034 STATE OF CALIFORNIA RRF-1

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

DEPARTMENT OF JUSTICE PAGE 1 of 1

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

				· · · ·
LIONS, TIGERS AND	BEARS		Check if:	
Name of Organization			Change of address	
List all DBAs and names the organizatio	n uses or has used		Amended report	otifications
24402 MARTIN WAY			Organization requests email n	ouncations
Address (Number and Street)	CN 01001			
ALPINE City or Town, State, and ZIP Code	CA 91901		State Charity Registration Number	
619-659-8078			22222	20
Telephone Number			Corporation or Organization No. 22802	38
BOBBI@LIONSTIGERSANDB E-mail Address	EARS.ORG		Federal Employer ID No. 33-09	38499
	STRATION RENEWAL FEE SCHEDULE (11 Ca	al. Code R		
	Make Check Payable to Departm		-	
Total Revenue	Fee Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>
Laga than \$50,000	\$25 Detuces \$250,004 and \$4 william	\$400	Datus on #20 000 004 and #400 well	¢000
Less than \$50,000 Between \$50,000 and \$100,000	\$25 Between \$250,001 and \$1 million \$50 Between \$1,000,001 and \$5 million	\$100 \$200	Between \$20,000,001 and \$100 mill Between \$100,000,001 and \$500 mi	
Between \$100,001 and \$250,000	\$75 Between \$5,000,001 and \$20 million		Greater than \$500 million	\$1,200
PART A - ACTIVITIES		7,00		+1,200
For your most recent full acco	unting period (beginning 01/01/24 ending	12/3	1/24) list:	
Total Davisson &	435,303 Noncash Contributions \$			EU 622
				50,022
Program	Expenses \$3,859,248 Total E	xpenses \$ _	4,489,074	
PART B - STATEMENTS REGARD	ING ORGANIZATION DURING THE PERIOD C	F THIS RE	EPORT	
-	d. If you answer "yes" to any of the questions bel			<u>r</u>
providing an explanation and o	details for each "yes" response. Please review RR	F-1 instruct	tions for information required.	es No
	ny contracts, loans, leases or other financial transactions between	_	- I	x
officer, director or trustee thereof, either di	irectly or with an entity in which any such officer, director or trus	tee nad any fir	nancial interest?	
2. During this reporting period, was there an	y theft, embezzlement, diversion or misuse of the organization's	charitable pro	perty or funds?	X
2 During this reporting period, were any arm	polyation funds used to pay any penalty. Fine or judgment?			
During this reporting period, were any organical control of the control of t	anization funds used to pay any penalty, fine or judgment?			X
• • • •	vices of a commercial fundraiser, fundraising counsel for charita	ble purposes,	or commercial	x
coventurer used?				
5. During this reporting period, did the organ	ization receive any governmental funding?			Х
O D./- 12				
6. During this reporting period, did the organ	ızanını rıdıd a raftie for charitable purposes?			Х
7. Does the organization conduct a vehicle of	donation program?			x
8. Did the organization conduct an independent	ent audit and prepare audited financial statements in accordance	e with		х
generally accepted accounting principles f	or this reporting period?			^
9. At the end of this reporting period, did the	organization hold restricted net assets, while reporting negative	unrestricted n	net assets?	l
I declare under penalty of periun				X
i deciate under penalty of perjuly	that I have examined this report, including a	ccompany	ying documents, and to the best of m	
		accompany	ying documents, and to the best of m	
	that I have examined this report, including a	accompany	ying documents, and to the best of m	

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2024
Open to Public Inspection

For the 2024 calendar year, or tax year beginning and ending B Check if applicable: C Name of organization D Employer identification number Lions, Tigers and Bears Address change Doing business as 33-0938499 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 24402 Martin Way 619-659-8078 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Alpine CA 91901 5,956,762 G Gross receipts\$ Amended return Name and address of principal officer: Yes X No H(a) Is this a group return for subordinates? Application pending BOBBI BRINK H(b) Are all subordinates included? If "No." attach a list. See instructions **X** 501(c)(3) Tax-exempt status: 501(c)) (insert no.) 4947(a)(1) or 527 www.lionstigersandbears.org H(c) Group exemption number Form of organization: X Corporation Trust Association Other Year of formation: 2001 M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance LIONS, TIGERS, AND BEARS IS A FEDERALLY AND STATE LICENSED RESCUE FACILITY DEDICATED TO PROVIDING EDUCATION ABOUT AND CARE OF RESCUED WILD ANIMALS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) •ಶ 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 37 6 Total number of volunteers (estimate if necessary) 100 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Prior Year 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 5,793,483 5,051,812 34,452 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 63,964 36,671 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 516,874 319,527 6,381,480 5,435,303 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,509,782 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,312,362 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 347,918 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,943,197 2,979,292 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,255,559 4,489,074 19 Revenue less expenses, Subtract line 18 from line 12 2,125,921 946,229 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 11,320,648 12,050,622 21 Total liabilities (Part X, line 26) 826,684 610,429 10,493,964 22 Net assets or fund balances. Subtract line 21 from line 20 11,440,193 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here BOBBI BRINK VICE-PRESIDENT Type or print name and title Preparer's name Preparer's signature PTIN Check X if Paid Gregory V. Villard Gregory V. Villard 10/13/25 self-employed P00355455 Preparer Gregory V. Villard, CPA Firm's name Firm's EIN **Use Only** 7844 La Mesa Blvd. 619-589-5472 La Mesa, CA 91942 Firm's address X Yes No May the IRS discuss this return with the preparer shown above? See instructions

