В

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 07/01/2020 and ending 06/30/2021 C Name of organization NORTH POLE LIONS FOUNDATION Check if applicable: D Employer identification number

Ш	Address	change	Doing business as Aurora Bore	ealis Lions Eyeglass Recycling & Vision	Center			20-8367	197
	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	•	E Telepho	one number	
	Initial retu	ırn	2925 Newby Rd					907-385-3	3164
	Final retur	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code					
$\overline{\Box}$	Amended	d return	North Pole, AK, 99705				G Gross r	receipts \$	91,598
$\overline{\sqcap}$	Application	on pending	F Name and address of principal offi	icer: Howard Rixie Sr	H(a)	Is this a gro	up return for	subordinates?	Yes V No
_	, ippout	o poag	PO Box 55933, North Pole, Ak		1				Yes No
$\overline{}$	Tax-exen	npt status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52				e instruction	
J		•	/ww.e-district.org/sites/abeyeg				emption n		
<u>.</u> К			Corporation Trust Associa					of legal domi	ioilo: AV
	art I			L real of to	illiation. Z	000	IVI State C	n legal donli	icile: AK
Ш		Summa	-			6.11			
4)				ion or most significant activities: The					
ű				ss Recycling & Vision Center of North I	Pole, Alaska	a; and to	o advano	ce commu	inity
ma			d on Schedule O, Statement 1)						:
Ş.				discontinued its operations or dispos			1 1	ts net ass	ets.
Ğ				rning body (Part VI, line 1a)			3		1,950
∞ ∨				rs of the governing body (Part VI, line	•		4		1,950
Activities & Governance	5	Total numb	per of individuals employed ir	n calendar year 2020 (Part V, line 2a)			5		0
ξį	6	Total numb	per of volunteers (estimate if i	necessary)			6		250
Ą	7a	Total unrel	ated business revenue from I	Part VIII, column (C), line 12			7a		0
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, line 11			7b		0
					Pi	rior Year		Curre	ent Year
a)	8	Contributio	ons and grants (Part VIII, line	1h)		4	43,090		60,077
ğ	9	Program se	ervice revenue (Part VIII, line	2g)			0		0
Revenue	10	Investment	t income (Part VIII, column (A		10,159		3,272		
ď				es 5, 6d, 8c, 9c, 10c, and 11e)			40,559		23,405
				nust equal Part VIII, column (A), line 12			93,808		86,754
_				X, column (A), lines 1-3)	_	<u> </u>	2,111		1,562
				K, column (A), line 4)			0		0
	4-	-	ther compensation, employee I			0		0	
ses	16a		-			0			
ē	lua L			olumn (A), line 11e)			U		0
Expenses	b l		raising expenses (Part IX, columns (A), line				20.404		10.071
	17	-	enses (Part IX, column (A), line				38,186		49,871
		•	•	equal Part IX, column (A), line 25) .			40,297		51,433
		Revenue le	ss expenses. Subtract line 1	8 from line 12			53,511		35,321
t Assets or					Beginning			End	of Year
sset	20		ts (Part X, line 16)			32	28,461		321,197
A P	21		ities (Part X, line 26)				0		0
Ret			or fund balances. Subtract li	ine 21 from line 20		32	28,461		321,197
_	art II		re Block						
				return, including accompanying schedules and s				y knowledge	and belief, it is
tru	ie, correct	, and complete	e. Declaration of preparer (other than	officer) is based on all information of which pre	parer nas any	Knowied	ge.		
Si	gn	Signatu	ure of officer			Date			
He	ere	Howa	ard Rixie, Treasurer						
			or print name and title						
_	.:	Print/Type	e preparer's name	Preparer's signature	Date		Check	7 if PTIN	
Pa							self-empl	oyed	
	epare		ne 🕨			Firm's	FIN ▶		
Us	se Only	Firm's add				Phone			
		1 mms add	11000 /			FIIOTIE	110.		

