#### \*\* PUBLIC DISCLOSURE COPY \*\*

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.

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

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For the	2015 calendar year, or tax year beginning OCT 1, 2015 and endin	g S	EP 30, 2016	
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	NORTHERN JAGUAR PROJECT, INC.		40.4	
L	Name change	Doing business as		42-1	554992
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	/suite	E Telephone numbe	
	Final return/	2114 W. GRANT ROAD 121		520-	623-9653
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	394,072.
	Amende return	10050N, AZ 05745-1141		H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer:DIANA HADLEY		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		npt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		:▶ WWW.NORTHERNJAGUARPROJECT.ORG		H(c) Group exemptio	n number 🕨
K	Form of o	rganization: X Corporation Trust Association Other ► L	Year o	of formation: $2002$ <b>N</b>	🖊 State of legal domicile: $AZ$
P		Summary			
Ф	<b>1</b> B	riefly describe the organization's mission or most significant activities: PRESERV	ΕA	ND RECOVER	THE WORLD'S
& Governance	N	ORTHERNMOST POPULATION OF THE JAGUAR AND I	TS	NATURAL HAB	ITAT
ž	<b>2</b> C	heck this box $lacktriangle$ if the organization discontinued its operations or disposed of	more	than 25% of its net as	
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	7
<u>م</u>	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	7
es	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	3
Ϋ́	6 T	otal number of volunteers (estimate if necessary)		6	15
Activities	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		et unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8 C	ontributions and grants (Part VIII, line 1h)		515,806.	298,557.
	<b>9</b> P	rogram service revenue (Part VIII, line 2g)		0.	0.
	<b>10</b> Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		39,326.	13,175.
ш	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		385.	1,029.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		555,517.	312,761.
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		265,965.	98,606.
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		54,236.	69,709.
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b T	otal fundraising expenses (Part IX, column (D), line 25)   15,297.			
Ш	<b>17</b> C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		115,379.	117,602.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		435,580.	285,917.
		evenue less expenses. Subtract line 18 from line 12		119,937.	26,844.
Net Assets or Find Balances			Be	ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)		722,193.	784,971.
AP	21 T	otal liabilities (Part X, line 26)		1,267.	1,028.
		et assets or fund balances. Subtract line 21 from line 20		720,926.	783,943.
		Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.	
		Observations of afficient		Data	
Sig	ın	Signature of officer		Date	
He	re	DIANA HADLEY, PRESIDENT			
		Type or print name and title	- 10	loto I	II DTIN
		Print/Type preparer's name  Preparer's signature	٦١	Pate Check Check	PTIN
Pai	<u> </u>	ELLY L. MELTZER, CPA		self-employ	
	<u> </u>	Firm's name BEACHFLEISCHMAN PC		Firm's EIN	86-0683059
USE	Only	Firm's address 1985 EAST RIVER ROAD, SUITE 201		, FO	0 221 4600
_		TUCSON, AZ 85718		Phone no.52	0-321-4600
Ма	y the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No

532002 12-16-15

4e

Form **990** (2015)

210,392.

Total program service expenses

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		1
′	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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٦,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	21	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-tu		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
			$\overline{\Omega}$	

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
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		Х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule E, Part W	200		<del></del>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
20		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I	31		25
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>^</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25:		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
	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 in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш					
			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 in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7a		X					
_	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	, , , , , , , , , , , , , , , , , , , ,								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h							
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	/11							
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
9	Sponsoring organizations maintaining donor advised funds.	-							
J a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
h	Did the sponsoring organization make any taxable distributions dinder section 4300?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	35							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990	(2015					

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	<u>'</u>								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		Х						
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		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	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?		37							
	The organization's CEO, Executive Director, or top management official	15a	Х	37						
b	Other officers or key employees of the organization	15b		Х						
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			₩.						
	taxable entity during the year?	16a		X						
b	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	401-								
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17 10	List the states with which a copy of this Form 990 is required to be filed <b>AZ</b> Section 6104 requires an erganization to make its Forms 1033 (or 1034 if applicable), 990, and 990 T (Section 501(c)/3)s only)	availa-	No.							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avallal	и <del>С</del>							
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial							
13	statements available to the public during the tax year.	u IIIIafi	ciai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	DIANA HADLEY - 520-623-9653									
	2114 W. GRANT ROAD, NO. 121, TUCSON, AZ 85745-1141									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	an compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	hours for related ganizations below on the pelow below on the pelow of		organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) AARON FLESCH	4.00	Х						0	0	0
DIRECTOR  (2) ALDEDTO DUDOUEZ MONTELIO	2.00	^						0.	0.	0 .
(2) ALBERTO BURQUEZ MONTIJO DIRECTOR	4.00	Х						0.	0.	0
(3) DIANA HADLEY	15.00	^						0.	0.	0
PRESIDENT	13.00	Х		x				0.	0.	0
(4) CRAIG MILLER	2.00								•	
VICE PRESIDENT UNTIL 2/16		x		x				0.	0.	0
(5) RICK WILLIAMS	5.00									
DIRECTOR UNTIL 2/16, VP BEGIN 2/16		Х		х				0.	0.	0
(6) LAURA PAULSON	3.00									
SECRETARY		Х		Х				0.	0.	0 .
(7) MATT SKROCH	5.00									
TREASURER UNTIL 2/16, DIR BEGIN 2/16		Х		Х				0.	0.	0 .
(8) HARRY LEX	4.00								_	_
TREASURER BEGIN 2/16		Х		Х				0.	0.	0
(9) MEGAN SOUTHERN	36.00			,,				22 220	0	0
COORDINATOR				Х				33,238.	0.	0
		_								
		_								
								l		F 000 (004)

