gains (losses) on investments	-	17	0,699
6	Donated services and use of facilities			
	Investment expenses			
	Prior period adjustments	i n i		
9		9		
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	40	2,02	22,771
Pа	nt XII Financial Statements and Reporting		<b>-</b>	
e comm	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Oth	ner		
•	If the organization changed its method of accounting from a prior year or checked "Other," expl			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent account	ant?	2a	x
Æ.CI	If "Yes," check a box below to indicate whether the financial statements for the year were com			
	reviewed on a separate basis, consolidated basis, or both.	p		
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?	,	2b	X
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ited on a		
	separate basis, consolidated basis, or both.	100 011 0		
	Separate basis Consolidated basis Both consolidated and separate basis	e		
_	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		50000000000	50:000:00:000 <b>K</b> 000:000000
U	the audit, review, or compilation of its financial statements and selection of an independent ac		2c	x
	If the organization changed either its oversight process or selection process during the tax year			2.3
	Schedule O.	ar, explain on		
2-	As a result of a federal award, was the organization required to undergo an audit or audits as	eat forth in the	100000000000000000000000000000000000000	
sa		actionin in the	3a	X X
L-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	undorgo the	Ja	42
D	o If "Yes," did the organization undergo the required audit or audits? If the organization did not u		3b	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo	Such addits	<u></u> } 3D	<u> </u>

Form **990** (2023)

SCHEDULE A (Form 990) Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

ction 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

LIONS VISION SERVICES,
A SOUTH CAROLINA CHARITY

Employer identification number 23-7105526

Part I	Reaso	n for Public Charity S	tatus. (All organizations i	must cor	nplete t	his part.) See instructions	S
The orga			it is: (For lines 1 through 12, ch				
1			ciation of churches described in			A)(i).	
2			(ii). (Attach Schedule E (Form				
3			organization described in sect		)(1)(A)(iii	) <b>.</b>	
4			in conjunction with a hospital de				pital's name,
نبا :	city, and state		•				
5			a college or university owned o	or operated	by a gov	ernmental unit described in	
•		)(1)(A)(iv). (Complete Part II		·	, -		
6			vernmental unit described in se	ction 170	(b)(1)(A)(	v).	
7 X	An organization		ubstantial part of its support fro				
8			'0(b)(1)(A)(vi). (Complete Part	II.)			
9	•		ribed in section 170(b)(1)(A)(i)		d in conju	nction with a land-grant college	)
<b>5</b>	or university of university:	or a non-land-grant college of	agriculture (see instructions).	Enter the r	iame, city	, and state of the college or	
10		on that normally receives (1)	more than 33 1/3% of its suppo	ort from co	ntribution	s, membership fees, and gross	\$
	receipts from	activities related to its exemp	ot functions, subject to certain e	exceptions	; and (2)	no more than 33 1/3% of its	
	support from	gross investment income and	d unrelated business taxable in	come (less	s section -	511 tax) from businesses	
			, 1975. See section 509(a)(2).				
11			xclusively to test for public safe				
12	An organizati	on organized and operated e	xclusively for the benefit of, to	perform the	e function	s of, or to carry out the purpos	es of
	one or more p	oublicly supported organization	ons described in section 509(a	(1) or sec	tion 509	a)(2). See section 509(a)(3).	Спеск
			cribes the type of supporting or				
а	Type I. A	supporting organization ope	rated, supervised, or controlled er to regularly appoint or elect	i by its sup a maiority	of the dire	ganization(s), typically by givin	9
			er to regularly appoint or elect emplete Part IV, Sections A a		or the dire	salors of tradices of the	
h			pervised or controlled in connec		ts suppor	ted organization(s), by having	
b	rype ii. /	r management of the support	ing organization vested in the	same pers	ons that o	control or manage the supporte	ed .
		tion(s). You must complete				<b>.</b>	
c			upporting organization operated	d in conne	ction with	, and functionally integrated wi	th,
Ū	its suppo	orted organization(s) (see inst	ructions). You must complete	Part IV, S	Sections	A, D, and E.	
d	Type III	non-functionally integrated	. A supporting organization ope	erated in o	onnection	with its supported organization	n(s)
	that is no	ot functionally integrated. The	organization generally must s	atisfy a dis	tribution r	equirement and an attentivene	ess
			nust complete Part IV, Sectio				
е	Check th	is box if the organization rec	eived a written determination fr	om the IR	S that it is	a Type I, Type II, Type III	
			n-functionally integrated suppor	ting olgan	ization.		
f		mber of supported organizati					
9		following information about th		(in the s	ransization	ful Amount of monatony	(vi) Amount of
	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization or governing	<ul><li>(v) Amount of monetary support (see</li></ul>	other support (see
,	organization		above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
(A)							
` '					ļ		
(B)							
. ,							
(C)		-					
,							
(D)					_		
(-,							
(E)							
\-/							
Total							_