	1 1 1	, , , , , , , , , , , , , , , , , , , ,			<u> </u>		
Sign	Signature of officer			Date			
Here	Howard Rixie, Treasurer						
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name ▶	Firm's EIN ▶					
OSE Office	Firm's address ▶			Phone	e no.		
May the IRS	discuss this return with the preparer s	shown above? See instructions				☐ Yes	☐ No

Part		e Accomplishments response or note to any line in this	Part III	
1	Briefly describe the organization's miss	· · · · · · · · · · · · · · · · · · ·		· · · · <u>·</u> ⊔
•	The primary focus of this foundation is to		ions Eventass Pecycling & Vision (Center of North
	Pole, Alaska; and to advance community			
	low-vision assistive devices, or more con			
2	Did the organization undertake any sig	unificant program services during the	year which were not listed on the	
	prior Form 990 or 990-EZ?			☐ Yes
3	Did the organization cease conducting services?	ng, or make significant changes in		☐ Yes ☑ No
4	Describe the organization's program sexpenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any	ervice accomplishments for each of i)(4) organizations are required to repo		
4a		21,187 including grants of \$	0) (Revenue \$	0)
	Advance community based assistance for			
	devices, or more complex eye care/surge vision and educating nearly 1500 person	s in vision impairment/treatment		
4b	(Code:) (Expenses \$ Fund and operate the Aurora Borealis Lie Recycled 22K pairs of used eyeglasses, need.		of North Pole, Alaska Accomplishn	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S	chedule ()		
-t u	(Expenses \$ 0 including		e\$ 0)	
4e	Total program service expenses ►	40,116		

	50 (2020)			age
Part	Checklist of Required Schedules		V	NI-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	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 "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b 13	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	~	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Part	Checklist of Required Schedules (continued)			
			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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
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		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		V
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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 persons? If "Yes," complete Schedule L, Part III	27		\ \
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		~
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		_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	<	
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			
	Entantha number consorted in Day 0 of Farm 1000 Fator 0 if not and 1		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return 2 o 1 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Did and the said is the said of 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 or a financial account in a foreign country (such as a bank account, securities account, or other financial account or a financial account in a foreign country (such as a bank account, securities account, or other financial account or a financial account in a foreign country (such as a bank account, securities account, or the financial account in a foreign country (such as a bank account, securities account, or other damanical accountry and a financial accountry and the security of the organization and the security of the organization file form 8865.T? 5a Does the organization appropriation file form 8865.T? 5a Does the organization sevel acquirements for Fince 8865.T? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If "Yes," indicate the number of Forms 8262 filed during the year and services provided 7. 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Statements, filled for the calendar year ending with or within the year covered by this return 2 0 b If at least one is reported on line 2a, did the organization file all required federal enployment tax returns? Note: if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 their financial accountry) b If "Yes," enter the name of the foreign country [Yes to as a bank account, securities account, or their financial accountry) b Pose instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accountry (FBAR). 5a Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5b V b Did any texable party notify the organization that it was or is a party to a prohibited tax shetter transaction of any type to the organization she are 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 or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 Organization shall are year evelve deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? b If "Yes," indicate the number of Forms 2282 filed during the year c Did the organization sell, exchange, or ot					Yes	No
Statements, filled for the calendar year ending with or within the year covered by this return 2 0 b If at least one is reported on line 2a, did the organization file all required federal enployment tax returns? Note: if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 their financial accountry) b If "Yes," enter the name of the foreign country [Yes to as a bank account, securities account, or their financial accountry) b Pose instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accountry (FBAR). 5a Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5b V b Did any texable party notify the organization that it was or is a party to a prohibited tax shetter transaction of any type to the organization she are 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 or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 Organization shall are year evelve deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? b If "Yes," indicate the number of Forms 2282 filed during the year c Did the organization sell, exchange, or ot	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 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 accounts? 5 Be instructions for filing requirements for finCPN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited atx shelter transaction? 6 Did best the organization and a promotive that were not tax deductible as charitable contributions? 6 Did best 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? 7 Organizations shat may receive deductible contributions under section 170(c). 8 Did the organization services a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization sell, exchange, or otherwise dispose of tangible personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1047? 11 If the organization received a contribution of activity or indirectly, to pay premiums, directly or indirectly, on a personal benefit contract? 12 Did the			2a 0			