Part VII	tees, Key Em	nployees, and Highest Compensated Employees (continued							es (continued)				
	(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director objector opinion opini	not c	Pos heck	ition more erson lirecto		one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	Reportable compensation from related organization (W-2/1099-MIS	on d s	Estin amor ot compe fron organ and r	nated unt of her ensation in the ization elated zations
c         Tota           d         Tota           2         Tota	-total Il from continuation sheets to Part V Il (add lines 1b and 1c) Il number of individuals (including but r	II, Section A						<u> </u>	33,238. 0. 33,238. eceived more than \$100	0,000 of reportab	0. 0. 0.		0.
3 Did to line 4 For a and 5 Did a rend Section E	the organization list any former officer, 1a? If "Yes," complete Schedule J for sample individual listed on line 1a, is the sample individual listed on line 1a, is the sample individual listed on line 1a receive or sample individual listed on line 1a, is the sam	such individual um of reportab 0,000? If "Yes, accrue compe aplete Schedul	le co " co nsat	omp mple ion t	ensa ete S from uch	atior Sche any pers	n and edulo y uni	d ot e <i>J</i> r	ther compensation from for such individual ted organization or indiv	the organization		3 4 5	es No X X X
the d	organization. Report compensation for (A) Name and business			ONI		vith	or w	rithiu	n the organization's tax (B) Description of s		C	(C) compens	ation
	I number of independent contractors (		not lii	mite	d to	tho (	se li:	sted	d above) who received n	nore than			20 (00 45)

532008 12-16-15

		1		MK PKOOL	JI, INC.		42-1334	994 Page 9
Pa	rt VII	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
		Check if Schedule O cont			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
۵ٌ٤		Fundraising events						
r A			······					
nj, Gël		Related organizations	······					
Sin		Government grants (contribut	· -					
ē Ħ	Ť	All other contributions, gifts, gran		200 557				
들튀		similar amounts not included abo		298,557.				
ig p	g	Noncash contributions included in lines	1a-1f: \$	3,881.	000 555			
<u>ā Ö</u>	h	Total. Add lines 1a-1f		▶	298,557.			
				<b>Business Code</b>				
e S	2 a							
Program Service Revenue	b							
Sur	С		_					
eve	d							
ogr R	е							
<u>r</u>	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	Ū	other similar amounts)	•	<i>'</i>	11,547.			11,547.
	4	Income from investment of ta						
	5			· -				
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents		<del>                                     </del>				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	82,939.					
	b	Less: cost or other basis						
		and sales expenses	81,311.					
	С	Gain or (loss)	1,628.					
	d	Net gain or (loss)			1,628.			1,628.
ø	8 a	Gross income from fundraisin	g events (not					
Other Revenue		including \$	of					
eve		contributions reported on line						
r R		Part IV, line 18	a					
the l	b	Less: direct expenses						
0		Net income or (loss) from fund		<b>&gt;</b>				
		Gross income from gaming ac	-					
	o u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gar						
	ю а	Gross sales of inventory, less		1 020				
		and allowances	a	0.				
		Less: cost of goods sold			1 020	1 020		
	С	Net income or (loss) from sale			1,029.	1,029.		
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			312,761.	1,029.	0.	13,175.

Total revenue. See instructions.

#### Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon-				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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	98,606.	98,606.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	25 252		27 272	
	trustees, and key employees	37,972.		37,972.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	06 500	05 450	4 604	
7	Other salaries and wages	26,783.	25,152.	1,631.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,954.	1,924.	3,030.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	2,675.		2,675.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	F 000		5 000	
f	Investment management fees	5,893.		5,893.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	8,462.	1,512.	4,467.	2,483.
14	Information technology	595.	595.		
15	Royalties				
16	Occupancy				
17	Travel	13,215.		401.	12,814.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56.	56.		
20	Interest				
21	Payments to affiliates	0 460	0 1 6 0		
22	Depreciation, depletion, and amortization	2,169.	2,169.		
23	Insurance	4,159.		4,159.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  FIELD EXPENSES	80,378.	80,378.		
b					
С					
d					
	All other expenses	205 245	010 200	<u> </u>	15 005
25	Total functional expenses. Add lines 1 through 24e	285,917.	210,392.	60,228.	15,297.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2015)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	256,981.	1	278,474.
2	Savings and temporary cash investments	50,283.	2	6,055.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
μ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 10 , 847.			
b	4 1 5 0	8,858.	10c	6,689,
11	Investments - publicly traded securities	406,071.	11	6,689 493,753
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	722,193.	16	784,971
17	Accounts payable and accrued expenses	1,267.	17	1,028
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
ž   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
-	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,267.	26	1,028.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ي ا	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	282,132.	27	337,695
27 28 29 20 Long palances 29 30 31 32 32 33 32 33 33 33 33 33 33 33 33 33	Temporarily restricted net assets	125,437.	28	120,636.
n 5   29	Permanently restricted net assets	313,357.	29	325,612.
<b>∮</b>	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
ž   33	Total net assets or fund balances	720,926.	33	783,943.
34	Total liabilities and net assets/fund balances	722,193.	34	784,971.