orm 990 (2024) Lions, Ti			33-0938499	Page 2
		Accomplishments	an in this Deat III	X
		esponse or note to any III	ne in this Part III	<u>A</u>
Briefly describe the organization See Schedule O				
see schedure o	•••••			
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •	•••••			
Did the organization undertake	any cignificant progra	m contoos during the year whi	sh were not listed on the	
				Yes X No
If "Yes," describe these new se	envices on Schedule C	· · · · · · · · · · · · · · · · · · ·		163 21 140
Did the organization cease cor			icte any program	
'		_		Yes X No
If "Yes," describe these change		• • • • • • • • • • • • • • • • • • • •		163 21 140
_		lishments for each of its three	largest program services, as measured b	nv
			amount of grants and allocations to other	
the total expenses, and revenu	ue, if any, for each pro	ogram service reported.		
ła (Code:) (Expenses	\$ 225,8	77 including grants of \$) (Revenue \$	
EDUCATION ABOUT	CARE OF RE	SCUED WILD ANIM	ALS	
,				
•				
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
	• • • • • • • • • • • • • • • • • • • •			
•				
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
4b (Code:) (Expenses	\$	including grants of \$) (Revenue \$	
TAT / TA			, , , , , , , , , , , , , , , , , , , ,	
*				

• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
c (Code:) (Expenses	\$	including grants of\$) (Revenue \$	
N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• • • • • • • • • • • • • • • • • • • •	***************************************			
	••••••			
*				
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •	******************			
*	• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
d Other program services (Descr	rihe on Schedule (C.)			
(Expenses \$ 3,633		rants of \$) (Revenue \$	١
e Total program service expense		59,248	/ (Interestate w	
- , oral brodigini sornice evhellet		<i>, , , ,</i> , , , , , , , , , , , , , , ,		

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 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 X 3 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 X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 6 Х "Yes," complete Schedule D, Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V X 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 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 X 11b 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 X 11c 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? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х 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 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 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 X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. X

_ Pa	art IV Checklist of Required Schedules (continued)		_	_
22	Did the experientian report many than \$5,000 of greats or other againstance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?	051		-U-
	If "Yes," complete Schedule L, Part I	25b		X
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%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20	-	
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			
	nersons? If "Vas." complete Schedule I. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			5 J.
	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? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,5
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٥	or IV, and Part V, line 1	34	-	X
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	330	-	
30		36		x
37	Did the organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>

	990 (2024) Lions, Tigers and Bears 33-0938			-		age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance (cor	tinue	d)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	37	ļ		-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?		2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu	le O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other finance	cial acc	count)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia		unts (FBAR).		11.14	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action'	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or			
	gifts were not tax deductible?			6b		Maria de la
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r good	S			
				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?	, 1		7c	- 247 - 1 3743	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi			7h		Anna e da
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	ined b	y the			
				8	okustoja	Hgs (85 191
9	Sponsoring organizations maintaining donor advised funds.					
а		<i>.</i>		9a		
b	•			9b	15,54.5	i di ana
10	Section 501(c)(7) organizations. Enter:	ا مدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv		
11	Section 501(c)(12) organizations. Enter:	المدا				
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	44				
	against amounts due or received from them.)	11b	1440	40-		10 Gr.J
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		/ + +1 (12a		200
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	9919 <u>19</u> 38	1 35% j. 155
а				I Ja		Broke.
L	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					
b	· · · · · · · · · · · · · · · · · · ·	13b				
_	the organization is licensed to issue qualified health plans	13c		-		
C 11-	Enter the amount of reserves on hand			14a	1,654 (34.3 <u>5)</u>	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
15 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School to the expansivation subject to the explanation of the explanat			1-10	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur			15		x
	excess parachute payment(s) during the year?	· · · · · · ·	• • • • • • • • • • • • • • • • • • • •	13	4,245	1970.7
16	If "Yes," see instructions and file Form 4720, Schedule N.	nt inc	omo?	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	ant mec	лпет	10	oreging.	
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any a	activitic	ie.			Mar. 17
17				17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?				la sa	lana.

Form **990** (2024)

