** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) 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.

Inspection

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

Open to Public

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning OCT 1, 2019 and	ending i	SEP 30, 2020							
В	Check if applicable	C Name of organization		D Employer identific	cation number						
	Addres										
L	Name change			42-15549	92						
	Initial return Final return/		Room/suite 121	E Telephone numbe 520-867-							
_	termin-										
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,420,236.						
F	return	10CBON, AZ 05/45-1141		H(a) Is this a group re							
	tion pendin	F Name and address of principal officer: DIANA HADDET		for subordinates							
	SAME AS C ABOVE H(b) Are all subordinates included? Yes L										
		mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of the status (see Eq. (1) of the status (see Eq. (2) of the status (see Eq. (3) of the sta	or 52	If "No," attach a	list. (see instructions)						
		e: ▶ WWW.NORTHERNJAGUARPROJECT.ORG		H(c) Group exemptio							
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2002 N	№ State of legal domicile: AZ						
P		Summary									
_	1	Briefly describe the organization's mission or most significant activities: ${ t PRESI}$	ERVE Z	AND RECOVER	THE WORLD'S						
Activities & Governance	:	NORTHERNMOST POPULATION OF THE JAGUAR AND	D ITS	NATURAL HAB	ITAT						
ra	2	Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	ssets.						
Š	1			3	9						
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			9						
≪ v		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			3						
iŧie		Total number of volunteers (estimate if necessary)		25							
÷		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.						
¥		Net unrelated business taxable income from Form 990-T, line 39			0.						
		Net differated business taxable income from Form 990-1, life 39	·····		Current Year						
		Contributions and groups (Dout VIII. line 4 b)		Prior Year 909,164.	880,556.						
ine	8	Contributions and grants (Part VIII, line 1h)		0.	0.00,330.						
Revenue	9	Program service revenue (Part VIII, line 2g)		109,451.	51,495.						
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-901.	1,564.						
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,017,714.	933,615.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		170,064.	276,066.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	105 603						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		72,961.	105,603.						
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.						
ž	b	Total fundraising expenses (Part IX, column (D), line 25)	26.	110 ===	105.010						
ш	1/ '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		148,557.							
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		391,582.							
_		Revenue less expenses. Subtract line 18 from line 12		626,132.	366,884.						
t Assets or	3		В	eginning of Current Year	End of Year						
sets	20	Fotal assets (Part X, line 16)		1,628,001.	2,055,628.						
t As	21	Fotal liabilities (Part X, line 26)		125,000.	126,642.						
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		1,503,001.	1,928,986.						
P	art II	Signature Block			_						
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	nents, and to the best of m	y knowledge and belief, it is						
true	e, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.							
		<u> </u>									
Sig	ın	Signature of officer		Date							
He		▶ DIANA HADLEY, CO-PRESIDENT									
Type or print name and title											
Print/Type preparer's name Preparer's signature Date Check PTIN											
Pai		MONICA A. VERA, CPA MONICA A. VERA,	CPA	08/13/21 if self-employ	P01456278						
		Firm's name BEACHFLEISCHMAN PC			86-0683059						
		Firm's address 1985 E. RIVER ROAD, SUITE 201									
TUCSON, AZ 85718 Phone no. 520 -											
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		11 110110 110.3 2	X Yes No						
.710	,										

Form	n 990 (2019) NORTHERN JAGUAR PROJECT 42-15	54992	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE MISSION OF THE NORTHERN JAGUAR PROJECT IS TO PRESERVE AND		
	THE WORLD'S NORTHERNMOST POPULATION OF THE JAGUAR, ITS UNIQUE		AL
	HABITATS, AND NATIVE WILDLIFE UNDER ITS PROTECTION AS A FLAGS	HIP,	
	KEYSTONE, AND UMBRELLA SPECIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses,	and
	revenue if any for each program service reported		
4a	411 200 076 066)
	SEE SCHEDULE O		′
4b	(Code:) (Expenses \$		1
710	/ Code / (Expenses #		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
-10	/ Code / (Expenses #		
	Other progress consists (December on Calculate C)		
4d	Other program services (Describe on Schedule O.)	\	
A :-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 411,389 •)	
<u>4e</u>	Total program service expenses ▶ 411,389.	Earm 0	90 (2019)
			~~ (∠∪13)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		- V
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	Х	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		21	
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	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 donor-restricted endowments	_		
	or in 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
	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	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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			
	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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			١,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			, v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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		x
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	GCC		
30	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	Х	
	(3	٠.٠		

932004 01-20-20

Form **990** (2019)