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

on A. Public Support ar year (or fiscal year beginning in)						
at year (or tiscal year beginning iii)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and nembership fees received. (Do not not nclude any "unusual grants.")	71,671	450,572	536,644	780,757	764,225	2,603,869
Fax revenues levied for the organization's benefit and either paid o or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	71,671	450,572	536,644	780,757	764,225	2,603,869
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
						550,867
						2,053,002
	(a) 2010	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
						2,603,869
Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,897	17,103	22,992	25,377	27,574	115,943
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1				
Total support. Add lines 7 through 10					<u> </u>	2,719,812
					12_	277,613
First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c	)(3)	
		<u> </u>	<u> </u>		<u> </u>	
						1
			nn (f))			75.48%
· · · · · · · · · · · · · · · · · · ·						62.80%
				s 33 1/3% or more	, check this	. <u>77</u>
,						X
				e 15 is 33 1/3% or	more, check	
•						
organization						[
	022 If the organiz	ation did not check	ca box on line 13	16a 16b or 17a	and line	· · · · · · · · · · · · · · · · · · ·
						-
instructions						j
	membership fees received. (Do not include any "unusual grants.")  Fax revenues levied for the organization's benefit and either paid or expended on its behalf. The value of services or facilities for include by a governmental unit to the organization without charge. Fotal. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on tine 11, column (f). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Net income from unrelated business activities, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)  Total support. Add lines 7 through 10. Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop heriton C. Computation of Public Services of the organization quance of the organization of the organization of the organization quance of the organization of the organization quance of the organization of the organ	membership fees received. (Do not noclude any "unusual grants.")  Fax revenues levied for the organization's benefit and either paid or expended on its behalf the value of services or facilities unrished by a governmental unit to the organization without charge fotal. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets  (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, sorganization, check this box and stop here.  Total support percentage for 2023 (line 6, column (f) divide Public support percentage from 2022 Schedule A, Part II, lines 33 1/3% support test — 2023. If the organization did not of the box and stop here. The organization qualifies as a publicly 33 1/3% support test — 2022. If the organization did not of this box and stop here. The organization qualifies as a publicly 33 1/3% support test — 2022. If the organization did not of this box and stop here. The organization meets the facts-and-circumstances test — 2023. If the organization 10% or more, and if the organization meets the facts-and-circumstances and for the organization meets the facts-and-circumstances and fithe organization meets the facts-and-circumstances and fithe organization meets the facts-and-circumstances and fithe organization meets the facts-in Part VI how the organization meets the facts-in Part VI how the organization meets the facts-in Part VI how the organization meets the facts-in P	membership fees received. (Do not notlude any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid or expended on its behalf  The value of services or facilities unished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by pach person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Ton B. Total Support  Tar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets  (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 6 years. If the Form 990 is for the organization's first, second, third, fourt organization, check this box and stop here  Ton C. Computation of Public Support Percentage  Public support percentage from 2022 Schedule A, Part II, line 14  33 1/3% support test — 2023. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly supported organization stop here. The organization qualifies as a publicly supported organization towards a publicly supported organization towards. If the organization did not check the box on line this box and stop here. The organization qualifies as a publicly supported organization box and stop here. The organization qualifies as a publicly supported organization towards. If the organization did not check a box on line this box and stop here. The organization meets the facts-and-circumstances test. The organization of the organization did not check in 10%-facts-and-circumstances test. — 2022. If the orga	membership fees received. (Do not noclude any "unusual grants.")  Tax revenues levied for the organization is behalf  The value of services or facilities unished by a governmental unit to the organization without charge focal. Add lines 1 through 3  Total. Add lines 1 through 3  Total organization without charge for 2023 (pre 6, column (f) divided by line 11, column (f)  Public support sor capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 900 is for the organization of not check the box on line 13, and line 14 is box and stop here. The organization qualifies as a publicly supported organization of 15% support test — 2023. If the organization did not check a box on line 13, 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and Facts-and-circumstances test. The organization qualifies as in Part VI how the organization meets the facts-and-circumstances test, check this box and Facts-and-circumstances test. The organization qualifies or paganization of 10 m Part VI how the organization meets the facts-and-circumstances test. Check this box and in Part VI how the organization meets the facts-and-circumstances test. Check this box and in Part VI how the organization meets the facts-and-circumstances test. Check this box and in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies and circumstances test. Check this box and paganization meets the facts-and-circumstances test. The organization qualifies and circumstances test. The organization qualifies organization of the paganization meets the facts-and-circumsta	membership fees received. (Do not include any funusual grants.")  71,671 450,572 536,644 780,757  fax revenues levied for the waganization's henafit and either paid or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended by a governmental unit of the granization without charge frotal. Add lines 1 through 3  71,671 450,572 536,644 780,757  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown or line 11, column (n) expended organization) included on ine 1 that exceeds 2% of the amount shown or line 11, column (n)  Public support. Subtract lines from line 4  71,671 450,572 536,644 780,757  Amounts from line 4  71,671 450,572 536,644 780,757  The portion of the sale of the amount shown or line 11,0 column (n)  Public support from inclerest, dividends, eagments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(conganization, check this box and stop here.  In C. Computation of Public Support Percentage  Public support percentage from 2022 Schedule A. Part II, line 14  33 1/3% support test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and in 10%-facts-and-circumstances test. The organization qualifies as a publicly supported organization organization propagalization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualif	membership fees received. (Do not not not cloude any "unusual grants")  Fax revenues levied for the granization's henefit and either paid or expended on its behalf  The value of services or facilities unrished by a governmental unit to the granization without charge (Total. Add lines 1 through 3 (Total Add lines 1 through 3 (Total Control C