Sa V 1f "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 3b 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?) 1f "Yes," refer the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). Sa V See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Section 501 (cit and year) and year of the value of the part to a contribution of the very selection and party to a contribution of the very selection and party to a contribution of the very selection and party to a contribution of the value of the goods or services provided? To it the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To it the organization every every pay premiums, directly or indirectly, on a personal benefit contract? To it the organiz	b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns? .	2b		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country See instructions for filing requirements for inficEM Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8865-T? 6 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(e). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8292? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization maintaining donor advised funds, of the organization file a Form 1947 The sponsoring organizations maintaining donor advised funds, directly or indirectly, on a personal benefit contract? 7 Till the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 Till the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	uctions)			
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 accounts; before the foreign country b l'*Yes," enter the name of the foreign country b leves," enter the name of the foreign country b leves," enter the name of the foreign country b leves," enter the name of the foreign country b loan y taxable party notify the organization file Form 8886-T? b bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b v l'*Yes," to line 5a or 5b, did the organization file Form 8886-T? c l'*Yes," did 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? c li'*Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? organization and party for goods and services provided to the payor? organization and party for goods and services provided to the payor? organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8982? organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8982? organization sell, exchange, or otherwise dispose of tangible personal benefit contract? organization sell, exchange, or otherwise dispose of tangible personal benefit contract? organization sell, exchange, or otherwise dispose of tangible personal benefit contract? organization sell-excess any payments of indirectly, or pay premiums on a personal benefit contract? organization organization with the p	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	За		~
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
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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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Phi Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. If "Yes," see instructions and file Form 4720, Schedule N.	_					
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 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 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 C Enter the amount of reserves on hand If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.						
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?			-	8		
a Did the sponsoring organization make any taxable distributions under section 4966?	9					
Initiation fees and capital contributions included on Part VIII, line 12	а			9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	9b		
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: a 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 filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13b 13b 14a V b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 V If "Yes," see instructions and file Form 4720, Schedule N.	10	Section 501(c)(7) organizations. Enter:				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	Section 501(c)(12) organizations. Enter:				
against amounts due or received from them.)	а	Gross income from members or shareholders	11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			1	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	b	· · · · · · · · · · · · · · · · · · ·	12b			
Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.						
b 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	а			13a		
the organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule	e O.			
c Enter the amount of reserves on hand		, ,				
14a Did the organization receive any payments for indoor tanning services during the tax year?		- · · · · · · · · · · · · · · · · · · ·				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		L				
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?						~
excess parachute payment(s) during the year?				14b		
If "Yes," see instructions and file Form 4720, Schedule N.	15		remuneration or			
				15		~
The lighted organization an adjugational incitiution cubicat to the coation /UGV evoles tay on not investment income? 16 /	40					
If "Yes." complete Form 4720. Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investig "Yes" complete Form 4720. Schedule O	sument income?	16		-