Form	1990 (2015) NORTHERN JAGUAR PROJECT, INC.	42-15	54992	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			244		<i>-</i> 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9, 9	
5	Net unrealized gains (losses) on investments	5	36	5,1	73.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	783	3,9	<u>43.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
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 separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit			

Act and OMB Circular A-133?

**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 in Schedule O and describe any steps taken to undergo such audits

Form **990** (2015)

Х

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number NORTHERN JAGUAR PROJECT, INC. 42-1554992 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

#### Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	301,141.	378,385.	308,795.	515,806.	298,557.	1,802,684.
2	Tax revenues levied for the organ-						
	ization'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	301,141.	378,385.	308,795.	515,806.	298,557.	1,802,684.
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)						386,764.
6	Public support. Subtract line 5 from line 4.						1,415,920.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	301,141.	378,385.	(c) 2013 308, 795.	515,806.	(e) 2015 298, 557.	1,802,684.
	Gross income from interest,	-	-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	17,807.	9,496.	8,875.	9,789.	11,547.	57,514.
9	Net income from unrelated business	,	,	<u> </u>		,	<u> </u>
•	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							1,860,198.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	9,603.
13	First five years. If the Form 990 is for						·
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2015 (l	line 6, column (f) d	ivided by line 11, c	column (f))		14	76.12 %
15	Public support percentage from 2014					15	77.60 %
16a	33 1/3% support test - 2015. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			<b>▶</b> X
b	33 1/3% support test - 2014. If the o						is box
	and <b>stop here.</b> The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						······································
<u></u>	roundation in the organization	sia not oncon a	25% 511 1110 10, 101	., .o., .ru, o. 171		dule A (Form 990	

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4							
-	ization'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						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Total
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
	Amounts from line 6  Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectic	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (	line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)15</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** 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 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		
0		
2		
2-		
3a		
Ol-		
3b		
0-		
Зс		
4-		
4a		
41.		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV Su	pporting Organizations <sub>(continued)</sub>			
				Yes	No
11	Has the or	ganization accepted a gift or contribution from any of the following persons?			
а	A person v	who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the	governing body of a supported organization?	11a		
b	A family m	ember of a person described in (a) above?	11b		
		ntrolled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. T	ype I Supporting Organizations			
				Yes	No
1	Did the dir	ectors, trustees, or membership of one or more supported organizations have the power to			
		ppoint or elect at least a majority of the organization's directors or trustees at all times during the			
		f "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		the organization's activities. If the organization had more than one supported organization,			
		ow the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		ons and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ganization operate for the benefit of any supported organization other than the supported			
	•	on(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		w providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		I, or controlled the supporting organization.	2		
Sec	uon C. 1	ype II Supporting Organizations		V	Na
	Mora a ma	signify of the expeniention's directors by twistons during the tay year along majority of the directors		Yes	No
1		sipority of the organization's directors or trustees during the tax year also a majority of the directors of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		ment of the supporting organization was vested in the same persons that controlled or managed			
	_	rted organization(s).	1		
Sec		II Type III Supporting Organizations			
				Yes	No
1	Did the or	ganization provide to each of its supported organizations, by the last day of the fifth month of the			
		on's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organizatio	on'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			
	organizatio	on(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiz	zation maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason	of the relationship described in (2), 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			
		assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		organizations played in this regard.	3		
Sec		ype III Functionally-Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а		organization satisfied the Activities Test. Complete line 2 below.			
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
C		organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		NI -
2		Test. Answer (a) and (b) below.		Yes	No
а		antially all of the organization's activities during the tax year directly further the exempt purposes of rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organization(s) to which the organization was responsive in res, thermin art vindentity			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
b		tivities described in (a) constitute activities that, but for the organization's involvement, one or more			
~		anization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
		r the organization's position that its supported organization(s) would have engaged in these			
		ut for the organization's involvement.	2b		
3		Supported Organizations. Answer (a) and (b) below.			
		ganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		f each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b		ganization exercise a substantial degree of direction over the policies, programs, and activities of each			
		orted organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970. <b>See instru</b>	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	y-integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4:	ion E. Dietvikution Allocations (acc instructions)	Excess Distributions	Underdistributions	Distributable
Secu	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

NORTHERN JAGUAR PROJECT, 42-1554992 INC. Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules

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or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h,

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

NORTHERN JAGUAR P	ROJECT,	INC.	42-1554992

Parti	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 50,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 10,000.  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 10,500.  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$ 17,000.  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 35,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 10,000.  Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NORTHERN JAGUAR PROJECT, INC.