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	A D III O	1	· · · · · · · · · · · · · · · · · · ·		·		
	ion A. Public Support lar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees	(4) 2019	(5) 2020	(0) 2021	(4) 2022	(-,	
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
•	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
800	tine 6.) tion B. Total Support	<u></u>			<u> </u>	9	
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(8) 2020	(0) 202	(-)		
9							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						<u> </u>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o						
<u>~~</u>	organization, check this box and stop he ction C. Computation of Public S		ntage	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		
	Public support percentage for 2023 (line			umn (fl)		1:	5 %
15	Public support percentage for 2023 (line Public support percentage from 2022 Sc						<del>-  </del>
16	Public support percentage from 2022 Scientian D. Computation of Investment				<u></u>	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
	Investment income percentage for 2023			13 column (f))		1	7 %
17	Investment income percentage for 2023  Investment income percentage from 2022						8 %
18		roanization did no	t check the box on	line 14, and line 1	l5 is more than 33		
19a	17 is not more than 33 1/3%, check this	hox and ston he	re. The organizatio	n qualifies as a pu	plicly supported o	rganization	□
b		rganization did or	ot check a box on li	ne 14 or line 19a.	and line 16 is mor	e than 33 1/3%, ai	nd _
Ŋ	line 18 is not more than 33 1/3%, check	this box and stor	here. The organiz	zation qualifies as	a publicly support	ed organization	<u>_</u>
20	Private foundation. If the organization	did not check a b	ox on line 14, 19a.	or 19b, check this	box and see instr	uctions	
<u> </u>	. Thate to bridge of the congarization				<del></del>		dule A (Form 990) 202

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9а disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedul	e A (Form 990) 2023 LIONS VISION SERVICES,	23-7105526	Page \$
Pari	Supporting Organizations (continued)		
			Yes <u>No</u>
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	,	
	11c below, the governing body of a supported organization?	11a	
	A family member of a person described on line 11a above?	11b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		
- 4:	provide detail in Part VI.	[11c	
Secu	on B. Type I Supporting Organizations		V N-
	Distribution of the second of	ohin of one or	Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or members		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization of the organ		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization had many than		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated supported organizations and what conditions or restrictions, if any, applied to such powers during the tax years.		
		ai.	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Para	4	i İ
		•	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Sacti	on C. Type II Supporting Organizations		
CCC	on or type it dupperting digunatures		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	s	
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	P000-0000000	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sect	ion D. All Type III Supporting Organizations		
	,, , , , , , , , , , , , , , , , , , , ,		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the p	rior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	k0000000000	
	organization's governing documents in effect on the date of notification, to the extent not previously provide		· · · · · · · · · · · · · · · · · · ·
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporte	\$0000000	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	00000000	
	how the organization maintained a close and continuous working relationship with the supported organizati	ion(s).	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations ha	00000000	
	a significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
Seci	ion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
d	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ental entity (see instruction	s)
2	Activities Test. Answer lines 2a and 2b below.	<del>onius</del>	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	, of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purpose	<b>)</b> S,	
	how the organization was responsive to those supported organizations, and how the organization determine	ned	
	that these activities constituted substantially all of its activities.	2a	
i			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	\$20000000	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	ld	1
	have engaged in these activities but for the organization's involvement.	2t	)
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
á	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	32	a
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this reg.	ard. 3h	<b>3</b>

LIONS VISION SERVICES, Schedule A (Form 990) 2023 Pan V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 3 3 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2023

(see instructions).

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	e A (Form 990) 2023 LIONS VISION SERV		23-71	05	526 Page 7
Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continuea)		
Section	on D – Distributions			Ì	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
	Amounts paid to perform activity that directly furthers exempt purpose				
_	organizations, in excess of income from activity		_	2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required—provide de	tails in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
-	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organization	ation is responsive		8	
_	(provide details in Part VI). See instructions.	,			
9	Distributable amount for 2022 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	<u> </u>	9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	15	Distributable
Section D – Distribution  1 Amounts paid to su 2 Amounts paid to person organizations, in extension of the content of the cont		ĺ	Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
	Underdistributions, if any, for years prior to 2023				
-	(reasonable cause required-explain in Part VI). See				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			anennanh	
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
t	Applied to 2023 distributable amount				
	Remainder, Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.		8		
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•					
8	Breakdown of line 7:				
	o Excess from 2020				
	e Excess from 2023				
					Schedule A (Form 990) 202

Schedule A (For	m 990) 2023	LIONS VI	ISION	SERVICES,		23-7105526	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part \	formation. Prov /, Section A, line Part IV, Section ( /, line 1; Part V,	ride the e s 1, 2, 3t C, line 1; Section I	xplanations requir b, 3c, 4b, 4c, 5a, 6 Part IV, Section D B, line 1e, Part V,	ed by Part II, line 10; , 9a, 9b, 9c, 11a, 11b , lines 2 and 3; Part I Section D, lines 5, 6, formation. (See instr	Part II, line 17a or o, and 11c; Part IV, V, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
		•••••					
				••			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