Form 990 (2019) NORTHERN JAGUAR PROJECT Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a							
	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).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,,			
	to file Form 8282?	7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year			37			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f 7g		X			
g							
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_					
0	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	9a					
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	30					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
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.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
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						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
		Form	990	(2010)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 la					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b					
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, 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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۰				
1 a		7a		х		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a				
b		7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0				
		8a	х			
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X			
		OD	-25			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x		
<u>Sac</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23		
<u> </u>	tion B. I oncies (mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No		
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa				
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
110	•	11a	Х			
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X			
		120	- 25			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х			
40	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	Λ			
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?	4=	v			
	The organization's CEO, Executive Director, or top management official	15a	Х	X		
a	Other officers or key employees of the organization	15b		Λ		
46	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			v		
_	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					
	exempt status with respect to such arrangements?	16b				
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(Section 501)))s only) avaıl	able		
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	ncial			
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	HARRY LEX - 520-867-8380					
	2114 W. GRANT ROAD, NO. 121, TUCSON, AZ 85745-1141					

932006 01-20-20

Form **990** (2019)

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

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

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

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

See instructions for the order in which to list the persons above.

	Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MEGAN SOUTHERN	40.00							F 0 CF 0	•	
COORDINATOR	2.00			Х				58,679.	0.	0.
(2) ALBERTO BURQUEZ MONTIJO	2.00	Х						0.	0.	0.
OIRECTOR (3) AARON FLESCH	3.00	^						0.	0.	<u>_</u>
DIRECTOR	3.00	Х						0.	0.	0.
(4) CARLOS LOPEZ GONZALEZ	2.00								<u> </u>	•
DIRECTOR		x						0.	0.	0.
(5) ANGELINA MARTINEZ YRIZAR	2.00									
DIRECTOR		х						0.	0.	0.
(6) DAVID YETMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DIANA HADLEY	12.00									
CO-PRESIDENT		Х		Х				0.	0.	0.
(8) MATT SKROCH	5.00									_
CO-PRESIDENT		Х		Х				0.	0.	0.
(9) RICHARD WILLIAMS	3.00								•	
VICE PRESIDENT	1 2 00	Х		Х				0.	0.	0.
(10) LAURA PAULSON	3.00	٠,,		,,					0	_
SECRETARY	4 00	Х		Х				0.	0.	0.
(11) HARRY LEX	4.00	Х		х				0.	0.	0.
FREASURER		Λ		Λ				0.	0.	

Form **990** (2019)

(A)	(B)			_ (C	•			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable			timate	b
	hours per week			ss per ıd a di				compensation	compensatio		ount c)f	
	(list any	-				1	100,	from	from related organizations			other	ion
	hours for	director				Ę		the organization	(W-2/1099-MIS			oensat om the	
	related	e or (stee			ısate		(W-2/1099-MISC)	(W 2/ 1000 WIIC	,0,		anizatio	
	organizations	truste	al tru		yee	ımpeı		(** = *********************************			_	relate	
	below	Individual trustee or	Institutional trustee	er	Key employee	est co loyee	ner				orga	nizatio	ns
	line)	iğ	Insti	Officer	Keye	Highest compensated employee	Former						
		1											
		_											
		$\frac{1}{1}$											
1b Subtotal			<u> </u>			<u> </u>		58,679.		0.			0.
c Total from continuation sheets to Pa								0.		0.			0.
d Total (add lines 1b and 1c)								58,679.		0.			0.
2 Total number of individuals (including l								eceived more than \$100	,000 of reportabl	e			
compensation from the organization	<u> </u>											Yes	No.
3 Did the organization list any former of	ficer, director, trust	ee, k	кеу с	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J			•	•	•	•	_		•		3		Х
For any individual listed on line 1a, is the second of													
and related organizations greater than	\$150,000? If "Yes	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive	e or accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes,"	complete Schedu	le J f	or st	uch p	pers	son .					5		X
Section B. Independent Contractors 1 Complete this table for your five higher	et componented in	done	ndo	nt c	onti	racto	orc t	that received more than	\$100,000 of com	none	ation f	rom	
the organization. Report compensation										iperis	ation	10111	
(A))							(B)			(C	;)	
Name and busi	ness address	N	INC	3				Description of s	ervices	С	omper	nsation	<u> </u>
							1						
							\dashv						
							\dashv						
O Total number of index or death and the	ava (in al religente d		m!+ ·	d 1 -	4l= ·	ac "		I abovo) who we - the I	ove the -				
2 Total number of independent contract \$100,000 of compensation from the or		iot III	nite	u (0		se 119 0	stec	above) who received m	iore trian				
											Form 9	$\frac{1}{2}$	040