42-1554992

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### NORTHERN JAGUAR PROJECT, INC.

42-1554992

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Name of orga	nization				Employer identification number		
NORTHE	RN JAGUAR PROJECT, INC				42-1554992		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations	described in secti	on 501(c)(7), (8), or	(10) that total more than \$1,000 for		
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions	of \$1,000 or less for t	he year. (Enter this info. once	s.) > \$		
(a) No. from	Use duplicate copies of Part III if addition	al space is needed.					
`from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
.							
		(e) Trans	fer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
				•			
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
Part I							
	(e) Transfer of gift						
		.=	_				
	Transferee's name, address, a	nd ZIP + 4	К	elationship of tra	nsferor to transferee		
			-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
			_				
.							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	Relationship of transferor to transferee			
	, , ,	_		•			
		_	_				
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
Part I							
:							
		(e) Trans	fer of gift	<u>I</u>			
	<b>.</b>						
-	Transferee's name, address, a	nd ∠IP + 4	R	Relationship of transferor to transferee			

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NORTHERN JAGUAR PROJECT, INC.

**Employer identification number** 42-1554992

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

	t III Organizations Maintaining C	ollections of Ar			her S	imila		ts/conti		age Z
	Using the organization's acquisition, accession									<u> </u>
3	(check all that apply):	on, and other record	s, check any of the	Tollowing that are a	Sigriiii	cant	36 01 113	Collectio	II ILCIII	3
а	Public exhibition	d	Loan or ove	hange programs						
b	Scholarly research	e	Other	nange programs						
	Preservation for future generations	•								
C 4	_	lloations and avalair	how thou further t	no organization's o	(ompt	nurna	oo in Dor	· VIII		
4	Provide a description of the organization's co						se in Pan	AIII.		
5	During the year, did the organization solicit or							Yes		] N
Pai	to be sold to raise funds rather than to be matter than the same that the same than the same than the same than the same than the sa								<u> </u>	No
ı aı	reported an amount on Form 990, Par		te ii trie organizatio	manswered res (	JII FUII	11 990	, rail iv,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets n	ot inclu	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	, 1		3					Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo	orm 990. Part X. line	21, for escrow or cu	ustodial account lia	····· ∟ bilitv?			Yes		No
	If "Yes," explain the arrangement in Part XIII.		•		•					1
Pai										
		(a) Current year	(b) Prior year	(c) Two years back		hree ve	ears back	(e) Four	vears	back
1a	Beginning of year balance	358,132.	353,507.	` '	+ ` ′		22,302.	(0)		428.
	Contributions	12,255.	4,625.		+		10,066.			874.
C	Net investment earnings, gains, and losses	,	-,		1		,		,	
d	Grants or scholarships									
	Г				+					
e	Other expenditures for facilities									
	and programs				1					
f	Administrative expenses	370,387.	358,132.	353,507		3.	32,368.		322	302.
g	End of year balance		•	,	•		32,300.		322,	302.
2	Provide the estimated percentage of the curr	ent year end balanc 12.00	· •	a)) neid as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 88.00	%								
С	Temporarily restricted endowment	.00 %								
_	The percentages on lines 2a, 2b, and 2c should be a sh	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	r the or	rganız	ation		1	
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1	· · · · · · · · · · · · · · · · · · ·	1						
	Description of property	(a) Cost or of basis (investm	' '		Accun		d	( <b>d</b> ) Boo	k valu	Э
12	Land	`	Dasis	(other) d	lepreci	aliOH				
	Land									
	Buildings						_			
	Leasehold improvements						-			
d	Equipment		1	0,847.		,15	58.		6,6	89
	Other					· ,			<del>6,6</del>	
rota	. Add lines 1a through 1e. (Column (d) must ed	<sub>l</sub> uai F01111 990, Part .	∧, colultiti (B), line T	<i>uu.)</i>					<del>, , , , , , , , , , , , , , , , , , , </del>	<del>.</del>

Schedule D (Form 990) 2015

	(Form 990) 2015	NORTHERN
Part VIII	Investments -	Other Securitie

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value		valuation: Cost or end	d-of-year market value
(1)	. ,	` '		,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	5 000 D 1 11 / 11	44   0   5   000	D 177 15	
Complete if the organization answered "Yes" o		e 11d. See Form 990,	, Part X, line 15.	(h) Dook value
• • • • • • • • • • • • • • • • • • • •	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>_</b>	
art X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See For	m 990, Part X, line 25	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)			_	
(5)				
(6)			_	
(7)			_	
VII			-	
(8)				
(8) (9)	05)			
(8)	•			