Park   Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at ord of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Det the organization inform all docors and durinor adviseds in writing that the assets held in donor advised funds are the organization from all docors and durinor adviseds in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that prant funds can be used only for characteristic purposes and office the dender of ordanization advisors in writing that grant funds can be used only for characteristic purposes and office the dender of ordanization advisors or provide purposes configures in the property of the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(9) Conservation assements held by the organization (fleck all that apply).  2 Preservation of and for public use (for example, recreation or education)   Preservation of a historically-important land area   Preservation of a historically-important land area   Preservation of a historically-important land area   Preservation of a historically-important land area   Preservation of a historically-important land area   Preservation of a historically-important land area   Preservation of a historically-important land area   Preservation of a historically-important land area   Preservation of conservation of conservation assements   Preservation of conservation of conservation assements   Preservation of conservation of conservation assements   Preservation of conservation of conservat		ONS VISION SERVICES,	23-7105526
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$  1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.  a Revenue included on Form 990, Part VIII, line 1			
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art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$  (ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.  a Revenue included on Form 990, Part VIII, line 1 \$	b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bo	alance sheet works of
provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.  a Revenue included on Form 990, Part VIII, line 1  \$			
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>			
(ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.  a Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>			\$
following amounts required to be reported under FASB ASC 958 relating to these items.  a Revenue included on Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, provide the
a Revenue included on Form 990, Part VIII, line 1	£=		
			\$
			<u> </u>