932008 01-20-20

Ра	rt VI	Ш	Statement of Revenue				
			Check if Schedule O contains a response or note to any			(C)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	
40							sections 512 - 514
ints	1 a	a F	Federated campaigns 1a				
Gra			Membership dues 1b				
ts, An	C	c F	Fundraising events 1c				
Gif	C	d F	Related organizations 1d				
ns, Sim			Government grants (contributions) 1e 53,292	<u>-</u>			
utio er (f		All other contributions, gifts, grants, and				
gh			similar amounts not included above 1f 827, 264				
Contributions, Gifts, Grants and Other Similar Amounts	_	_	Noncash contributions included in lines 1a-1f				
a C	ŀ	<u>า 1</u>	Total. Add lines 1a-1f	880,556.			
			Business Code	е			
ice	2 8	a _					
erv ue	k	۰ <u> </u>					
m S /en	C	-					
gra Re	C	d _					
Program Service Revenue		• -					
_			All other program service revenue				
	3		Total. Add lines 2a-2f	•			
	3		Investment income (including dividends, interest, and other similar amounts)	17,225.			17,225.
	4		Income from investment of tax-exempt bond proceeds				27,2230
	5		Royalties				
		•	(i) Real (ii) Personal				
	6 :	a (Gross rents 6a				
			Less: rental expenses 6b	_			
			Rental income or (loss) 6c				
			Net rental income or (loss)				
	7 a	a (Gross amount from sales of (i) Securities (ii) Other				
		a	assets other than inventory $7a \overline{345,673.171,650}$	•			
	k	o L	Less: cost or other basis				
ηne		a	and sales expenses 7b 271,910.211,143 Gain or (loss) 7c 73,76339,493	<u>•</u>			
Revenue	C	c (Gain or (loss)	•			24 252
			Net gain or (loss)	34,270.			34,270.
Other	8 8		Gross income from fundraising events (not				
0			including \$ of				
			contributions reported on line 1c). See				
			Part IV, line 18 8a Less: direct expenses 8b	_			
			Net income or (loss) from fundraising events Gross income from gaming activities. See				
	9 6		Part IV, line 19 9a				
	ŀ		Less: direct expenses 9b				
			Net income or (loss) from gaming activities				
			Gross sales of inventory, less returns				
			and allowances 10a 5,132	•			
	k		Less: cost of goods sold 10b 3,568	<u>-</u>			
	•	۱ د	Net income or (loss) from sales of inventory	1,564.	1,564.		
<u>s</u>			Business Code	е			
Miscellaneous Revenue	11 a	a _					
lan	k	o _		1			
Rev		-		1			
Σ			All other revenue	-			
			Total. Add lines 11a-11d	022 615	1 564	^	51 40F
	12	1	Total revenue. See instructions	933,615.	1,564.	0.	51,495.

932009 01-20-20

Form **990** (2019)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	e or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	276 266	276 066		
	individuals. See Part IV, lines 15 and 16	276,066.	276,066.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	66 100		66 100	
_	trustees, and key employees	66,100.		66,100.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	30,601.		30,601.	
7	Other salaries and wages	30,001.		30,001.	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	1,665.		1,665.	
9 10	Other employee benefits	7,237.		7,237.	
	Payroll taxes	7,257•		7,257.	
11	Management				
	Legal				
	Accounting	5,950.		5,950.	
	Lobbying	3,3301		3,3301	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,549.		12,549.	
a a	Other. (If line 11g amount exceeds 10% of line 25,			,	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	9,987.	3,914.	4,323.	1,750
14	Information technology	3,136.	2,951.	-	185
15	Royalties				
16	Occupancy	9,549.	2,225.	7,324.	
17	Travel	2,631.	968.	774.	889
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,990.	405.	6,283.	7,302
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	182.		182.	
23	Insurance	2,228.		2,228.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) FIELD EXPENSES	124,860.	124,860.		
a b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	566,731.	411,389.	145,216.	10,126
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)				
02001	0 01-20-20	· ·		<u>'</u>	Form 990 (2019

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		620,128.	1	713,477.	
	2	Savings and temporary cash investments			13,999.	2	290,516.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	rsons (as defined				
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)		6		
şţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,826.	8	4,454.
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	- 1	40.045			
		basis. Complete Part VI of Schedule D	10a	10,847.	400		
	b		10b		182.		0.
	11	Investments - publicly traded securities			790,866.	11	1,047,181.
	12	Investments - other securities. See Part IV, line	F		12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	000 000	14			
	15	Other assets. See Part IV, line 11	200,000.	15	0.		
	16	Total assets. Add lines 1 through 15 (must eq			1,628,001.	16	2,055,628
	17	Accounts payable and accrued expenses				17	1,642.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
Ξ		trustee, key employee, creator or founder, sub					
Lia		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre-			125,000.	24	125,000.
	25	Unsecured notes and loans payable to unrelat			123,000.	24	123,000
	23	Other liabilities (including federal income tax, p parties, and other liabilities not included on line					
						25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			125,000.	26	126,642.
	20	Organizations that follow FASB ASC 958, ch	eck he	e X		20	
es		and complete lines 27, 28, 32, and 33.					
anc	27				791,758.	27	962,321.
Bal	28				711,243.	28	966,665.
pu		Organizations that do not follow FASB ASC					,
Ē		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,503,001.	32	1,928,986.
_	33				1,628,001.	33	2,055,628.
					· ·		Form 990 (2019