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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 1950 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 1950 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 V Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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.) Yes No 10a **b** 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in 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* 12a 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," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► AK 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ 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, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Howard Rixie Sr, (907)378-7797

Part VI

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.

- 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.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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 and/or Box 7 of Form 1099-MISC) 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.
- 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 instructions for the order in which to list the persons above.

Check this box if heither the organization no	r any relate	a org	anız	atic	n c	ompe	nsa	ited any current (officer, director,	or trustee.
				(0	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	ss pe	rson	e than of the both is or/tru Highest compensated employee	n an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Howard Rixie Sr	15.00					ed.				
President	15.00	~		1				0	0	0
Willis Patterson	+							0	U	U
Vice President	5.00 5.00	_		~				0	0	0
Christie Brand McWilliams	10.00									
Secretary	10.00	~		~				0	0	0
Dorothy Rixie	15.00									
Treasurer	15.00	1		~				0	0	0
Sophie Marcinkowski	5.00									-
Director	5.00	~						0	0	0
Beth Durbin	5.00									
Director	5.00	~						0	0	0
Donna Bellows	5.00									
Director	5.00	~						0	0	0

Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c).	Part	VII Section A. Officers, Directors, 1	Γrustees, I	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (co	ntinued)
Name and title Control check more than one part week Part Vall Part Val							•							
Name and title Average Dox, unless person is both an incompensation of other compensation of the com		(A) (B)			ot of				ano	(D)	(E)		(F)
Park week Park		Name and title	_	١,						1				
Substotal				office	er and	d a d	lirect	or/trust						
the Subtotal Total from continuation sheets to Part VII, Section A			1 '	or c	Ins	Off.	₹ e	Hig	For					
the Subtotal Total from continuation sheets to Part VII, Section A				direc	l tt	cer	em/	hes	mer	(W-2/1099-MISC)	(W-2/1099	-MISC)		
the Subtotal				otor all	ione		oldt	ee co	,				related orga	anizations
the Subtotal			below	rust	ŧ		yee	npe						
the Subtotal			dotted line)	ee	stee			nsat						
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)								ed						
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)														
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)														
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Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)			 											
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)	1b	Subtotal				<u> </u>	l			0		0		0
d Total (add lines 1b and 1c)			VII. Sectio	n A					•					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_				Ċ				•	0		0		0
reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2								e) w		e than \$1	00.000	of	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_	, ,							-,	0		,		
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who													Y	es No
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	officer, dire	ector.	tru	iste	e, k	cev e	mpl	lovee, or highes	st compe	nsated		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									•		-			~
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npe	nsatic	n a	and other compe	nsation fr	om the		
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person														
for services rendered to the organization? If "Yes," complete Schedule J for such person		individual											4	'
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	tion or inc	ividual		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who		_	? If "Yes," c	compl	ete	Sch	hedi	ule J t	or s	such person .			5	· ·
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address None Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation	Secti	on B. Independent Contractors												
(A) Name and business address None Total number of independent contractors (including but not limited to those listed above) who	1													
None None Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Rep	ort compen	satio	n foi	r the	e ca	lenda	r ye	ear ending with or	within the	e orgar	nization's t	ax year.
None 2 Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who		Name and business add	iress							Description of serv	/ices		Compensation	on
	None													
			<i>p</i>				, .		L	p	. .			
raceived mare than \$100,000 at companion from the examination	2	received more than \$100,000 of compens) th	nose listed abov 0	e) wno			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a	521				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0				
۾ ۾	С	Fundraising events			1c	43,960				
r A	d	Related organization	ns .		1d	0				
اةً `ق	е	Government grants	(cont	ributions)	1e	7,895				
Sin	f	All other contribution	ns, gi	fts, grants,						
er 6		and similar amounts no			1f	7,701				
들 된	g	Noncash contribution	ons in	cluded in						
ont od (lines 1a-1f			1g	\$ 0				
ō ē	h	Total. Add lines 1a-	-1f .			<u> </u>	60,077			
_						Business Code				
jc	2a									
e Z	b									
n S	С									
yram Ser Revenue	d									
Program Service Revenue	е									
₫	f	All other program se					_			
	g	Total. Add lines 2a-					0			
	3	Investment income	-	_			2 272	2 272		
	4	other similar amoun Income from investr					3,272	3,272	0	0
	5				-		0	0	0	0
		noyanies	<u></u>	(i) Real		(ii) Personal	U	U	0	0
	6a	Gross rents	6a	(1) 1.104.	0	0				
	b	Less: rental expenses	6b		0	0				
	C	Rental income or (loss)			0	0				
	d	Net rental income o		s)			0	0	0	0
	7a	Gross amount from	((i) Securit		(ii) Other	-	-	_	
	, ,	sales of assets								
		other than inventory	7a		0	0				
<u>e</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě.		Gain or (loss)	7c		0	0				
	d	Net gain or (loss)				🕨	0	0	0	0
Other	8a	Gross income from		ndraising						
0		events (not including		43,960						
		of contributions rep								
		1c). See Part IV, line			8a	0				
		Less: direct expens			8b	0 nts ▶				
	C	Net income or (loss)			g eve	nis 🚩	0		0	0
	9a	Gross income f activities. See Part I			9a	28,249				
	h	Less: direct expens			9b	4,844				
		Net income or (loss)					23,405	23,405	0	0
		Gross sales of in					23,403	23,403		
	100	returns and allowan			10a	0				
	b	Less: cost of goods			10b	0				
	С	Net income or (loss)				ory ▶	0	0	0	0
SI		<u> </u>				Business Code				
90 r	11a									
scellaneo Revenue	b									
e e	С									
Miscellaneous Revenue	d	All other revenue			-					
2	е	Total. Add lines 11a				🕨	0			
	12	Total revenue. See	instr	uctions .		<u> •</u>	86,754	26,677	0	0

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	. [Ī

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,562	1,562		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				<u> </u>
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	4,854	1,199	0	3,655
13	Office expenses	784	504	280	0
14	Information technology	2,422	0	2,422	0
15	Royalties	0	0	0	0
16	Occupancy	27,777	23,111	3,211	1,455
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	256	0	256	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	10,378	10,378	0	0
23	Insurance	3,111	3,111	0	0
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.)				
а	Food for volunteers	251	251	0	0
b	Taxes/Fees	38	0	38	0
С					
d					
е	All other expenses	0	0	0	
25	Total functional expenses. Add lines 1 through 24e	51,433	40,116	6,207	5,110
26	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 ☐ if following SOP 98-2 (ASC 958-720)				
	10110 Willing OOI 00 2 (1000 000-120)				200