Pair IN: Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21  1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included no Form 990, Part XV  b If "Yes," explain the arrangement in Part XIII and complete the following table.  c Beginning balance d Additions during the year of Ending balance 22 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part W Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance 217, 320 866, 895 847, 091 841, 937  b Contributions 100,000 175,000 25,000 c Not investment earnings, gains, and losses 32, 101 3,580 -5,196 5,154  d Grants or scholarships 0 Other expenditures for facilities and programs g End of year balance 2 Provide the estimated percentage of the current year on balance (fine 1g, column (a)) held as: a Board designated or quasi-endowment 4 Permanent endowment funds not in the possassion of the organization that are held and administered for the organization by (i) Unrelated organizations?  1 Omplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part W Endowment 4 Segment of the current year of the organization that are held and administered for the organization by (ii) Provide the estimated percentage of the current year on before the organization by (iii) Unrelated organizations and Sequiper on Schedule R?  2 Pervoke the estimated percentage of the organization sendowment funds.  Fait W Endowment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Ceacypoin of progeny (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X	2000.0000000	Die D (Form 990) 2023 LIONS VIS				Similar Asset	s (contin		ige &
collection ferms (check all that apply)    Public exhibition   d   Loan or exchange program							.s (COITAIT	ueu)	
b			on, and other records, cr	leck ally of the followi	ng trat make signin	Sant doe of he			
b	<sub>2</sub> [	Public exhibition	d 🗔 Loar	n or exchange prograi	m				
Presentation for future generations.  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold for risise funds rather than to be maintained as part of the organization's collection?  Vers No. 72	-	<del>-</del>	$\vdash$						
## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII ## During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organizations's collection?    Yes	<b>⊢</b>	==							
SUII 5 Duning the year, do the organization solicit or receive densitions of art, historical treasures, or other similar sasests to be sold to raise funds rather than to be maintained as part of the organization's collectory? Yes No Promise of the organization and analyse of the organization and sent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the airrangement in Part XIII and complete the following table.  C Beginning balance  1			ollections and explain how	w they further the orga	anization's exempt p	urpose in Part			
Secretary   Secr				,		·			
### Section of Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10    Total Beginning balance			or receive donations of ar	t, historical treasures	or other similar				
Pair IV   Escrow and Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, outstodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No.    2b If "Yes," explain the arrangement in Part XIII and complete the following table.  2c Beginning balance   1d   Amount   1d		= -					T	es 🗀	] No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10 and IV Pes No	1.000.000.000	IN Escrow and Custodial Arr	angements	* · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
1a Is the organization an agent, fusible, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If Yes, 'explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodiari account liability? Pirk V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance 2a. 27, 320 866, 895 847, 091 841, 937  1b Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance 217, 320 866, 895 947, 091 841, 937  c Net investment earnings, gains, and losses d Grants or acholarships d Grants or acholarships f Administrative expenses g End of year balance 32, 101 3, 580 -5, 196 5, 154  d Grants or acholarships f Administrative expenses g End of year balance 344, 378 217, 320 866, 895 847, 091  f Permanent endowment % b Permanent endowment % b Permanent endowment 100.00 % The percentages on lines 2a, 2b, and 2c should equal 100% 3 Are there endowment than short in the possession of the organization that are hold and administered for the organizations? (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iv) Complete if the organizations isted as required on Schedule K? 2 Describe in Part XIII the intended uses of the organization g endowment funds.  Fait III Land b Buildings c Leasohold improvements (iv) Control other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basi	00000000000000000000000000000000000000	Complete if the organization	n answered "Yes" or	Form 990, Part I	V, line 9, or repo	orted an amour	it on Forr	n	
Included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table.  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2 Distributions during the year  f Ending balance  Beginning that arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part XIII  Beginning of year balance  1	1a l		ian or other intermediary	for contributions or o	ther assets not	<u> </u>			
C   Beginning balance							Υ	es	No
C   Beginning balance   1c   1d   1d   1d   1d   1d   1d   1d			and complete the follow	ing table.					
d Additions during the year e Distributions during the year [ Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		, .	·	-			Amour	nt	
d Additions during the year    Distributions during the year   1e   1e   1e   1e   1e   1e   1e   1	c i	Beginning balance				1c			
e Distributions during the year   1e   1f   1f   1f   1f   1f   1f   1f									
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  bif Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part W Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  217, 320 866, 895 847, 091 841, 937  b Contributions  100,000 175,000 25,000  Not investment earnings, gains, and losses  32,101 3,580 -5,196 5,154  d Grants or scholarships  0 Other expenditures for facilities and programs  5,043 828,155  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment %  b Permanent endowment 100.00%  c Term endowment									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  (a) Cument year  (b) Froor year (c) Two years back (d) Three years back (e) Four years back  1a Beginning of year balance  2 117, 320 866, 895 847, 091 841, 937  b Contributions  1 00,000 175,000 25,000  c Net investment earnings, gains, and losses  3 2,101 3,580 -5,196 5,154  d Grants or scholarships  e Other expenditures for facilities and programs  5,043 828,155  f Administrative expenses  g End of year balance  3 24,378 217,320 866,895 847,091  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  5 Permanent endowment  100,00 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iv) Related organizations  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of progenty  (a) Cost or other basis (b) Cost or other basis (c) Accumulation (c) Book value sepretation  1a Land  b Buildings  c Leasehold improvements (d) Gost or other basis (c) Cost or ot						1f			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.							Y	'es	No
Part V									1
(a) Current year (b) Prior year (c) Two years back (d) Three years back (d) For years (d) Three years back (d) Three years back (d) For years (d) Three years back (d) For years (d) Three years back (d) For years (d) Three years back (d) For years (d) Three years back (d) For years (d) For years (d) Three years back (d) For years		33000000							
1a Beginning of year balance 217,320 866,895 847,091 841,937 b Contributions 100,000 175,000 25,000 c Net investment earnings, gains, and losses 32,101 3,580 -5,196 5,154 d Grants or scholarships c Other expenditures for facilities and programs 5,043 828,155 f Administrative expenses 9 End of year balance 344,378 217,320 866,895 847,091 c Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 6 Permanent endowment 100.00 % c Term		Complete if the organization	n answered "Yes" or	n Form 990, Part	IV, line 10.	,			
b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment 100.00% c Term endowment 7 The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? 4 Describe in Part XIII, the intended uses of the organization's endowment funds.  Part M Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (ii) Coster or other basis (investment) (iii) Coster or other basis (investment) (iii) Coster or other basis (investment) (iii) Coster or other basis (investment) (iii) Coster or other basis (investment) (iii) Coster or other basis (investment) (iii) Coster or other basis (investment) (iii) Coster or other basis (investment) (ivestment)			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Fo	our years	back
c Net investment earnings, gains, and losses  d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment 100.00 % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 3a(i)   Yes   N   4 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accountulated depreciation (investment)  1a Land b Buildings c Leasehold improvements d Equipment  S 9, 993 80, 686 9, 30 1 256 1 21 24 1 256 1 21	1a	Beginning of year balance	217,320	866,895	847,091	841,9	37		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment 100.00 % c Term endowment 100.00 % c Term endowment 100.00 % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment)  Equipment  89,993 80,686 9,30 1,256 71,104		0 10 0	100,000	175,000	25 <u>,</u> 000				
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of y	С	Net investment earnings, gains, and							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment 100.00 % C Term endowment 100.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment  8 9, 993 8 0, 686 9, 30 9,		losses	32,101	3,580	-5,196	5,1	.54		
f Administrative expenses g End of year balance g End of year bala	d	O							· ——-
g End of year balance  344,378  217,320  866,895  847,091  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment 100.00 % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation despreciation 1a Land b Buildings c Leasehold improvements d Equipment	е	Other expenditures for facilities and							
g End of year balance g End of year, on line 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2		programs	5,043	828,155					
g End of year balance 344,378 217,320 866,895 847,091  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment %  b Permanent endowment 100.00%  c Term endowment									
a Board designated or quasi-endowment \$\frac{100.00 \%}{100.00 \%}\$  c Term endowment \$\frac{100.00 \%}{100.00 \%}\$  The percentages on lines \$2a\$, \$2b\$, and \$2c\$ should equal \$100\%}\$  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  5b If "Yes" on line \$3a(ii)\$, are the related organizations listed as required on Schedule R?  5c Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form \$90\$, Part IV, line \$11a\$. See Form \$90\$, Part X, line \$10\$.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  899,993  80,686  9,30			344,378	217,320	866,895	847,0	)91		
b Permanent endowment 100.00 % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  89,993  80,686  9,30  71,26	2	Provide the estimated percentage of the cu	rrent year end balance (1	line 1g, column (a)) h	eld as:				
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment)  1a Land b Buildings c Leasehold improvements d Equipment  39, 993 30,686 9,30									
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment)  1a Land b Buildings c Leasehold improvements d Equipment  39, 993 30,686 9,30	b	Permanent endowment 100.00 %							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) In the intended uses of the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  89,993  80,686  9,30									
organization by:  (i) Unrelated organizations?  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  89,993  80,686  9,30		The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
(i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Part VI Interest organizations (iii) Part VI Interest org	3a	Are there endowment funds not in the poss	ession of the organization	on that are held and a	dministered for the				
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment  89,993  80,686  9,30		organization by:						Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment  89,993 80,686 9,30		(i) Unrelated organizations?					3a(	<u>i)</u>	X
Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (other)  1a Land b Buildings c Leasehold improvements d Equipment  89,993 80,686 9,30		• • • • • • • • • • • • • • • • • • • •					3a(i	ii)	X
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land b Buildings c Leasehold improvements d Equipment  89,993 80,686 9,30	b	If "Yes" on line 3a(ii), are the related organi	izations listed as require	d on Schedule R?			3 <del>t</del>	<u>,   </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment  89,993 80,686 9,30	4			ment funds.			<del></del>		
Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (a) Book value  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (a) Cost or other basis (c) Accumulated depreciation  (d) Book value  (a) Cost or other basis (c) Accumulated depreciation  (a) Cost or other basis (c) Accumulated depreciation	Pa								
(investment) (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment  (investment) (other) depreciation  (approximately 10 to 1		Complete if the organization	on answered "Yes" o			ì			
1a Land b Buildings c Leasehold improvements d Equipment  89,993 80,686 9,30		Description of property	1	1 ''	1		(d) Bo	ook value	3
b Buildings c Leasehold improvements d Equipment 89,993 80,686 9,30	_		(investment)	(other	)	depreciation			
c Leasehold improvements d Equipment 89,993 80,686 9,30	1a	Land						<del></del>	
d Equipment 89,993 80,686 9,30	ģ	Buildings							
72 510 1 256 71 26	С	Leasehold improvements				00.000			~~~
1 1 70 5101 1 2651 71 26	d	Equipment							
					72,518	1,256	<del> </del>		, 262
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part >	K, line 10c, column (E	<u>)) </u>		L		,565