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 15.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			31.			
3	Revenue less expenses. Subtract line 2 from line 1	3			84.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1							
5	5 Net unrealized gains (losses) on investments5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,928	3,9	86.			
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat							
	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 th	e 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 on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
	, , , , , , , , , , , , , , , , , , , ,		Form	990 ((2019)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NORTHERN JAGUAR PROJECT 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 12, 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Total

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.)

Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not	Sec	tion A. Public Support						
1 Gits, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities boars, rents, royalties, and income from similar sources 9 Not income from interest, dividends, payments received on securities boars, rents, royalties, and income from similar sources 11, 547. 8, 952. 8, 743. 12, 788. 17, 225. 59, 255. 9 Not income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 2 cross receipts from related activities, etc. (see instructions) 11, 547. 8, 952. 8, 743. 12, 788. 17, 225. 59, 255. Section C. Computation of Public Support Percentage 4 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 11, 22. 28. 59, 228. 59, 228. 50, 229. 11, 229. 50, 229. 11, 229. 210, 229. 31, 230, 230, 230, 230, 230, 230, 230, 230			(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
membership fees received. (0a not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines 1 through 3 The value of rotal contributions by each person (other than a governmental unit to the organization') included on line 1 that exceeds 2% of the amount shown on line 11, object of the 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, object of the 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, object of the 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, object of the 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, object of the contributions by each person (other than a governmental unit or publicly supported organization line 1 that exceeds 2% of the amount shown on line 14, 298,557. 295,181. 337,968. 909,164. 880,556. 2,721,426. 8 Gross income from interest, dividends, payments received on securities loans, entits, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part V1). 11 Total support, Add lines 7 through 10 2,780,681. 2,780,681. 11,547. 8,952. 8,743. 12,788. 17,225. 59,255. 9 Net income from unrelated business activities, which is regularly carried on 10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part V1). 12 Gross recep			,,==,=	() == /	. , =	, ,,==	(,==:=	(,
298,557. 295,181. 337,968. 909,164. 880,556. 2,721,426.		, , , , , , , , , , , , , , , , , , , ,						
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 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business activities, whether or not the public support. Add lines? through 11, 547 11 Total support. Add lines? through 12 12 Gross receipts from related activities, etc. (see instructions) 13 The value of services or facilities as publicly supported organization of lon tcheck he box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.			298,557.	295,181.	337,968.	909,164.	880,556.	2,721,426.
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Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 3 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	13		-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
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15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		•		<u> </u>	. (0)			70 14 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							 	<u> </u>
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	16a							
and stop here. The organization qualifies as a publicly supported organization								
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	D							
	47-							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part vi now the organization	17a							
words the life steemed size weeks and live weeks and literature weeks and a supplied a supplied a supplied as								
	ا	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	a		ū				•	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								·
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	10							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	10							

932022 09-25-19

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	1	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
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					+	
	Total. Add lines 1 through 5		-	-			
/ 6	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.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	16 Public support percentage from 2018 Schedule A, Part III, line 15 %						
	ction D. Computation of Inves					14-1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		5. 1)po 1 oupporting 0. gameations		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		blled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		•		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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	1b				
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 Part VI):					
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	ated Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Par	[₹]	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(FOIII 990 01 990-EZ) 2019 NORTHERIN OTTOOTHE TROOLET 42 1334332 Fage 6
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

INC	DRIHERN JAGUAR PROJECT	42-1334992
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c) General Rule For an organizatio	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the General Rule of	ş\$5,000 or more (in money or
property) from any Special Rules	y one contributor. Complete Parts I and II. See instructions for determining a contributor'	s total contributions.
For an organization sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amout, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it rele, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo	

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

42-1554992 NORTHERN JAGUAR PROJECT Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** 140,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 53,292. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person **Payroll** 102,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Person **Pavroll** 50,000. Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NORTHERN JAGUAR PROJECT

42-1554992

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 31,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll
(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
		\$	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.)