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		(Form 990) 2015 NORTHERN JAGUAR PROJ		42-15549	92 <sub>Page</sub> 4
Par	t XI	Reconciliation of Revenue per Audited Financia	•	oer Return.	
		Complete if the organization answered "Yes" on Form 990, Pa		1 1	
		evenue, gains, and other support per audited financial stateme	nts	1	
		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
		realized gains (losses) on investments			
b	Donat	ed services and use of facilities	2b		
С	Recov	eries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)			
		nes <b>4a</b> and <b>4b</b>		4c	
5	Total r	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I			
		Reconciliation of Expenses per Audited Financ			
		Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total e	expenses and losses per audited financial statements		1	
		nts included on line 1 but not on Form 990, Part IX, line 25:			
		ed services and use of facilities	2a		
		ear adjustments			
		losses			
		(Describe in Part XIII.)			
				2e	
		act line 2e from line 1			
		nts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا		
		ment expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIII.)		4.	
		nes 4a and 4b			
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	, iine 18.)	5	
		Supplemental Information.	14 5 10/1: 41 10/5 1	/ I'	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		V, line 4; Part X, line 2;	Part XI,
		a a, 20 a	The same and the s		
PAR	T V	, LINE 4:			
		<u> </u>			
THE	PU	RPOSE OF THE ENDOWMENT FUNDS IS	TO PROVIDE FOR THE	STEWARDSHIP	AND
LON	IG-T	ERM MANAGEMENT OF THE NORTHERN J	JAGUAR RESERVE.		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

NORTHERN JAGUAR PROJECT, INC.

42-1554992

NORTHENN UNGUAN	INCORCI	, 1110.		42-133493	<i>,</i> <u> </u>					
Part I General Infor	mation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "	Yes" on					
Form 990, Part IV	/, line 14b.									
=	-		ds to substantiate the amount of its gr							
the grantees' eligibility for	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No									
<u>-</u>	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the					
United States.										
	tivities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)									
(a) Region	* *	(c) Number of employees,	1	(e) If activity listed in (d)	(f) Total expenditures					
	offices in the region	agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and					
	in the region	contractors	recipients located in the region)	of service(s) in region	investments					
NORTH AMERICA -		in region			in region					
CANADA AND MEXICO,										
BUT NOT THE UNITED										
STATES	0	0	TAGUAD DEGEDUE MANAGEMENE	TACHAR CHARRIANG	30 607					
	0	0	JAGUAR RESERVE MANAGEMENT	JAGUAR GUARDIANS	39,607.					
NORTH AMERICA -										
CANADA AND MEXICO, BUT NOT THE UNITED										
STATES	0	0	JAGUAR RESERVE MANAGEMENT	VIVIENDO CON FELINOS	21 121					
NORTH AMERICA -	0	0	DAGUAR RESERVE MANAGEMENT	VIVIENDO CON FELINOS	31,131.					
CANADA AND MEXICO,										
BUT NOT THE UNITED										
STATES	0	0	JAGUAR RESERVE MANAGEMENT	AUTOMOBILE	8,651.					
NORTH AMERICA -	0	•	DAGGAN REBERVE MANAGEMENT	ROTOMOBILE	0,031.					
CANADA AND MEXICO,										
BUT NOT THE UNITED										
STATES	0	0	JAGUAR RESERVE MANAGEMENT	RANCH PURCHASE	25,569.					
NORTH AMERICA -					20,002.					
CANADA AND MEXICO,										
BUT NOT THE UNITED				RESTORATION AND						
STATES	0	1	JAGUAR RESERVE MANAGEMENT	INFRASTRUCTURE	24,618.					
NORTH AMERICA -										
CANADA AND MEXICO,										
BUT NOT THE UNITED										
STATES	0	0	JAGUAR RESERVE MANAGEMENT	EDUCATION AND OUTREACH	14,179.					
NORTH AMERICA -										
CANADA AND MEXICO,										
BUT NOT THE UNITED										
STATES	0	0	JAGUAR RESERVE MANAGEMENT	NATURALIA SUPPORT	2,535.					
NORTH AMERICA -										
CANADA AND MEXICO,										
BUT NOT THE UNITED										
STATES	0	0	JAGUAR RESERVE MANAGEMENT	ACN SUPPORT	6,603.					
3 a Sub-total	0	1			152,893.					
<b>b</b> Total from continuation										
sheets to Part I	0	0			0.					
c Totals (add lines 3a										
and 3b)	0	1			152,893.					
				0-1						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a)	Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA -						
			CANADA AND	LAND PURCHASE FOR					
			MEXICO, BUT NOT	JAGUAR RESERVE,					
			•	RELATED EXPENSES	25,000.	WIRE TRANSFER	0.		
			NORTH AMERICA -		,				
			CANADA AND	EDUCATIONAL OUTREACH,					
				VIVIENDO CON FELINOS,					
				RELATED EXPENSES	26,781.	WIRE TRANSFER	0.		
			NORTH AMERICA -	JAGUAR GUARDIANS AND	,				
			CANADA AND	RESERVE, VIVIENDO CON					
			MEXICO, BUT NOT	FELINOS, RELATED					
				EXPENSES	46,825.	WIRE TRANSFER	0.		
2				recognized as charities by the	foreign country,	recognized as tax-e	xempt by		-
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

ait	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2015

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# 42-1554992 NORTHERN JAGUAR PROJECT, INC. Schedule F (Form 990) 2015 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 2: NJP RECEIVES MONTHLY FINANCIAL STATEMENTS FROM ASOCIACION CONSERVACION DEL NORTE, CONCIENCIA Y EDUCACION AMBIENTAL, AND NATURALIA OF MONIES SPENT BY EACH ORGANIZATION AND PROGRESS REPORTS OF WORK ACCOMPLISHED, INCLUDING TECHNICAL REPORTS FROM THE JAGUAR GUARDIANS. NJP ALSO COLLABORATES WITH EACH OF THESE ORGANIZATIONS IN THE REVIEW OF MONTHLY INVOICES FOR ONGOING RESERVE MANAGEMENT.