_	22 0020400			_	_
	n 990 (2024) Lions, Tigers and Bears 33-0938499 art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	7h helow s	and fo		age 6
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on S				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		_ r		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6			
	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				
L	committee, explain on Schedule O.	6	A 40		1
р 2	Enter the number of voting members included on line 1a, above, who are independent	-			
_	any other officer, director, trustee, or key employee?		2	x	1 2
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	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		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b	- 2 % 3	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:			
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		9		x
Sac	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O:tion B. Policies (This Section B requests information about policies not required by the Interna	al Revenue		ل صل	
060	incir b. I offices (This Section b requests information about policies not required by the interne	ii i teveriae	, 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Γ	10a	103	X
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		
11a			וטטו	х	
h			11a		
b					
12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the to Describe on Schedule O the process, if any, used by the organization to review this Form 990.	form?	11a		
12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the to Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	form?	11a 12a	X X	
12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	form?	11a 12a 12b	x x x	
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy?	form?	11a 12a 12b 12c 13	x x x	
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	form?	11a 12a 12b	x x x	Tag An A
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to compliant the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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	form?	11a 12a 12b 12c 13	x x x	
12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obtain the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	form?	11a 12a 12b 12c 13 14	X X X X	
12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	form?	11a 12a 12b 12c 13 14	x x x	
12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	form?	11a 12a 12b 12c 13 14	X X X X	X
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	form?	11a 12a 12b 12c 13 14	X X X X	×
12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obtain the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a torophic positive during the year?	form?	11a 12a 12b 12c 13 14 15a 15b	X X X X	
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	form?	11a 12a 12b 12c 13 14	X X X X	X
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	form?	11a 12a 12b 12c 13 14 15a 15b	X X X X	
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to obid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	form?	11a 12a 12b 12c 13 14 15a 15b	X X X X	
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the obscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to could be organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	form?	11a 12a 12b 12c 13 14 15a 15b	X X X X	
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the poscribe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to only the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure	form?	11a 12a 12b 12c 13 14 15a 15b	X X X X	X
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the its Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to could be organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	form?	11a 12a 12b 12c 13 14 15a 15b	X X X X	X
12a b c 13 14 15 a b T6a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the its Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to could be organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	form?	11a 12a 12b 12c 13 14 15a 15b	X X X X	X
12a b c 13 14 15 a b T6a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the its Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to could be organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	conflicts?	11a 12a 12b 12c 13 14 15a 15b	X X X X	X

CA 91901 619-659-8078

DAA

BOBBI BRINK

and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

24402 MARTIN WAY

Form 990 ((2024)	Lions,	Tigers	and	Bears

33-0938499

Page 7

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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.

 <u>See</u> the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.													
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional trustee or director			s both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) BOBBI BRINK VICE-PRESIDENT	40.00			x				112,663	0	0			
(2) MARK BRINK PRESIDENT	40.00			x				96,513	0	0			
(3) APRIL JONES	0.00	x						0	0	0			
(4) DR. DAVID JUDY	0.00		-										
MEMBER (5) SUSAN BURCHETT	0.00	X						0	0	0			
SECRETARY (6) JULIE SCHUETTEN	0.00			X				0	0	0			
TREASURER (7)	0.00			X				0	0	0			
(8)													
(9)													
(10)								-					
(11)													

(A) Name and title	(B) Average hours per week	Average box, unle hours officer ar				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								209,176		
d Total (add lines 1b and 1c)		<i>.</i>		,			209,176		
2 Total number of individuals reportable compensation fro			ed to	tho	se l	isted	abo	ove) who received more the	an \$100,000 of	
3 Did the organization list any employee on line 1a? If "Ye. 4 For any individual listed on lorganization and related organization."	s," complete Sche ine 1a, is the sun	edule n of	J for	o <i>r su</i> rtabl	ch i e co	ndivid mpe	<i>dual</i> nsat	tion and other compensation	on from the	
5 Did any person listed on line for services rendered to the	e 1a receive or ac organization? <i>If</i> '	ccrue	e cor	nper	nsati	on fr	om		or individual	4 X 5 X
Section B. Independent Contra1 Complete this table for your	five highest com	pens	ated	inde	eper	ndent	COI	ntractors that received mor	e than \$100,000 of	
compensation from the orga	nization. Report of (A) and business address	comp	ensa	ation	for	the o	cale		vithin the organization's tax (B) viton of services	(year. (C) Compensation
734110	a sacinose dadrese									
2 Total number of independen								nose listed above) who		
received more than \$100,00	υ ot compensation	n fro	om ti	ne o	rgan	ızatic	n		0	Form 990 (2024)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 business revenue 1a Federated campaigns 1a 36,319 **b** Membership dues 1b **c** Fundraising events 1c d Related organizations 1d e Government grants (contributions) 218,860 1e f All other contributions, gifts, grants, 4,796,633 1f and similar amounts not included above g Noncash contributions included in 470,029 lines 1a-1f 5,051,812 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f ... Investment income (including dividends, interest, and other similar amounts) 63,964 63,964 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets 7a other than inventory Revenue b Less: cost or other basis and sales exps. 7b 7с c Gain or (loss) Other d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 736,033 **b** Less: direct expenses 460,439 275,594 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 94,953 returns and allowances 10a 61,020 **b** Less: cost of goods sold 10b 33,933 33,933 c Net income or (loss) from sales of inventory 10,000 10,000 11a MISCELLANEOUS d All other revenue 10,000 e Total. Add lines 11a-11d . 107,897 5,435,303 0 0 Total revenue. See instructions

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must on the check if Schedule O contains a resp			complete column (A).	x
	ot include amounts reported on lines 6b, 7bb, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	-			
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,206,577	1,115,968	90,609	
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	84,549	71,535	13,014	
10	Payroll taxes	218,656	212,696	5,960	
11	Fees for services (nonemployees):	•	······································	-	
а	Management				
b	Legal		*		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 1	,			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	1,636,388	1,248,143	73,110	315,135
12	Advertising and promotion				
13	Office expenses	61,352	40,172	3,131	18,049
14	Information technology				
15	Royalties				
16	Occupancy	418,237	383,468	24,601	10,168
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136,921	133,621	3,300	
20	Interest	14,606	13,181	998	427
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	575,194	517,667	57,527	
23	Insurance	136,594	122,797	9,658	4,139
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.)				
_					
ь					
C					
d	All d				
	All other expenses	4 400 074	2 050 040	201 000	2/7 010
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	4,489,074	3,859,248	281,908	347,918
20	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)				
DAA	IONOMING DOT DOTE (ADD BUTTED)				Form 990 (2024)