Name of organization Employer identification number

NORTHERN JAGUAR PROJECT

42-1554992

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		<u> </u>	
(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
		 \$	

Employer identification number

Name of organization

	RN JAGUAR PROJECT			42-1554992
III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, course duplicate copies of Part III if additional states.	through (e) and the following line en haritable, etc., contributions of \$1,000 or	try For organizations	
). 	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gif	t	
	Transferee's name, address, an	ad ZIP + 4	Relationship of trai	nsferor to transferee
-	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, an	Id ZIP + 4	Helationship of trail	nsferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	1 7 1 D 4	B 1 11 11 11 11	nsferor 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NORTHERN JAGUAR PROJECT

Employer identification number 42-1554992

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or A	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	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 hel	d in donor advised fur	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any	other purpose confe	rring		
	impermissible private benefit?					
Pai	'	·	on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recreated	ation 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 quali	fied conservation contribu	tion in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic st			2c		
d	Number of conservation easements included in (c) acquired					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or to	erminated by the organ	nization during the tax		
	year ▶1		1			
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and	d enforcing conservati	on easements during the year		
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcing conservation ea	asements during the year		
•) \$			2) (2)		
8	Does each conservation easement reported on line 2(d) abo					
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot					
	, , , , , ,	note to the organization's	ililariciai staterrierits ti	lat describes trie		
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art. Historical Trea	asures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Forn	•		J		
	If the organization elected, as permitted under FASB ASC 95		nue statement and ha	lance sheet works		
		•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under FASB A			•		
а	Revenue included on Form 990, Part VIII, line 1			> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019		

Pai	rt III Organizations Maintaining Co	llections of Ar	t, Historical T	reasures, or	Other	Simila	ır Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	, and other records	s, check any of the	e following that n	nake sigi	nificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they further	the organization	's exemp	ot purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or re	=	•	-	-					
	to be sold to raise funds rather than to be main		•	•				Yes		No
Pai	rt IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Part	K, line 21.	-							
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for contributio	ns or other asse	ts not in	cluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII an									
	, ,	•	3					Amount		
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 Forr					$\overline{}$		Yes		No
	If "Yes," explain the arrangement in Part XIII. C				-					
	rt V Endowment Funds. Complete if the									
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years to			ears hack	(e) Four	vears	nack
10	Beginning of year balance	479,029.	374,319	+ ' ' '		, ,	70,387.	(e) i oui	358,	
	· · · · · · · · · · · · · · · · · · ·	391,360.	104,710	<u> </u>	557.		1,375.			255.
	Contributions	371,300.	104,710	• 2,	337.		1,373.		12,	233.
	Net investment earnings, gains, and losses			+						
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses			ļ						
g	End of year balance	870,389.	479,029		319.	3	71,762.		370,	387.
2	Provide the estimated percentage of the currer			(a)) held as:						
	Board designated or quasi-endowment	33.87	_%							
	Permanent endowment ► 66.13	%								
С	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	ion of the organiza	tion that are held	and administere	d for the	organiz	ation	_		
	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 organization	ons listed as require	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the or	rganization's endo	wment funds.							
Pai	rt VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered "	Yes" on Form 990	, Part IV, line 11a.	See Form 990, F	Part X, lin	ne 10.				
	Description of property	(a) Cost or ot	her (b) Cos	t or other	(c) Acci	umulate	d	(d) Bool	c value	
		basis (investm	nent) basis	(other)	depre	eciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			LO,847.	1	LO,84	17.			0.
	Add lines 1a through 1a (Column (d) must equ					, -				0

	AGUAR PROJECT	42	-1554992 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990 Part IV line	11d See Form 990 Part X line 15	
) Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		
	"	14 14(O E 000 D 1 V " 05	_
Complete if the organization answered "Yes	on Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 25.)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn	•
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		veries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents with Expenses per	Ketu	r n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а		ed services and use of facilities			
b		/ear adjustments			
C		losses			
d		(Describe in Part XIII.)			
_		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)			
		nes 4a and 4b		4c	
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	/ lines 1h and 2h: Part V line	1. Dort	V line 2: Part VI
		l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		+, rait	A, III 16 2, Fait Ai,
111163	Zu anu	1 45, and Fart Air, lines 2d and 45. Also complete this part to provide any addit	ionai imormation.		
PAI	RT I	I, LINE 3:			
THE	e or	GANIZATION RECEIVED A CONSERVATION EASE	MENT AS A NON-C	ASH	
COI	NTRI	BUTION IN THE PRIOR FISCAL YEAR. DURIN	G THE CURRENT F	ISC	AL YEAR,
					· · · · · · · · · · · · · · · · · · ·
THI	E PR	OPERTY WAS SOLD.			
PAI	RT I	I, LINE 9:			
THE	e or	GANIZATION REPORTED THE DONATION OF THE	CONSERVATION E	ASEI	MENT AS A
NON-CASH CONTRIBUTION IN THE PRIOR FISCAL YEAR. AS OF 09/30/19, THE					
				- 1	
PRO	OPER	TY WAS LISTED FOR SALE AND WAS REPORTED	ON THE BALANCE	SHI	EET AS
PRO	PER	TY HELD FOR SALE.			