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NORTHERN JAGUAR PROJECT, INC.

Employer identification number 42-1554992

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

NORTHERN JAGUAR PROJECT - STATEMENT OF PROGRAM ACCOMPLISHMENTS

OCTOBER 2015 TO SEPTEMBER 2016

#### WILDLIFE MONITORING

THE 55,000-ACRE NORTHERN JAGUAR RESERVE FEATURES AN UNPARALLELED MIX OF

NATURAL COMMUNITIES AND IS THE CENTERPIECE OF OUR ONGOING WORK TO

PROTECT, MAINTAIN, AND IMPROVE QUALITY WILDLIFE HABITAT. THIS REGION

HAS HIGH CONSERVATION VALUE BECAUSE IT IS REMOTE AND SUPPORTS LOW HUMAN

POPULATION DENSITIES, IS SITUATED ALONG THE LARGEST FREE-FLOWING RIVER

IN NORTHWEST MEXICO, AND BECAUSE IT INCLUDES EXTENSIVE RIPARIAN

WOODLANDS. THE NORTHERN JAGUAR RESERVE IS THE ONLY CONSERVATION RESERVE

IN THE WORLD THAT PROTECTS LARGE AREAS OF FOOTHILLS THORNSCRUB, A

VEGETATION COMMUNITY THAT COVERS A BROAD TRANSITION ZONE BETWEEN

TROPICAL AND TEMPERATE ENVIRONMENTS.

TWO JAGUAR GUARDIANS AND A RESIDENT COWBOY PATROLLED THE RESERVE TO

DETER POACHERS, INVENTORIED THE ECOLOGICAL HEALTH OF THE LAND AND

WATER, AND MAINTAINED AN ARRAY OF MOTION-TRIGGERED CAMERAS AS A

NON-INVASIVE METHOD OF WILDLIFE OBSERVATION. THIS YEAR SAW THE RETURN

OF TWO RESERVE BIOLOGISTS WHO LEAD THE UPCOMING GENERATION OF MEXICAN

JAGUAR EXPERTS AND ARE WELL VERSED IN REGIONAL BIODIVERSITY AND

CONSERVATION ISSUES. THEY ARE RESPONSIBLE FOR TRAINING LOCAL PEOPLE IN

CAMERA MAINTENANCE, OUTREACH AMONG THE RANCHING COMMUNITY, UTILIZING

THEIR EXPERTISE TO MINIMIZE CONFLICTS, AND FURTHERING SCIENTIFIC

RESEARCH GOALS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization NORTHERN JAGUAR PROJECT, INC.

Employer identification number 42-1554992

OUR CAMERAS HAVE PHOTOGRAPHED A TOTAL OF 50 INDIVIDUAL JAGUARS ON THE

RESERVE AND NEIGHBORING VIVIENDO CON FELINOS RANCHES, WITH MORE THAN

700 JAGUAR IMAGES TO DATE. THIS YEAR, WE COLLECTED PHOTOGRAPHS OF SIX

INDIVIDUAL JAGUARS.

THE MALE JAGUAR "ELVIS" WAS FIRST PHOTOGRAPHED ON THE RESERVE IN 2013.

HE WAS NOT SEEN AGAIN, AND ALL ASSUMPTIONS WERE THAT HE WAS A

DISPERSING JUVENILE WHO HAD TO FIND TERRITORY OUTSIDE THE SCOPE OF OUR

CAMERAS. HE RETURNED IN DECEMBER 2015, FOR THE FIRST TIME IN TWO AND A

HALF YEARS, AND HAS SINCE MADE APPEARANCES ON THE RESERVE AND VIVIENDO

CON FELINOS RANCHES.

THE FEMALE JAGUAR "SUKI" WAS FIRST PHOTOGRAPHED A HANDFUL OF TIMES IN

2012. THE NEXT TIME SHE APPEARED WAS A SINGLE PHOTO IN 2015. IN 2016,

SUKI WAS SEEN THROUGHOUT THE YEAR ON FOUR RANCHES ENROLLED IN VIVIENDO

CON FELINOS. IN JULY 2016, SHE APPEARED TRAVELING WITH HER

FIVE-MONTH-OLD CUB ON ONE OF THE VIVIENDO CON FELINOS RANCHES. CUB

PHOTOS ARE EXCEEDINGLY RARE, SINCE THEY DO NOT MOVE AWAY FROM THEIR DEN

OFTEN IN THE FIRST YEAR. WE HAVE ONLY HAD FOUR CUB PHOTOS IN THE LAST

DECADE OF CAMERA MONITORING. THIS SHOWS WE ARE MOVING IN THE RIGHT

DIRECTION, PROVIDING THE SAFE HAVEN THAT WILDLIFE IN THIS REGION SO

DESPERATELY NEEDS.