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		📙
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	71,311	1	55,457
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	1,000
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
s	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 308,211			
	b	Less: accumulated depreciation 10b 131,738	179,655	100	176,473
	11	Investments—publicly traded securities	77,495		88,267
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	328,461		321,197
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow FASB ASC 958, check here ▶ ✓			<u> </u>
Ce		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	328,461	27	321,197
Ва	28	Net assets with donor restrictions	0	28	0
nd		Organizations that do not follow FASB ASC 958, check here ▶	-		
Net Assets or Fund Balances		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	328,461	32	321,197
ž	33	Total liabilities and net assets/fund balances	328,461	33	321,197

Part	XI 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)			86	,754	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1			35	,321	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			328	,461	
5	Net unrealized gains (losses) on investments				0	
6	Donated services and use of facilities				0	
7	Investment expenses				0	
8	Prior period adjustments			-42	,585	
9	Other changes in net assets or fund balances (explain on Schedule O)				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))			321	,197	
Part	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII		-		_Ц	
				fes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	2a		~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	_				
	reviewed on a separate basis, consolidated basis, or both:	0.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	. 2	2b		~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	ı a				
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	. 2	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain	on				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	:he				
	Single Audit Act and OMB Circular A-133?	_	3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	- 1				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	. 3	3b			

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020 Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 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.

Open to Public Inspection

Name of the organization Employer identification number								
NORTH POLE LIONS FOUNDATION 20-8367797								
·	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1							
2 A school described in section								
3 A hospital or a cooperative ho4 A medical research organization						(iii) Entartha		
hospital's name, city, and stat	e:							
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
6 A federal, state, or local gover	_							
 7 An organization that normally described in section 170(b)(1) 			port from	a gover	nmental unit or fron	n the general public		
8 A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9 An agricultural research organ								
or university or a non-land-gra	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
university:		than 221,0% of ita au	nnort fro	m contrib	utiona mambarahin	food and groop		
receipts from activities related	to its exempt fu	nctions, subject to ce	rtain exce	eptions; a	and (2) no more than	33 ¹ /3% of its		
support from gross investmen	t income and uni	related business taxal	ole incom	nė (less se	ection 511 tax) from	businesses		
acquired by the organization a 11 An organization organized and								
12 An organization organized and	•		-			rry out the nurnoses		
of one or more publicly supp								
Check the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting c	organizatio	on and complete line	es 12e, 12f, and 12g.		
a Type I. A supporting organ	nization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving		
the supported organization					he directors or trust	ees of the		
supporting organization. Y	-	· ·						
b Type II. A supporting orga								
control or management of organization(s). You must				persons	that control or man	age the supported		
¬ +,	-	·		onnection	n with and functions	ally integrated with		
its supported organization						any integrated with,		
d Type III non-functionally		•		-		orted organization(s)		
that is not functionally inte								
requirement (see instruction	ons). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.			
e	nization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III		
functionally integrated, or		tionally integrated sur	porting of	organizati	ion.			
f Enter the number of supported	•							
g Provide the following informatio			(:-) - - - -		(A) A	6-3 A		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
		above (see instructions))	docui	ment?	instructions)	instructions)		
			Yes	No				
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 68,817 71,378 60,077 58,473 97,477 356,222 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 68,817 58,473 71,378 97.477 60,077 356,222 5 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 shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4 356,222 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 68,817 60,077 58,473 71,378 97,477 356,222 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,015 1,691 2,729 2,060 3,272 10,767 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 27,813 31,129 22,912 40,559 23,405 145,818 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 512,807 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 69.46 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support			, , ,		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,	` '	` ,	` ,	` ,	
	received. (Do not include any "unusual grants.")	68,817	58,473	71,378	97,477	63,349	359,494
2	Gross receipts from admissions, merchandise			, -	, -		,
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an	-	-	-	-	-	
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	68,817	58,473	71,378	97,477	63,349	359,494
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
b	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	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						359,494
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	68,817	58,473	71,378	97,477	63,349	359,494
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	719	1,054	1,160	1,443	3,272	7,648
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	719	1,054	1,160	1,443	3,272	7,648
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	27,813	31,129	22,912	40,559	58,954	181,367
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	97,349	90,656	95,450	139,479	125,575	548,509
14	First 5 years. If the Form 990 is for the	=			=		
<u> </u>	organization, check this box and stop he						🟲 📋
	on C. Computation of Public Suppor			10 1 (0)		45	
15	Public support percentage for 2020 (line 8					15	65.54 %
16	Public support percentage from 2019 Sch					16	67.39 %
	on D. Computation of Investment In				(5)	47	0/
17	Investment income percentage for 2020 (-		17	1.39 %
18	Investment income percentage from 2019					18	0.91 %
19a	331/3% support tests—2020. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		-	_
b	331/3% support tests – 2019. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this l						_
20	Private foundation. If the organization di	u not cneck a l	DOX ON IINE 14.	, 19a, or 19b, c	HECK THIS DOX	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in 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