.0

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

MODULEDM TACITAD DECITECU

NORTHERN JAGUAR		·		42-15549	
Part I General Inform 990, Part IV		ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on
	•	n maintain rocar	ds to substantiate the amount of its gra	ante and other assistance	
			the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
	he following Parl	t I. line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	JAGUAR RESERVE MANAGEMENT	JAGUAR GUARDIANS	91,648.
NORTH AMERICA -					,
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	l 0	0	JAGUAR RESERVE MANAGEMENT	 	55,269.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	l 0	0	JAGUAR RESERVE MANAGEMENT	 AUTOMOBILE	11,922.
NORTH AMERICA -	-	-			
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	l 0	0	JAGUAR RESERVE MANAGEMENT	ADMINISTRATIVE SUPPORT	42,010.
NORTH AMERICA -	-	-			
CANADA AND MEXICO,					
BUT NOT THE UNITED				RESTORATION AND	
STATES	0	0	JAGUAR RESERVE MANAGEMENT	INFRASTRUCTURE	33,986.
NORTH AMERICA -	<u> </u>			I I I I I I I I I I I I I I I I I I I	33,300.
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	1	0	JAGUAR RESERVE MANAGEMENT	EDUCATION AND OUTREACH	31,555.
NORTH AMERICA -	<u> </u>				31,333.
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES		0	JAGUAR RESERVE MANAGEMENT	LAND PURCHASE	105,757.
			PROOFIC KEELKYE MINIOEMENT	IND TOKEMBE	103,737.
3 a Subtotal	0	0			372,147.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			372,147.
LUA For Paparwork Poduct	ion Act Notice	and the Instruc	tions for Form 000	Cabadula E	(Form 990) 2019

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

Schedule F (Form 990) 2019

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)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA -	JAGUAR GUARDIANS AND					
		CANADA AND	RESERVE, EDUCATIONAL					
			OUTREACH, VIVIENDO					
			CON FELINOS, RELATED	159,066.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT	LAND PURCHASE,					
		THE UNITED STATES	ADMINISTRATION	117,000.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreian country.	recognized as tax-e	xempt		1

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

NORTHERN JAGUAR PROJECT Schedule F (Form 990) 2019 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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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; don't 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
6	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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019 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. See instructions.
PART I, LINE 2:
NJP RECEIVES MONTHLY FINANCIAL STATEMENTS FROM CONCIENCIA Y EDUCACION
AMBIENTAL, A.C. AND ASOCIACION CONSERVACION DEL NORTE, A.C. OF MONIES
SPENT AND PROGRESS REPORTS OF WORK ACCOMPLISHED. NJP ALSO COLLABORATES
WITH CONCIENCIA Y EDUCACION AMBIENTAL, A.C. IN THE REVIEW OF MONTHLY
INVOICES FOR ONGOING RESERVE MANAGEMENT.
PART II, COLUMN (D):
REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES
(D) PURPOSE OF GRANT: JAGUAR GUARDIANS AND RESERVE, EDUCATIONAL
OUTREACH, VIVIENDO CON FELINOS, RELATED EXPENSES

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

NORTHERN JAGUAR PROJECT

Employer identification number 42-1554992

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: NORTHERN JAGUAR PROJECT - STATEMENT OF PROGRAM ACCOMPLISHMENTS OCTOBER 2019 TO SEPTEMBER 2020

RENOWNED FOR THEIR POWER, STRENGTH, BEAUTY, AND GRACE, JAGUARS ARE VANISHING THROUGHOUT THE AMERICAS. NOWHERE IS THIS MORE APPARENT THAN THE U.S.-MEXICO BORDERLANDS, WHERE THE NORTHERN JAGUAR PROJECT CONDUCTS RESEARCH AND CONSERVATION ACTIVITIES INTENDED TO SAFEGUARD THESE CATS FROM ILLEGAL POACHING, RETALIATORY KILLINGS, HABITAT LOSS, AND OTHER PERSISTENT THREATS. THE CENTERPIECE OF OUR WORK IS THE 58,000-ACRE NORTHERN JAGUAR RESERVE - A REMOTE, RUGGED, AND EXCEEDINGLY WILD LANDSCAPE WHERE FEMALE JAGUARS CAN RAISE THEIR YOUNG FREE FROM HARM. NJP FURTHER WORKS WITH RESEARCHERS, RANCHERS, YOUTH, AND LOCAL COMMUNITIES TO ENGENDER SUPPORT FOR CONSERVING JAGUARS, THEIR HABITAT, AND OTHER SPECIES.