Part	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
·		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	3,812,720	1	4,208,028
2			2	
3			3	
4		18,083	4	37,899
5				
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
3	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
: 8		136,542	8	102,403
9		415,471	9	509,400
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 11,142,679			
	basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 11,142,679 4,049,832	6,866,833	10c	7,092,847
11		70,999	11	100,045
12			12	
13			13	
14			14	
15	-		15	
16		11,320,648	16	12,050,622
17		230,562	17	45,428
18			18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
			22	el mod betakkin e hot sime dan
23			23	
24	I locational makes and locate matches to complete defined marking	109,962	24	113,380
25		100,002		113/300
2	parties, and other liabilities not included on lines 17-24). Complete Part X			
	·	486,160	25	451,621
26	of Schedule D Total liabilities. Add lines 17 through 25	826,684		610,429
	Organizations that follow FASB ASC 958, check here X			
27	and complete lines 27, 28, 32, and 33.			
27		8,877,136	27	9,364,595
28		1,616,828	28	2,075,598
`` ا	Organizations that do not follow FASB ASC 958, check her			2,0,3,333
	and complete lines 29 through 33.			
29		unin de och her vertilik av sturket allen.	29	
30			30	
3 3			31	
29 30 31 31 32	Total not accate or fund balances	10,493,964	32	11,440,193
32		11,320,648		12,050,622
33	Total liabilities and net assets/fund balances	11,340,648	33	14,050,624

Form **990** (2024)

Forn	1 990 (2024) Lions, Tigers and Bears 33-0938499				Pag	ge 12					
Pa	art XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			\Box					
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			5,3						
2	2 Total expenses (must equal Part IX, column (A), line 25)										
3											
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	49	3,9	964					
5	Net unrealized gains (losses) on investments	5									
6	Donated services and use of facilities	6									
7	Investment expenses	7									
8	Prior period adjustments	8									
9	Other changes in net assets or fund balances (explain on Schedule O)	9									
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line										
	32, column (B))	10	11,	44	0,1	L93					
Pa	art XII Financial Statements and Reporting										
	Check if Schedule O contains a response or note to any line in this Part XII										
			_		Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain on										
	Schedule O.										
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or										
	reviewed on a separate basis, consolidated basis, or both.										
	Separate basis Consolidated basis Both consolidated and separate basis			4.0							
b	Were the organization's financial statements audited by an independent accountant?			2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				989						
	separate basis, consolidated basis, or both.										
	X Separate basis Consolidated basis Both consolidated and separate basis										
c	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?			2c	X						
	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 the		[
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		x					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the										
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		1					
				Form	990	(2024)					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2024

Employer identification number

Open to Public Inspection

Lions, Tigers and Bears 33-0938499
ason for Public Charity Status. (All organizations must complete this part.) See instructions

	111	Reas	On lor Public Charity	Status. (Ali organizatio	ns mus	t comp	iete ti <u>lis part.) See iristi</u>	uctions.					
The	orga	nization is not	a private foundation becau	se it is: (For lines 1 through 12	, check o	nly one b	ox.)						
1		A church, co	nvention of churches, or as	sociation of churches described	d in secti	on 170(l	o)(1)(A)(i).						
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fo	rm 990).)								
3		A hospital or	a cooperative hospital serv	rice organization described in s	ection 1	70(b)(1)(A)(iii).						
4		A medical re	search organization operate	d in conjunction with a hospita	describe	d in sec	tion 170(b)(1)(A)(iii). Enter th	e hospital's name,					
		city, and stat	te:										
5		An organizati	ion operated for the benefit	of a college or university owner	d or oper	ated by a	governmental unit described	in					
	_		0(b)(1)(A)(iv). (Complete Pa										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)								
9		An agricultur	al research organization de	scribed in section 170(b)(1)(A)(ix) ope	rated in c	onjunction with a land-grant c	ollege					
		or university university:	or a non-land-grant college	of agriculture (see instructions)	. Enter th	e name,	city, and state of the college of	or					
10		An organizat	ion that normally receives () more than 33 1/3% of its sup	port from	contribu	tions, membership fees, and	gross					
		•		npt functions, subject to certain nd unrelated business taxable				S					
			3	30, 1975. See section 509(a)(٠,		,						
11		An organizat	ion organized and operated	exclusively to test for public sa	fety. See	section	509(a)(4).						
12	П	An organizati	ion organized and operated	exclusively for the benefit of, to	perform	the funct	tions of, or to carry out the pu	rposes of					
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check												
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
	b	_ ``		upervised or controlled in conn		h ite sun	norted organization(s) by hav	ina					
	D			rting organization vested in the				-					
				e Part IV, Sections A and C.									
	С			supporting organization operat structions). You must complete				d with,					
	d			ed. A supporting organization of				zation(s)					
				e organization generally must s must complete Part IV, Secti	-		•	eness					
	е		•	ceived a written determination fi									
				on-functionally integrated suppo	orting orga	anization.							
	f		mber of supported organiza										
	g	Provide the 1	following information about	the supported organization(s).	1		T						
(i)		e of supported panization	(ii) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of					
	OIĘ	ganizauon		(described on lines 1-10 above (see instructions))	docur		instructions)	other support (see instructions)					
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	·	,					
(A)													
					-								
(B)													
(C)													
(D)													
(E)													
Tota	Į												