Part VII	Investments - Other Securities		441 0 E 000 Dest V lies	40
	Complete if the organization answered "Yes" on Fo		ne 11b. See Form 990, Part X, line	12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
1) Financial d	erivatives			
(2) Closely hel	d equity interests			
(3) Other				
(A)				
(B)				
(C)	<u>.</u> <u>L</u>			
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related			
	Complete if the organization answered "Yes" on F	orm 990, Part IV,	line 11c. See Form 990, Part X, line	: 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	,		Cost or end-of-year market value	
(4)				
(1)				
(2)				
(3)				
(4)				
_(5)				
(6)		<del></del>		
(7)				
(8)				
(9)		<u> </u>		
Part IX	n (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets			. 4 5
	Complete if the organization answered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, IIII	e 15.
	(a) Description		(6) 6	Book value
(1)				
(2)				
(3)				
(4)		<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities	5 000 D-+1V	Line 140 or 11f See Form 000 Do	rt Y
	Complete if the organization answered "Yes" on	romi 990, Patt IV	, interrie of 111. Occ ( Onli 950, Fd	1. A,
	line 25.		/51	Book value
1.	(a) Description of liability		(b)	DOOK VAIUE
	Il income taxes			71,262
	E LIABILITY			12,643
	RUED LEAVE LIABILITY			10,120
(4) PAYF	ROLL / WITHHOLDINGS			20,120
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, col. (B))			94,02
2. Liability for	or uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organizat	on's financial statements that reports the	\(\frac{1}{2}\)
	•			Ts.

770,861

5

Рa	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,838,081
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 170	0,699	
	Donated services and use of facilities 2b 875	5,582	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	1,046,281
	Subtract line 2e from line 1	3	791,800
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	V	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	791,800

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,646,443 Total expenses and tosses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 875,582 2a a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d 875,582 e Add lines 2a through 2d 2e 3 770,861 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add tines 4a and 4b 4c

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

THE LVS ENDOWMENT EXISTS TO PROMOTE THE LONG-TERM FINANCIAL SUSTAINABILITY OF THE ORGANIZATION, PROVIDING A MODEST SOURCE OF SUPPLEMENTAL REVENUE FOR ANNUAL OPERATIONS, A SOURCE OF CAPITAL FUNDS FOR STRATEGIC INVESTMENTS IDENTIFIED BY THE BOARD OF DIRECTORS, AND A MEANS BY WHICH LVS CAN INCREASE THE IMPACT OF ITS CHARITABLE MISSION AND ENSURE ITS FUTURE SUCCESS.

MANAGEMENT HAS ESTABLISHED INDIVIDUAL FUNDS WITHIN THE LVS ENDOWMENT FOR CHARITABLE PURPOSES RELATED TO THE LVS MISSION WITH GEOGRAPHIC OR PROGRAMMATIC RESTRICTIONS AS OUTLINED IN THE INDIVIDUAL FUND AGREEMENTS.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)

Schedule D (Form 990) 2023 LIONS VISION SERVICES,	23-7105526	Page 5
Part XIII Supplemental Information (continued)		
(3) OF THE INTERNAL REVENUE CODE. THE ORGA		
INCOME UNRELATED TO ITS EXEMPT PURPOSES (U		
EXCLUDED BY THE IRC). THE TAX YEARS ENDING	JUNE 30, 2024, 2023, 2022	?, AND
2021 ARE STILL OPEN TO AUDIT FOR BOTH FEDE	RAL AND STATE PURPOSES.	

#### SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LIONS VISION SERVICES,

A SOUTH CAROLINA CHARITY

Employer identification number

23-7105526 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Parti Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations g X Special fundraising events Phone solicitations X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (iv) Gross receipts (or retained by) (or retained by) (i) Name and address of individual custody or (ii) Activity from activity fundraiser listed in organization or entity (fundraiser) control of coi. (i) contributions' Yes No THOMPSON AND ASSOCIATES 1 112 WESTWOOD PLACE SUITE 250 48,000 -48,000 0 FUNDRAISNG X BRENTWOOD TN 37027 2 5 8 10 -48,000 48,000 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. SOUTH CAROLINA

23-7105526 Schedule G (Form 990) 2023 LIONS VISION SERVICES, Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2023	LIONS VISION	SERVICES,	23-	7105526	Page 3
11	Does the organization cond	duct gaming activities with r				Yes No
12	Is the organization a granto	or, beneficiary or trustee of	a trust, or a member o	a partnership or other entity		
	formed to administer charif	table gaming?				Yes No
13	Indicate the percentage of	gaming activity conducted i	n:			1
а	The organization's facility				13a	%_
b	An outside facility				13b	%%
14	Enter the name and address records:	ss of the person who prepa	res the organization's (	gaming/special events books and		
	Name					
	Address					
15a	Does the organization have revenue?			nization receives gaming		Yes No
b	If "Yes," enter the amount				and the	
	amount of gaming revenue	e retained by the third party	\$			
С	If "Yes," enter name and a	ddress of the third party:				
	Name					
	Address					
16	Gaming manager informat	tion:				
	Name					
	Gaming manager compen	sation \$				
	Description of services pro	ovided				
	Director/officer	Employee	independent c	ontractor		
4 7	Mandatan, diatributions					
17	Mandatory distributions:	d under efete love to make	nharitahla diatrihutiana	from the gaming proceeds to		
а	retain the state gaming lic	0		• • • • • • • • • • • • • • • • • • • •		Yes No
b			a law to be distributed	o other exempt organizations or		1es NO
_		s own exempt activities duri		e one exempt organizations of		
Pa				s required by Part I, line 2	o, columns (iii) and (	v); and
Joseph Communication (Communication)		9, 9b, 10b, 15b, 15c,		oplicable. Also provide any		
					the second second second	
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					1.00	

14830001

### SCHEDULE L

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number

ame of the orga							23-7	10552	6				
Part I	A SOUTH CAROLI Excess Benefit Transac		c)(3) section 5	01(c)(4	l) and se	ection 501							
E GILL E	Complete if the organization and	swered "Yes" on For	n 990. Part IV.	line 25	5a or 25b	; or Form	990-EZ, Part V, I	ine 40l	b.				
	Complete ii allo organization and		ship between disqui			<u> </u>					(d) C	Correcte	d?
1	(a) Name of disqualified person	` `	organization				(c) Description of train	nsaction		[	Yes	No	
1)												$\perp$	
2)				~_									
- <i>i</i> 3)													
4)													
5)												_ _	
6)													
Enter t	he amount of tax incurred by the or	rganization managers	s or disqualified	d perso	ns durin	g the year		_					
under	section 4958							\$					
Enter t	the amount of tax, if any, on line 2,	above, reimbursed b	y the organizat	tion				\$					
						<del></del>							
Part II	Loans to and/or From It					_							
	Complete if the organization an				e 38a, o	r Form 990	), Part IV, line 26	; or it t	ne				
	organization reported an amou	nt on Form 990, Part	X, line 5, 6, or (c) Purpose of	22. (d) Loa	n 1 (a)	Original	(f) Balance due	la) In r	default?	(h) Ap	proved	(i) W	ritten
	(a) Name of interested person	with organization	loan	to or fro	1 '	pal amount	(i) Balance ede	(3,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	by bo	ard or	agree	
				the org				Yes	No	Yes	nittee? No	Yes	No
				To Fr	lma			res	140	Tes -	140	168	140
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Total	<u> </u>				<u></u>	<u> </u>		00000					350000
Part III					07								
	Complete if the organization a							Т					
	(a) Name of interested person	1	onship between inte		` '	nount of stance	(d) Type of assista	nce	(e	) Purpo	ose of a	ssistan	ce
		person	and the organizati				<del></del>						
_(1)													
(2)				•				-+					
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(4)													_
(5)					<u> </u>								_
(6)					<u> </u>								

(8) (9)

Parl IV	Business Tra	ansactions Involving	Interested Persons on Form 990, Part IV, line 28:	a, 28b, or 28c.			
	(a) Name of interes		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of c reven	org. nues?
						-	
(1) CLEMSON	EYE - DR.	MCLANE	BD MEMBER		EYE SURGERIES - OOP		X
	PRINTING	- JIM BARBARE	BD MEMBER	1,421	PRINTING		X.
(3)						—	
(4)							<del> </del>
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(6)	·					<b></b>	<u> </u>
(7)						<del>-</del>	<del> </del>
(8)						<u> </u>	<b></b>
(9)							-
10)							
	Provide addition	al unformation for response	s to questions on Schedule L. S	See IIIstructions.			
	<u> </u>				<u> </u>		
							200 200

SCHEDULE O (Form 990)

### 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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CLUB FOR ASSISTANCE.