OUR JAGUAR GUARDIANS VISITED THE VIVIENDO CON FELINOS RANCHES EACH

MONTH TO MAKE SURE AGREEMENTS WERE HONORED, MAINTAIN CAMERAS, RETRIEVE

PHOTOGRAPHS, AND DELIVER FELINE PHOTO AWARDS. TWELVE PARTICIPATING

RANCHES HAD A TOTAL OF 610 FELINE PHOTOGRAPHS. JAGUARS WERE RECORDED ON

Name of the organization NORTHERN JAGUAR PROJECT, INC.

Employer identification number 42-1554992

THREE RANCHES, AND MOUNTAIN LIONS AND BOBCATS ON EVERY RANCH. OCELOTS

WERE DOCUMENTED ON 11 VIVIENDO CON FELINOS RANCHES, WITH A TOTAL NUMBER

THAT MORE THAN DOUBLES ANY PREVIOUS YEAR'S DOCUMENTATION.

#### COMMUNITY OUTREACH

PREDATORS, AND OUR COMMUNITY OUTREACH IS ESSENTIAL FOR THE

SURVIVABILITY OF THE NORTHERN JAGUAR POPULATION. OUR VIVIENDO CON

FELINOS PROJECT EXTENDED PROTECTIONS FOR JAGUARS AND OTHER FELINES ON

12 RANCHES, WHERE WE HAVE MADE A LONG-TERM COMMITMENT TO BUILD TRUST

AND REDUCE CONFLICTS WITH A SEGMENT OF THE COMMUNITY MOST HOSTILE

TOWARD CARNIVORES. WE SIGNED AGREEMENTS WITH PARTICIPATING RANCHERS

THAT PROHIBIT HUNTING, TRAPPING, AND THE USE OF POISON. WE PROVIDED

MONETARY AWARDS FOR FELINE PHOTOGRAPHS TO PROMOTE THE PRESENCE OF

LIVING WILDLIFE AND WORKED CLOSELY WITH RANCHERS TO RESTORE ESSENTIAL

HABITAT FOR THE AREA'S FOUR LARGE FELINES - JAGUAR, OCELOT, MOUNTAIN

LION, AND BOBCAT.

WE BELIEVE VIVIENDO CON FELINOS IS THE BEST SOLUTION TO MINIMIZE

HUMAN-WILDLIFE CONFLICTS. ALONG WITH WATER RESTORATION PROJECTS ON

THREE RANCHES AND COMMUNITY MEETINGS TO DISCUSS CAUSES AND SOLUTIONS TO

CATTLE LOSSES, VIVIENDO CON FELINOS DISTRIBUTED \$30,000 IN FELINE PHOTO

AWARDS THIS YEAR, WHICH HELPED SUPPORT RANCHERS' LIVELIHOODS TO MEET

DAY-TO-DAY NEEDS.

WE PRIORITIZED YOUTH INVOLVEMENT THIS YEAR IN COMMUNITIES NEAREST TO

THE RESERVE, KNOWING THAT THIS YOUNGER GENERATION WILL INHERIT RANCH
RESPONSIBILITIES AND BENEFITS FROM A GREATER UNDERSTANDING OF LOCAL

Name of the organization

NORTHERN JAGUAR PROJECT, INC.

Employer identification number 42-1554992

ECOSYSTEMS. WE ORGANIZED WORKSHOPS WITH ELEMENTARY AND HIGH SCHOOL

STUDENTS, A SPRING ECOLOGY WEEK, AND SUMMER CAMP. WE FORMED A YOUTH

ECO-CLUB THAT PLANTED TREES, PAINTED THREE WILDLIFE MURALS, AND

PARTICIPATED IN HANDS-ON LEARNING ON ENVIRONMENTAL THEMES.

RESERVE INFRASTRUCTURE AND RESTORATION

WE EMPLOYED A FULLTIME RESERVE MANAGER RESPONSIBLE FOR INSURING THE

EFFICIENT MANAGEMENT OF ALL ASPECTS OF THE RESERVE AND

PLANNING/PERFORMING INFRASTRUCTURE MAINTENANCE AND DEVELOPMENT. A CREW

OF COWBOYS ASSISTED HIM EACH MONTH.

INFRASTRUCTURE WORK INCLUDED EFFICIENT AND RELIABLE SYSTEMS FOR SOLAR

POWER AT TWO LOCATIONS. WE DELIVERED A SOLAR REFRIGERATOR TO OUR

PRIMARY CAMP IN THE RESERVE'S INTERIOR TO INCREASE THE LENGTH OF TIME

FIELD STAFF CAN STAY WITHOUT FOOD PROVISIONS SPOILING. WE IMPROVED

WATER STORAGE AT BASECAMPS BY BUILDING TWO 10,000-GALLON WATER TANKS.