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.) Part II

Sec	tion A. Public Support	•					
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,443,048	3,993,650	5,169,215	5,793,483	5,051,812	24,451,208
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,443,048	3,993,650	5,169,215	5,793,483	5,051,812	24,451,208
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)						
6	Public support. Subtract line 5 from line 4.						24,451,208
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,443,048	3,993,650	5,169,215	5,793,483	5,051,812	24,451,208
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	<u> </u>			la vitalatela (N. 19 <u>)</u>		24,451,208
12	Gross receipts from related activities, etc	:. (see instructions)			tion FO	1(0)(2)	1,884,220
13	First 5 years. If the Form 990 is for the	=		-			П
Sec	organization, check this box and stop he tion C. Computation of Public		entage				
14	Public support percentage for 2024 (line			ımn /f\\		14	100.00%
15	Public support percentage from 2023 Sch						100.00%
16a	33 1/3% support test — 2024. If the org			ne 13. and line 14	is 33 1/3% or mo		
	box and stop here. The organization qua						X
b	33 1/3% support test — 2023. If the org	anization did not cl	heck a box on line	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check	·····
	this box and stop here. The organization	qualifies as a pub	olicly supported or	ganization			
17a	10%-facts-and-circumstances test — 10% or more, and if the organization me				3, 16a, or 16b, and	d line 14 is	
b	Part VI how the organization meets the forganization 10%-facts-and-circumstances test — 15 is 10% or more, and if the organization in Part VI how the organization meets the	2023. If the organizer meets the facts-are facts-and-circums	zation did not che and-circumstances stances test. The	ck a box on line 13 s test, check this b organization qualif	3, 16a, 16b, or 17 oox and stop her o ies as a publicly :	a, and line e. Explain supported	
18	organization Private foundation. If the organization of	lid not check a box	on line 13, 16a, 1	16b, 17a, or 17b, c	check this box and	see	
	instructions						<u> </u>
						Schedule A	(Form 990) 2024

Part III	Support Schedule for Organizations Described in Section	500/21/21
C41 C 111	Support Schedule for Organizations Described in Section	JUJIAILE

(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.)

	ii the organization fails to	quality under	ווופ ופטנט ווטנפו	a below, pieas	e complete ra	ait ii.)		
	tion A. Public Support	() 0000	41.0004	4) 0000	() 0000			
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024_		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
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		12.000,000,000,000		104-9-4-104-104-104-104-104-104-104-104-104-1			
8	Add lines /a and /b Public support. (Subtract line 7c from					in a substituti		
•	line 6.)							
Sec	tion B. Total Support	<u> </u>			•	•		
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
9	Amounts from line 6							
10a								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) [First 5 years. If the Form 990 is for the	organization's first	second third for	or fifth tay you	ar as a section 50	1(a)(3)		
14	organization, check this box and stop he							
Sec	tion C. Computation of Public S		entage					
15	Public support percentage for 2024 (line 8			ımn (fl)		1.	15	%
16	Public support percentage from 2023 Sch						16	%
	tion D. Computation of Investm							
17	Investment income percentage for 2024			13, column (f))			17	%
18	Investment income percentage from 2023		10.00 45				18	%
19a	33 1/3% support tests — 2024. If the or						•	
	17 is not more than 33 1/3%, check this b	oox and stop her e	. The organization	n qualifies as a pu	ublicly supported o	organization		, L
b	33 1/3% support tests — 2023. If the or	ganization did not	check a box on lin	ne 14 or line 19a,	and line 16 is mor	e than 33 1/3%	6, and	ļ1
	line 18 is not more than 33 1/3%, check the		•	•		_		
20	Private foundation. If the organization d	id not check a bo	x on line 14, 19a,	or 19b, check this	box and see instr	ructions		

Schedule A (Form 990) 2024

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- 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.
- **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.
- c 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.
- 5a 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **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.)

	Yes	No
- 1		
1		
2		
3a	gar ga sa sa	
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		trigate, esp espera
9a		
9b		
٩ć	1 4 1 4 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
	l	
10a 10b		
	l	1

-	ule A (Form 990) 2024 Lions, Tigers and Bears 33-093849 t IV Supporting Organizations (continued)	בי		Page 5
<u> </u>	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 on lines 11b and	İ		l
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			· ·
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			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,			Selection of
	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	1 45 5 5		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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	\$ 5.00		
	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	1933		i de la ci
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the 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 on 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	1.48.6		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	A
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,		
b b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ons).	
2	Activities Test, Answer lines 2a and 2b below.	9700	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	6.		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to each of its supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.			
b				
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	115125		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2b	l	

3	Parent of Supported Organizations. Answer lines 3a and 3b below.
а	Did the organization have the power to regularly appoint or elect a ma

have engaged in these activities but for the organization's involvement.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

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.