Go to www.irs.gov/Form990 for the latest information. Name of the organization LIONS VISION SERVICES. A SOUTH CAROLINA CHARITY

Employer identification number 23-7105526

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT THE AFFORDABLE EYEWEAR PROGRAM PROVIDES EYEGLASSES TO RESIDENTS WITH A DEMONSTRATABLE FINANCIAL NEED AND NO OTHER RESOURCES, PUBLIC OR PRIVATE, TO LVS WILL PROVIDE A BASIC PAIR OF SINGLE OR LINED PAY FOR THESE SERVICES. THIS PROGRAM DOES NOT SUPPORT BIFOCAL LENSES AT NO COST TO THE CLIENT. SPECIAL REQUESTS INCLUDING UPGRADES SUCH AS TINTED, PROGRESSIVE, OR SOME OTHER BASIS TYPES OF EYEWEAR DEVICES MAY ALSO BE TRANSITION LENSES. OBTAINED BASED ON THE RECOMMENDATION OF A LICENSED EYECARE PROFRESSIONAL. CLIENTS WILL BE REFERRED TO A LOCAL OPTOMETRIST IF THEY HAVE NOT ALREADY ESTABLISHED A PROVIDER TO ENSURE AN ACCURATE PRESCRIPTION. THE LVS EYEGLASSES PROGRAM CURRENTLY PRIORITIZES APPLICATIONS FROM AREAS WHERE INQUIRIES FROM RESIDENTS IN AREAS NOT THERE IS NO ACTIVE LIONS CLUB. CURRENTLY SUPPORTED BY THIS PROGRAM WILL BE REFERRED TO THE NEAREST LIONS

IN ADDITION TO THE DIRECT SERVICES WE PROVIDE, LVS CONDUCTS AN ARRAY OF HEALTH AWARENESS, PUBLIC RELATIONS, AND LIONS CLUB RELATED ACTIVITIES WHICH ALIGN WITH OUR MISSION AND ELEVATE THE ROLE OF EYECARE IN CREATING HEALTHY THESE EDUCATIONAL, SUPPORTIVE. COMMUNITIES FOR ALL SOUTH CAROLINIANS. COALITION BUILDING, AND PUBLIC AWARENESS EFFORTS STRENGTHEN THE CORE OF ALL LVS PROGRAMS IN OUR PURSUIT OF ENDING BLINDNESS IN POVERTY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE VISION TECHNOLOGY PROGRAM HELPS BLIND AND VISUALLY IMPAIRED PERSONS WHO

MEED VARIOUS FORMS OF LOW VISION EQUIPMENT FOR HOUSEHOLD ACTIVITIES OR

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

14830001

LIONS VISION SERVICES,

Employer identification number

23-7105526

WORKPLACE DEVELOMENT. LVS UTILIZES PARTMERSHIPS WITH VENDORS, DOCTORS, AND DONORS TO BUILD AN INVENTORY OF VISION TECHNOLOGY SOLUTIONS AND A REFERRAL SYSTEM FOR CLIENTS WHO MAY NEED THESE RESOURCES. VISION TECHNOLOGY VARIES GREATLY IN COST AND FUNCTIONALITY BASED ON THE INDIVIDIUAL NEEDS OF EACH CLIENT. ALL CLIENTS MEET WITH A PHYSICIAN TO DETERMINE THE EXACT NEEDS AND MOST PRACTICAL PRESCRITPIONS FOR EACH CLIENT AFTER WHICH LVS PROVIDES THE EQUIPMENT NEEDED ON EITHER A LONG-TERM OR PERMANENT LOAN AT NO COST TO THE CLIENT.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS MEMBERS ARE REQUIRED TO APPROVE ANY PROPOSED CHANGES TO THE BY-LAWS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION MAKES ITS TAX RETURN, FINANCIAL STATEMENTS, AND GOVERNING
DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION. THE TAX RETURN IS PRESENTED TO
BOARD TREASURER FOR REVIEW PRIOR TO SUBMISSION. BOARD APPROVES THE ANNUAL
AUDIT. FINAL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUAL DISCLOSURE REQUEST IS SOLICITED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD REVIEWS COMPENSATION FOR ALL EMPLOYEES ON AN ANNUAL BASIS

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD REVIEWS COMPENSATION FOR ALL EMPLOYEES ON AN ANNUAL BASIS

Schedule O (Form 990) 2023	Page 2 Employer identification number
Name of the organization LIONS VISION SERVICES,	23-7105526
LIONS VISION SERVICES,	123 ,20020
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	SURE EXPLANATION
THE ORGANIZATION MAKES ITS TAX RETURN, FINANCIAL STATEM	ENTS, AND GOVERNING
DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION AVAILABLE UPON	n request as well as
THE ORGANIZATION'S WEBSITE.	

14830001 Lions Vision Services,

23-7105526

Federal Statements

FYE: 6/30/2024

## Taxable interest on investments

Description							
		Amount	Unrelated Business	Exclusion Code	Postal A	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST / DIVIDENDS	¢	27,574		14			
TOTAL	\$ \$	27,574		7.4			

Management & General Form 990, Part IX, Line 24e - All Other Expenses 16,500 9,256 3,473 2,158 31,387 Program Service Federal Statements s 16,500 9,256 3,473 2,158 31,387 Expenses Total 14830001 Lions Vision Services, Description HEALTH AWARENESS/PR VISION TECHNOLOGY HEALTH SCREENING UNIT LIONS CLUB FYE: 6/30/2024 23-7105526 TOTAL

Fund Raising

€O}

666--1,000 Amount Schedule A, Part II, Line 9(e) Federal Statements Description 14830001 Lions Vision Services, 23-7105526 FYE: 6/30/2024 MISCELLANEOUS LESS: DEDUCTIONS TOTAL