WILDLIFE MONITORING AND RESEARCH

SCIENTIFIC RESEARCH IS A CENTERPIECE OF OUR PROGRAMS ON AND NEAR THE NORTHERN JAGUAR RESERVE, WHERE OUR TEAM OF BIOLOGISTS AND TECHNICIANS MAINTAINED AN ARRAY OF 150 MOTION-TRIGGERED CAMERAS. OVER THE YEARS, OUR RESEARCH AND MONITORING EFFORTS HAVE LED TO MORE THAN 75 DISTINCT JAGUARS DOCUMENTED ON THE RESERVE AND NEIGHBORING VIVIENDO CON FELINOS RANCHES, WITH 1,300 JAGUAR IMAGES TO DATE. IN THE LAST YEAR, 12 KNOWN JAGUARS MOVED ACROSS THE ENTIRE PROTECTED AREA RESULTING IN MORE THAN 130 PHOTOS. THE HIGHLIGHTS WERE NEW JAGUARS, LONG-TIME RESIDENTS, A

MATING PAIR, AND A MOTHER JAGUAR WITH HER CUB. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

NORTHERN JAGUAR PROJECT

NORTHERN JAGUAR PROJECT

Employer identification number 42-1554992

AMONG OTHER RESEARCH ENDEAVORS, WE COMPLETED A JOINT RESEARCH PROJECT
WITH THE UNIVERSITY OF ARIZONA AND UNIVERSITY OF QUERETARO THAT
ANALYZED OUR PHOTO DATABASE, PROVIDING IMPORTANT INSIGHTS IN RESEARCH
QUESTIONS SUCH AS JAGUAR HABITAT PREFERENCE AND HABITAT QUALITY.

WE REGULARLY VISITED THE VIVIENDO CON FELINOS RANCHES TO MAINTAIN

CAMERAS, RETRIEVE PHOTOGRAPHS, AND MAKE SURE AGREEMENTS TO NOT HARM

WILDLIFE WERE HONORED. WE PLACED CAMERAS ON ONE NEW RANCH TO EXPLORE

DIFFERENT LOCATIONS, AND A TOTAL OF SEVEN JAGUARS WERE RECORDED ACROSS

NINE VIVIENDO CON FELINOS RANCHES. AFTER FIVE YEARS WITH NO JAGUAR

IMAGES, ONE OF THE ORIGINAL VIVIENDO CON FELINOS PARTICIPANTS HAD

PHOTOS OF THREE DIFFERENT JAGUARS IN THREE CONSECUTIVE MONTHS.

BEYOND JAGUARS, OUR RESEARCH HAS IDENTIFIED MORE THAN 125 DIFFERENT

OCELOTS TO DATE. TWO MALE OCELOTS AND TWO FEMALES HAVE NOW BEEN ON OUR

CAMERAS FOR MORE THAN NINE YEARS. OUR FIELD TEAM CONDUCTED BIANNUAL

RANID FROG MONITORING (LITHOBATES SPP.), AS WELL AS SEASONAL REPEAT

PHOTOGRAPHY FOR LONG-TERM VEGETATION MONITORING, AND VISITING MEXICAN

RESEARCHERS PERFORMED INVENTORIES OF INVERTEBRATE POPULATIONS. WHILE

REGULAR WORK BY OUR FIELD TEAM CONTINUED UNINTERRUPTED, FISH

INVENTORIES, VEGETATION STUDIES, AND WATER QUALITY MONITORING WITH

VISITING RESEARCHERS WERE POSTPONED DUE TO COVID-19.

COMMUNITY OUTREACH

OUR VIVIENDO CON FELINOS PROJECT EXTENDED PROTECTION FOR JAGUARS AND
OTHER FELINES ON 17 RANCHES, ENCOMPASSING MORE THAN 115,000 TOTAL
ACRES. WE PROVIDED MONETARY AWARDS FOR FELINE PHOTOGRAPHS TO PROMOTE

ACRES: WE PROVIDED MONETARY AWARDS FOR FELLINE PHOTOGRAPHS TO PROMOTE

HUMAN-WILDLIFE CONFLICTS.

Name of the organization NORTHERN JAGUAR PROJECT Employer identification number 42-1554992

THE PRESENCE OF LIVING WILDLIFE AND WORKED WITH RANCHERS TO MINIMIZE

WE HOSTED OUR ANNUAL COMMUNITY-WIDE CELEBRATION AND PHOTO EXHIBIT TO

HONOR THE VIVIENDO CON FELINOS RANCHERS, WITH MORE THAN 200 PEOPLE IN

ATTENDANCE AND A LARGE WATER-STORAGE TANK AS THE GRAND PRIZE. YOUTH

RECITED JAGUAR-THEMED POETRY, DISPLAYED ENTRIES FROM THEIR JAGUAR

DRAWING CONTEST, PERFORMED SONGS TO PROMOTE CONSERVATION, AND PLAYED

EDUCATIONAL, WILDLIFE-THEMED GAMES THROUGHOUT THE TOWN PLAZA.