Sched	ule A (Form 990) 2024 Lions, Tigers and Bears		33-0938	499 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20), 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations m	ust co	mplete Sections A through	E
Sect	tion 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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3.47.7		
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):		프로 이 나를 하는 다니다.	
2	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		
Sec	tion C – Distributable Amount			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		-
3	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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrate	d Type	III supporting organizatio	n
	(see instructions).		5 5	

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

Breakdown of line 7:

e Excess from 2024

 a
 Excess from 2020

 b
 Excess from 2021

 c
 Excess from 2022

 d
 Excess from 2023

DAA

Schedule A (Fo	Supplemental	Information. F	Tigers Provide the	explanations	s required by	/ Part II, line 1	10; Part II, line	17a or 17b; Part
	B. lines 1 and 2	t IV, Section A, l 2; Part IV, Section	on C. line 1	: Part IV. S	ection D. line	es 2 and 3: Pa	art IV, Section E	E, lines 1c, 2a, 2l
	3a, and 3b; Pa	rt V, line 1; Part s 2, 5, and 6. A	V, Section	B, line 1e;	Part V, Secti	on D, lines 5,	6, and 8; and 8	⊃art V,
*								
								,
•								
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								
		. , , ,						
• • • • • • • • • • • • • • • • • • • •								
					• • • • • • • • • • • • • • • • • • • •			
							• • • • • • • • • • • • • • • • • • • •	
								• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •								
								• • • • • • • • • • • • • • • • • • • •
								• • • • • • • • • • • • • • • • • • • •
								• • • • • • • • • • • • • • • • • • • •
								• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •
								•••••

Schedule A (Form 990) 2024

SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organ	nization		Employer identification number
т.	ions,	Tigers and Bears		33-0938499
	art I	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	unds or Other Similar Funds on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nur	mber at end of year		
2		te value of contributions to (during year)		
3		te value of grants from (during year)		
4		te value at end of year		
5	Did the c	organization inform all donors and donor advisors in writing the	nat the assets held in donor advised	
	funds are	e the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6		organization inform all grantees, donors, and donor advisors i		
	only for o	charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
	conferring	g impermissible private benefit?		Yes No
P	art II	Conservation Easements		
		Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose((s) of conservation easements held by the organization (chec	ck all tha <u>t a</u> pply).	
	-	ervation of land for public use (for example, recreation or ed	ucation) Preservation of a historically	important land area
	⊢ ⊣	ection of natural habitat	Preservation of a certified hi	istoric structure
	_	ervation of open space		
2		e lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a cor	nservation
		it on the last day of the tax year.		Held at the End of the Tax Year
а				
b	Total acr	reage restricted by conservation easements		. 2b
С		of conservation easements on a certified historic structure in		. 2c
d		of conservation easements included on line 2c acquired after	⁻ July 25, 2006, and not	
_				2d
3		of conservation easements modified, transferred, released, e		
		nization during the tax year	- la - akad	
4		of states where property subject to conservation easement is		
5		e organization have a written policy regarding the periodic mo		Yes No
c	Stoff and	s, and enforcement of the conservation easements it holds? I volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing	
6				
7	Amount	tion easements during the year	iolations and onforcing	
7				\$
8	Does ea	tion easements during the year	the requirements of section 170(h)(4)(R)	\$
·		ection 170(h)(4)(B)(ii)?		
q	In Part X	(III, describe how the organization reports conservation ease	ments in its revenue and expense statem	nent and halance
Ŭ		nd include, if applicable, the text of the footnote to the organi	•	·
		tion's accounting for conservation easements.		
P	art III	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or		er Similar Assets
12	If the org	panization elected, as permitted under FASB ASC 958, not to		ince sheet works
		storical treasures, or other similar assets held for public exhib	the state of the s	
		provide in Part XIII the text of the footnote to its financial stat	·	•
b		panization elected, as permitted under FASB ASC 958, to rep		sheet works of
		rical treasures, or other similar assets held for public exhibiti		
		he following amounts relating to these items.	,	
	•	enue included on Form 990, Part VIII, line 1		\$
	(ii) Asse	ts included in Form 990, Part X		\$
2	If the org	panization received or held works of art, historical treasures,	or other similar assets for financial gain.	provide the
_	_	amounts required to be reported under FASB ASC 958 relative		•
а		included on Form 990, Part VIII, line 1		 \$
h		included in Form 990. Part X		\$