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	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.	1		
2	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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	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.	3b		
С	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.	3c		
4a	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.	4a		
b	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.	4b		
С	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.			
5а	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).	4c		
b	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?	5a		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	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 .	6		
7	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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in 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.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
L	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	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.)	10b		

Part I	V Supporting Organizations (continued)		-	
			Yes	No
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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Section	on D. All Type III Supporting Organizations	1		
occur	71 D. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	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			
Casti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notru	otion	2)
1 a	The organization satisfied the Activities Test. Complete line 2 below.	เเอเเน	CHOIR	s).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	,000	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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? <i>If "Yes" or "No," provide details in Part VI.</i>	0-		
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
<u>u</u>	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
е	(explain in detail in Part VI):	1e		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	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	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C—Distributable Amount	0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization

Secti	Current Year				
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part VI

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	b,
Schedule A, Part III, Line 12 - Income from Alaska gaming activities (Pulltabs/raffles) in direct support of chartered purposes	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE D (Form 990)

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. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization		Employer identification number
NORT	H POLE LIONS FOUNDATION		20-8367797
Par	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Denot davised tands	(a) i and and only docume
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
U	only for charitable purposes and not for the benefit		
_			· · · · · · L Yes L No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (for example, recreations)	ation or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.	a a quamica consolvation contribution	Held at the End of the Tax Year
_	•		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified hi	* *	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not o	on a
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terr	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conserv	vation easement is located ►	
5	Does the organization have a written policy rega	arding the periodic monitoring, insp	pection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspec-	ting, handling of violations, and enforcing	conservation easements during the year
	•	,	,
7	Amount of expenses incurred in monitoring, inspecting	handling of violations, and enforcing	conservation easements during the year
•	► \$	g, narialing of violations, and officing	oonoorvation dadomonto daring the your
•	'		
8	Does each conservation easement reported on line 2	2(a) above satisfy the requirements of	
_	and section 170(h)(4)(B)(ii)?		□ Yes □ No
9	In Part XIII, describe how the organization reports co		•
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easemer		
Part	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASI	B ASC 958, not to report in its revenu	ue statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to	·	·
h	If the organization elected, as permitted under FAS		
b	art, historical treasures, or other similar assets held		
			search in furtherance of public service,
	provide the following amounts relating to these item		Α
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		• \$
	(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 FA		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		• \$