COWBOYS REPAIRED FENCES TO KEEP TRESPASSING COWS OUT AND REPAIRED THE

ROAD TO MINIMIZE EROSION. WITH BASIC INFRASTRUCTURE IMPROVEMENTS

COMPLETED, WE BROUGHT A HANDFUL OF VISITORS TO EXPERIENCE THIS DRAMATIC

LANDSCAPE AND ITS WILD NATURE FIRSTHAND.

WE CONTINUED TO REMOVE BUFFELGRASS IN TARGET AREAS OF HEAVY

INFESTATION. BUFFELGRASS IS A HIGHLY INVASIVE SPECIES THAT THREATENS

THE ECOLOGICAL HEALTH OF THE RESERVE THROUGH FIRE AND REPLACEMENT OF

NATIVE VEGETATION. WE PLAN TO REPEAT THIS WORK OVER A MULTI-YEAR PERIOD

TO ACHIEVE A HIGH KILL RATE, RESTORE NATIVE SPECIES, AND BEST SUPPORT

JAGUAR RECOVERY.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization **Employer identification number** NORTHERN JAGUAR PROJECT, INC. 42-1554992 STEWARDSHIP AND LONG-TERM MANAGEMENT FUND WE CONTINUED TO GROW OUR STEWARDSHIP AND LONG-TERM MANAGEMENT FUND TO

GUARANTEE THE RESERVE'S FUTURE THROUGH SUSTAINABLE MANAGEMENT AND RESTORATION. WITH MORE THAN ONE-THIRD OF OUR \$1 MILLION GOAL IN HAND, THIS FUND WILL EVENTUALLY CREATE A PERMANENT SOURCE OF ANNUAL FUNDING TO COVER THE COSTS OF BASIC PROTECTION AND ENSURE PROPER GUARDIANSHIP OF THE RESERVE IN PERPETUITY. BUILDING OUR STEWARDSHIP FUND WILL CONTINUE TO BE A PRIORITY FOR ADDITIONAL FUNDING IN THE YEARS AHEAD.

GRASSROOTS LEADERSHIP

WORKING TO REALIZE LASTING CHANGE FOR LARGE CARNIVORES TAKES TIME AND PERSEVERANCE, AND NJP CONTINUED TO ESTABLISH LINKAGES BETWEEN CITIZEN GROUPS, GOVERNMENT AGENCIES, UNIVERSITIES, RESEARCH SCIENTISTS, AND RANCHERS. WITH OUR INCLUSION ON THE 2016 TOP-RATED NONPROFITS LIST, NJP RECEIVED A FIVE-STAR RATING FROM GREATNONPROFITS FOR A SEVENTH YEAR IN A ROW.

OUR SMALL OVERHEAD, COMBINED WITH OUR EXPERIENCED, VOLUNTEER BOARD OF DIRECTORS, MEANS THAT EVERY CONTRIBUTION IS WELL STEWARDED TO DIRECTLY SUPPORT JAGUAR CONSERVATION. THE STEADY INCREASE IN THE SIZE OF THE PROTECTED AREA, WHETHER THROUGH DIRECT PURCHASE OR RANCHER AGREEMENTS, IS THE STRONGEST EVIDENCE OF OUR CAPACITY TO PROTECT, SAFEGUARD, AND STRENGTHEN THE NORTHERN JAGUAR POPULATION.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS REVIEWED IN-DEPTH BY THE BOARD PRESIDENT AND TREASURER. ARE DISTRIBUTED TO REMAINING BOARD MEMBERS SOLICITING COMMENTS AND FEEDBACK 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) Name of the organization NORTHERN JAGUAR PROJECT, INC.

| Employer identification number | 42-1554992

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AFTER DISCLOSURE OF A FINANCIAL INTEREST BY A MEMBER OF THE BOARD OR STAFF,
THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE
FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR
COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF IT
DOES, THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE,
APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO
THE PROPOSED TRANSACTION OR ARRANGEMENT. THE INTERESTED PERSON SHALL BE
PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS ABOUT THE
TRANSACTION. PERIODIC REVIEWS OF THIS POLICY ENSURE THAT NJP OPERATES IN A
MANNER CONSISTENT WITH ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15A:

WHEN DETERMINING COMPENSATION FOR MANAGEMENT, WHICH INCLUDES THE TWO STAFF POSITIONS OF COORDINATOR AND RESERVE MANAGER, THE BOARD USES COMPENSATION SURVEYS TO APPROVE THE LEVEL OF COMPENSATION AND HAS THE EMPLOYEE SIGN A WRITTEN EMPLOYMENT CONTRACT. COMPENSATION FOR THE COORDINATOR WAS LAST REVIEWED IN 2012, AND THE RESERVE MANAGER'S COMPENSATION WAS DETERMINED WHEN HIRED IN 2015.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 IS ALSO AVAILABLE VIA

GUIDESTAR.