Sche	edule D (Form 990) (Rev. 12-2024) I	lions,	Tigers	and	Bears		33-0	938499		Pa	age 2
Pa	art III Organizations Mair	ntaining	Collections	of Art,	Historical	Treasures, or	Other \$	Similar Asse	ets (co	ntinu	ıed)
3	Using the organization's acquisition collection items (check all that appl	, accession y).	, and other reco	rds, che	ck any of the	following that make	significant	use of its			
а	Public exhibition		d \square	Loan o	r exchange pr	rogram					
b	H		e H								
C	H	ions	ــا -								
	Provide a description of the organiz		ections and expl	ain how	they further th	ne organization's ex	empt purp	ose in Part			
•	XIII.		outerio di la oripi		,	is organization on	 -				
5	During the year, did the organization	n solicit or	receive donation	ns of art	historical trea	sures or other simi	lar				
_	assets to be sold to raise funds rath								Ye	s Γ	No
Pa	art IV Escrow and Custo			o part o	r trio organizat	aorra conconorra					
	Complete if the orga			es" on	Form 990.	Part IV. line 9.	or repor	ted an amou	nt on	Form	ì
	990, Part X, line 21.										
та	Is the organization an agent, trusted										1
L	included on Form 990, Part X?	D-4 VIII -			,				¥€	s	No
D	If "Yes," explain the arrangement in	Рап ХІІІ а	na complete the	TOIIOWIN	g table.				Amount		—
									Amount		—
С	Beginning balance							1c			—
d	Additions during the year			<i>.</i>				1d			
	Distributions during the year							1e			
f								1f	П.		<u> </u>
	Did the organization include an amo								∐ Ye		No
	If "Yes," explain the arrangement in		Check here if the	explana	ation has been	provided in Part X	<u>II </u>				
Pa	ert V Endowment Funds				Ε 000	D-4 1/4 P 40					
	Complete if the orga				-	T					
			(a) Current year	(E	o) Prior year	(c) Two years back	(d) T	hree years back	(e) Four	years t	oack
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships					1					
е	Other expenditures for facilities and										
	programs										
	Administrative expenses										
	End of year balance										
	Provide the estimated percentage of			nce (line	1g, column (a	a)) held as:					
а	Board designated or quasi-endown	nent	%								
b	Permanent endowment										
С	Term endowment %										
	The percentages on lines 2a, 2b, a	nd 2c shou	ld equal 100%.								
3a	Are there endowment funds not in t	the possess	sion of the organ	ization t	hat are held a	nd administered for	the				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
	If "Yes" on line 3a(ii), are the relate	d organizat	ions listed as re	quired or	n Schedule R?	?			3b		
	Describe in Part XIII the intended u			ndowme	nt funds.						
Pa	art VI Land, Buildings, a										_
	Complete if the orga	nization									<u>0. </u>
	Description of property	ŀ	(a) Cost or other		1 ''		(c) Accumula		(d) Book	value	
			(investment	i)	(oth	ner)	depreciation	1			
1a	Land							Mile Ale			
b	Buildings				<u> </u>					****	
	Leasehold improvements				ļ						
d	Equipment										
	Other				<u>L</u>						
Total	II. Add lines 1a through 1e. (Column	(d) must ea	iual Form 990, F	Part X. lir	ne 10c. columi	n (B))		1			

(5) (6) (7) (8)

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

DAA

Schedule D (Form 990) (Rev. 12-2024)

	dule D (Form 990) (Rev. 12-2024 ions, Tigers and Bears		<u>33-0938499</u>	Page 4
Pa	irt XI Reconciliation of Revenue per Audited Financial State			n
,	Complete if the organization answered "Yes" on Form 990			- 405 000
1	Total revenue, gains, and other support per audited financial statements			5,435,303
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
a	Other (Describe in Part XIII.)	2d	2e	
3	Add lines 2a through 2d		3	5,435,303
4	Subtract line 2e from line 1		·····	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5				5,435,303
Pa	art XII Reconciliation of Expenses per Audited Financial Stat			
	Complete if the organization answered "Yes" on Form 990			
1	Total expenses and losses per audited financial statements		1	4,489,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	4,489,074
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b	57 /45 / 	
			4 -	
	Add lines 4a and 4b			4 489 074
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4,489,074
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information		5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	IV, lines 1b and 2b	; Part V, line 4; Part X,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide 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,	

Schedule D (I	Form 990) (Rev.	12-202 4 ions	, Tigers	and	Bears	33-0938499	Page 5
Part XIII	Supplemen	12-2024Lions tal Information	on (continued))			
						-	
•							
• • • • • • • • • • • • • • • • • • • •							
•							
•							
•							
			. ,				• • • • • • • • • • • • • • • • • • • •
					• • • • • • • • • • • • • • • • • • • •		
•							
•							
•							
•							
		.,	,				
•							
	,						
•							
•							
					.,		
•							

SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization Lions, Tigers and Bears 33-0938499 **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of nongovernment grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of col. (i) contributions? Yes No 2 3 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) (Rev. 12-2024Lions, Tigers and Bears 33-0938499 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Fundraising (add col. (a) through None (event type) (event type) col. (c)) (total_number) Revenue 1 Gross receipts 736,033 736,033 2 Less: Contributions 3 Gross income (line 1 736,033 minus line 2) 736,033 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 460,439 460,439 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 460,439 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _______ ___ Yes ___ No b If "Yes," explain:

Sched	dule G (For	m 990) (Rev. 12-2024	Lions,	Tigers	and	Bears	33 -	-0938499		Page 3
11									П	Yes No
12	Is the ord	ganization a grantor.	beneficiary,	or trustee of a	trust; or	a member	of a partnership or other entity	,	_	
										Yes No
13		the percentage of ga							ш	, 55 🗀
								13a	.1	%
a	Am autob	anizations lacility	. <i>.</i>	• • • • • • • • • • • • • • • • • • • •				130		
b	An outsi	ue racility						13b	<u>'L</u>	
14	Enter the records:	e name and address	of the person	on who prepare	es the on	ganization's	gaming/special events books	and		
	Name .			• • • • • • • • • • • • • • • • • • • •						
	Address									
15a		•				_	anization receives gaming		П	Yes No
b	If "Yes."	enter the amount of	gaming reve	enue received l	ov the or	ganization	\$	and the		
		of gaming revenue re						•		
С		enter tha name and	•		· · · · ·					
	Name .									
	Address									
16		manager information					,			
10	J	Ū								
	Name .	Name								
	Gaming	Gaming manager compensation \$								
	Description	on of services provi	ded							
	Direction	ctor/officer	Employ	yee	Inde	pendent co	ntractor			
17	Mandato	ry distributions:								
a		-	under state I	law to make ch	aritable o	distributions	from the gaming proceeds to			
	retain the	e state gaming licen	se?							Yes No
b	spent in	the organization's ov	wn exempt a	activities during	the tax	year \$	o other exempt organizations of			
Pa	rt IV	Supplemental Part III, lines 9 See instruction	, 9b, 10b,	tion. Provide 15b, 15c, 1	e the e	xplanatior 17b, as a	ns required by Part I, line applicable. Also provide	∍ 2b, columns (iii) a any additional infor	nd (v matio	[,]); and n.
•			• • • • • • • • • • • • •							
		• • • • • • • • • • • • • • • • • • • •						,,	• • • • • • •	
			· · · · · · · · · · · · · · · · · · ·							
								Schedule G (Form 99	90) (R	ev. 12-2024)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2024