Schedul	e D (Form 990) 2020									Page 2
Part	Organizations Maintaining C	ollections of A	Art, Hist	orical T	reasures	, or Ot	her Similar	Ass	ets (con	tinued)
3	Using the organization's acquisition, accollection items (check all that apply):									
а	☐ Public exhibition		d [Loan	or exchang	e progr	am			
b	Scholarly research		-							
С	☐ Preservation for future generations		_							
4	Provide a description of the organization XIII.	n's collections a	and expla	in how th	ney further	the org	ganization's ex	emp	t purpos	e in Par
5	During the year, did the organization so assets to be sold to raise funds rather the							nilar	☐ Yes	☐ No
Part	IV Escrow and Custodial Arrange	gements.								
	Complete if the organization a 990, Part X, line 21.	nswered "Yes'	' on Forr	n 990, F	Part IV, line	e 9, or	reported an	amo	unt on F	orm
1a	Is the organization an agent, trustee, c included on Form 990, Part X?					ions or		not	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the fol	lowing ta	able:					
								Am	ount	
С	Beginning balance					10	•			
d	Additions during the year					10	I			
е	Distributions during the year					16	•			
f	Ending balance					11				
2a	Did the organization include an amount							•		☐ No
b	If "Yes," explain the arrangement in Part	XIII. Check here	e if the ex	planation	n has been	provid	ed on Part XIII			
Par	t V Endowment Funds.									
	Complete if the organization a	nswered "Yes"	' on Forr	n 990, F						
		(a) Current year	(b) Pric	r year	(c) Two year	s back	(d) Three years b	ack	(e) Four ye	ars back
1a	Beginning of year balance	77,495		70,435		57,706	51,	015		0
b	Contributions	7,500		5,000		10,000	5,	000		50,000
С	Net investment earnings, gains, and									
	losses	3,272		2,060		2,729	1,	691		1,015
d	Grants or scholarships	0		0		0		0		0
е	Other expenditures for facilities and									
	programs	0		0		0		0		0
f	Administrative expenses	0		0		0		0		0
g	End of year balance	88,267		77,495		70,435	57,	706		51,015
2	Provide the estimated percentage of the			e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowment	▶ 100	%							
b	Permanent endowment ▶ 0	_%								
С	Term endowment ▶0 %									
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.							
3a	Are there endowment funds not in the p	ossession of th	e organiz	ation tha	at are held	and ad	ministered for	the	_	
	organization by:								Υ.	es No
	(i) Unrelated organizations								3a(i)	· ·
	(ii) Related organizations								3a(ii)	· ·
b	If "Yes" on line 3a(ii), are the related orga	anizations listed	as requir	ed on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses o	f the organizatio	n's endo	wment fu	ınds.					
Part							_			
	Complete if the organization a							0, P	art X, lin	e 10.
	Description of property	(a) Cost or oth (investment)	I		r other basis ther)		Accumulated epreciation		(d) Book v	alue
1a	Land		0		0					0
b	Buildings		0		207,359		70,463		-	136,896
_	Lagadald improvements									

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land	0	0		0		
b	Buildings	0	207,359	70,463	136,896		
С	Leasehold improvements	0	0	0	0		
d	Equipment	0	74,852	61,275	13,577		
е	Other	26,000	0	0	26,000		
Total.	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 176,473						

Part VII	Investments – Other Securities.	V line 11b Coo F	arm 000 Dart V line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
` '	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part I	V line 11c See Fo	orm 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Booshpash of investment	(b) Book value	Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.	!	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
4	line 25.		#15 · ·
1. (1) Factorial in	(a) Description of liability		(b) Book value
(1) Federal in	псотте тахеѕ		
(2)			
(3)			
<u>(4)</u> <u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		>
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	tements that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2020 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments Donated services and use of facilities h Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 3 Subtract line **2e** from line **1** Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b Prior year adjustments Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d . . . 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part V, Line 4 - Quasi-Endowment is intended to raise funds and use gains beyond principal to fund eye medical care services

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service N

Name o	of the organization					Employer identifi	cation number
NORT	H POLE LIONS FOUNDATION					20-	-8367797
Part	Fundraising Activities. Form 990-EZ filers are i	. Complete if the not required to	ne organiza complete	ation ansv this part.	vered "Yes" on F	Form 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	
а	Mail solicitations		e Ć		ion of non-govern		
b	Internet and email solicitation	ons	f [ion of government	_	
C	Phone solicitations		g [fundraising events	-	
d	☐ In-person solicitations		3 _				
2a	Did the organization have a wri	tton or oral agra	omont with	any individ	tual (including offic	oore directore truct	1000
	or key employees listed in Form	n 990, Part VII) o	r entity in co	onnection	with professional f	undraising services	?
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pi	ursuant to agreem	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

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.