Open To Public Inspection

Lions, Tigers and Bears
Part I Types of Property

Employer identification number 33-0938499

		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determi noncash contribution a	-			
1	Art — Works of art								
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded								
10	Securities — Closely held stock								
11	Securities — Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation	1							
	contribution — Historic								
	structures								
14	Qualified conservation								
	contribution — Other								
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory	<u> </u>							
20	Drugs and medical supplies								
21	Taxidermy	ļ							
22	Historical artifacts	<u> </u>							
23	Scientific specimens								
24	Archeological artifacts	<u> </u>		450 000					
25	Other ()	X	1	470,029					
26	Other ()	<u> </u>							
27	Other ()								
28	Other ()	<u> </u>							
29	Number of Forms 8283 received by	_	•		20				
	which the organization completed F	orm 8283	, Part V, Donee Acknow	reagement	29		Yes	No	
20-	During the year did the association			anti reported in Dort I line.	a 4 thurstook	1376	162	140	
30a	During the year, did the organization			•					
	28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?								
L	If "Yes," describe the arrangement in		ng penoa?			. 30a		X	
ъ 24			nalias that requires the	ravious of any nanotandors	4				
31	Does the organization have a gift a	-	•			24		x	
22-	contributions? Does the organization hire or use the triangle of the contributions of the contributions?	hird partic	or rolated organization	to policit process or sell	L noncach	. 31			
32a	1.11 11 10	•	•			32a		x	
L	contributions?					. <u>3∠a</u>	35.50	50 (c)	
ъ 33	If the organization didn't report an a	mount in	column (a) for a time of	property for which column	(a) is chacked				
JJ	describe in Part II.	mount ii) (Column (c) for a type of	property for writer column	(a) is clieched,				
	GOOGLOG III I GIL II.					1.00 podet de	113911	1	

Schedule M (Fo	om 990) 2024 Lions, Tige	rs and Bear	s	33-0938499	Page 2
Part II	Supplemental Information the organization is reporting or a combination of both. A	in Part I, column	(b), the number of	contributions, the number of	3, and whether items received,
		<u> </u>			
•					
·					
•					
•					

,		· · · · · · · · · · · · · · · · · · · ·			
	······································				
•					

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 33-0938499 Lions, Tigers and Bears Form 990 - Organization's Mission Lions Tigers & Bears is dedicated to providing a safe haven to abused & abandoned exotic animals & to inspiring an educational forum to end the exotic animal trade. As a state & federally licensed 501(c)3 non-profit, we are a NO KILL, NO BREED sanctuary that allows the animals in our care to live out their lives with dignity in a caring and safe environment. Form 990, Part III, Line 4d - All Other Accomplishments EDUCATION ABOUT CARE OF RESCUED WILD ANIMALS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE FORM 990 IS REVIEWED BY THE VICE-PRESIDENT BEFORE SUBMITTING THE RETURN TO THE BOARD OF DIRECTORS FOR REVIEW

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE BOARD REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY DURING THE YEAR

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors reviews the compensation for key employees annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Form 990, Part	IX, Line 11g - O	ther Fees	for Services		
Description					
	t/Prog Service	Mgt	& General	Fu	ndraising
ANIMAL CARE					
	793,151	\$	0	\$	0
CREDIT CARD FE	ŒS				
	14,396	\$	1,511	\$	20,483
LICENSES, PERM					
	32,776	\$	3,897	\$	1,235
EDUCATIONAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
·		\$,	\$	0
PROFESSIONAL I	PEES				
	95,795	\$	43,918	\$	6,602
MARKETING					
	203,164	\$	96	 \$	271,807
REPAIRS AND M	AINTENANCE				
	35,444	\$		Ş	0
VEHICLE EXPENS		<u>.</u>			
	22,163	\$	20	. \$	111
EMPLOYEE RELA	TIONS/TRAINING	<u>.</u>			
	17,342	\$	21,652	\$	
DONOR RELATION	· · · · · · · · · · · · · · · · · · ·		<u></u>		
COMPTHED ATT	S0	ች	υ	\$	3,693
COMPUTER/WEBSI		·····			
	13,209	\$	2,016	\$	11,204

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Lions, Tigers and Bears	33-0938499
Lions, Tigers and Bears Total	
\$ 1,248,143 \$ 73,110	\$ 315,135
2 1,240,143 \$,3,110	313,133
• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •
• •••••••••••••••••••••••••••••••••••••	
*	
·	

*	
•	
•	
·	
,	