_	_								
Revenue			(a) Event #1 orth Pole Championship	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
			(* *) /	(* *)	(1 1 1 1 1)				
	1	Gross receipts	43,960			43,960			
	2		0			0			
	3	Gross income (line 1 minus line 2)	43,960			43,960			
Direct Expenses	4	Cash prizes	20,500			20,500			
	5	Noncash prizes	3,926			3,926			
	6	Rent/facility costs	0			0			
	7	Food and beverages	0		0	0			
	8	Entertainment	0		0	0			
	9	Other direct expenses .	19,057			19,057			
	10 11		_			43,483 477			
Pa			o organization answer	ored "Ves" on Form (
ı u		\$15,000 on Form 990-E	Z. line 6a.	sied ies dirioini	330, I ait IV, iiile 13,	or reported more than			
4		¥ 10,000 0 0 000 <u>—</u>		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
эле									
ď	1	Gross revenue	0	17,872	10,377	28,249			
nses	2	Cash prizes	0	0	2,950	2,950			
Direct Expenses	3	Noncash prizes	0	0	0	0			
Direct	4	Rent/facility costs	0	0	0	0			
	5	Other direct expenses .	0	100	1,794	1,894			
		·	☐ Yes %	☐ Yes %	✓ Yes 100 %				
	6	Volunteer labor	☐ No	✓ No	│				
	7	Direct expense summary. Ac	4,844						
	8	Net gaming income summar	23,405						
_									
	а	Enter the state(s) in which the or ls the organization licensed to c lf "No," explain:	onduct gaming activities	s in each of these states	s?	Ves No			
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . ☐ Yes ☑ No If "Yes," explain:							
b if Yes, explain:									

ocnedo	ile a (1 0111 330 01 330-LZ) 2020		rage 🕻
11	Does the organization conduct gaming activities with nonmembers?	✓ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	/	
	formed to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1	
а	The organization's facility		50 %
b	An outside facility		50 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	l	
	records:		
	Name ► Howard Rixie		
	Address ► PO Box 55933 North Pole, AK 99705		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	1	
	revenue?	' ☑ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 17,872 and the		
	amount of gaming revenue retained by the third party ▶ \$ 0		
С	If "Yes," enter name and address of the third party:		
	Name ► Emerald Ilse Pulltabs		
	Address ► 3431 Airport Way Fairbanks AK 99709		
16	Gaming manager information:		
10	daming manager information.		
	Name ► Howard Rixie		
	Gaming manager compensation ▶ \$0		
	Description of services provided ► Provide oversight of Foundation's internal and external gaming interests/acti	vities	
	✓ Director/officer		
47	Manadatan distributiona		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to) ✓ Yes	□No
L	retain the state gaming license?	_	∐ No
b	· · · · · · · · · · · · · · · · · · ·		
Part			(v): and
· art	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional provide and additional provide any additional provide and additional provide additional provide additional provide additional provide additional provide addit		
	See instructions.		
Sched	dule G, Part III, Line 17a - Gaming permit is issued for declared charitable purpose. Distribution of net proceeds must	stav withir	n those
	de hofere 21 December of each year	.	
	us, perote 31 December of each year.		
Sched	dule G, Part III, Line 17b - Donated to the our Aurora Borealis Lions Eyeglass Recycling & Vision Center		

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number			
NORTH POLE LIONS FOUNDATION	20-8367797			
Form 990, Part VI, Section A, Line 2 - Dorothy Rixie (Treasurer) is the spouse of Howard Rixie Sr (President)				
Form 990, Part VI, Section A, Line 6 - As a minimum, all members of the Lions Clubs in Multiple District 49	Lions are members of this			
foundation, along with any individual outside the Lions requesting membership.				
Form 990, Part VI, Section A, Line 7a - The general membership elects its board of directors				
Form 990, Part VI, Section A, Line 7b - All constitution and bylaw changes are approved by the general membership				
Form 000 Dort VI Scation D. Line 11b. The board of directors are provided a droft carry of the 000 for revi	outon provol prior to outonicaion			
Form 990, Part VI, Section B, Line 11b - The board of directors are provided a draft copy of the 990 for revi	ew/approvar prior to submission.			
Form 990, Part VI, Section C, Line 19 - Governing documents and financial statements available to the pub	lic in our web site			
1 Still 775/1 at 17/ Goods 15/ 2 Life 17 Goods 11/ Goods 11/ Life 17/ Life				
Form 990, Part XI, Line 8 - Audit of quasi-endowment investments were previously misrecorded in Quickbo	ooks regarding gains/losses tied			
to each investment fund.				

Schedule O, Statement 1 NORTH POLE LIONS FOUNDATION

Form: **Form** 990 (2020) EIN: 20-8367797

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

based assistance for persons (in need) requiring eye care (eyeglasses, eye-exams, low-vision assistive devices, or more complex and expensive eye care/surgeries; all while fostering community awareness, bond and willingness to demonstrate their resilience in helping each other.