WE MET WITH RANCHERS ONE-ON-ONE TO DISCUSS CONCERNS ABOUT CATTLE

MANAGEMENT AND FIND CONSERVATION-ORIENTED SOLUTIONS TO HELP MAINTAIN

THEIR LIVELIHOODS, AND WE PROVIDED OUTHOUSES WHERE NONE PREVIOUSLY

EXISTED. WE HELPED A RANCHER FILE THE FIRST SUCCESSFUL LIVESTOCK

PREDATION INSURANCE CLAIM FOR THIS AREA AFTER A DEPREDATION ON HIS

RANCH. PLANNED MEETINGS AND RESTORATION WORKSHOPS WITH THE RANCHERS

WERE POSTPONED DUE TO COVID-19.

OUR ECO-GUARDIAN CLUB CONNECTED KIDS WITH THE OUTDOORS THROUGH NATURE

WALKS, RIVER CLEANUPS, BIRDWATCHING, AND ART PROJECTS. WE CREATIVELY

WORKED THROUGH THE CHALLENGES THAT AROSE WITH COVID-19, VIRTUALLY

ENGAGING A CORE GROUP OF ECO-GUARDIANS WITH AT-HOME ACTIVITIES. OUR

EDUCATIONAL OUTREACH WAS THE ASPECT OF WORK MOST IMPACTED BY THE GLOBAL

PANDEMIC, WITH YOUTH CAMERA OUTINGS, OVERNIGHT CAMPOUTS, SCHOOL

WORKSHOPS, AND FIELD TRIPS CANCELLED. DURING THIS TIME, OUR FIELD TEAM

DEVELOPED EDUCATIONAL MATERIALS AND UPDATED WORKSHOPS FOR WHEN SCHOOLS

REOPEN.

Name of the organization NORTHERN JAGUAR PROJECT Employer identification number 42-1554992

NORTHERN JAGUAR RESERVE

WE CONTINUED TO NEGOTIATE RANCH PURCHASES TO EXPAND THE NORTHERN JAGUAR
RESERVE, AND A 2,750-ACRE RANCH WAS ACQUIRED IN LATE 2019 TO CREATE AN
EXPANDED 58,000-ACRE PROTECTED AREA. OUR FIELD TEAM INSURED THE
EFFICIENT MANAGEMENT OF THE RESERVE WITH INFRASTRUCTURE WORK THAT
INCLUDED CAMP MAINTENANCE, UPGRADES TO SOLAR POWER, WATER SYSTEM AND
WEATHER STATION REPAIRS, GABION CONSTRUCTION, AND ROAD MAINTENANCE TO
MINIMIZE EROSION. FENCES WERE REPAIRED, AND NEW FENCING WAS INSTALLED
TO KEEP TRESPASSING COWS OUT. WE FOCUSED BUFFELGRASS REMOVAL EFFORTS
ALONG THE ROAD AND IN SELECT PRIORITY AREAS.

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 THREE QUARTERS OF OUR INITIAL \$1 MILLION

GOAL IN HAND, THIS FUND WILL 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

OPERATING WITH A BINATIONAL APPROACH HAS BEEN A CORE PRINCIPLE OF THE

NORTHERN JAGUAR PROJECT SINCE OUR INCEPTION AND A THEME THAT RUNS

DEEPLY THROUGHOUT OUR ORGANIZATION. WE HAVE AND CONTINUE TO SPEND TIME

LISTENING AND LEARNING TO MANAGE CROSS-BORDER RELATIONSHIPS THAT ARE

UPLIFTING AND GUIDED BY LOCAL RESIDENTS AND COMMUNITY-BASED

PARTNERSHIPS. WE HAVE MADE A LONG-TERM COMMITMENT TO THIS COMMUNITY

Name of the organization

NORTHERN JAGUAR PROJECT

WHERE PEOPLE'S HEARTS ARE CHANGING, AND JAGUARS AND OTHER WILD CATS ARE

FINDING SAFE SPACES, ROOM TO ROAM, AND TIME TO REBOUND. WITH OUR

INCLUSION ON THE 2020 TOP-RATED NONPROFITS LIST, WE RECEIVED A

FIVE-STAR RATING FROM GREATNONPROFITS FOR THE ELEVENTH YEAR IN A ROW.

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

FORM 990 IS REVIEWED IN-DEPTH BY THE BOARD CO-PRESIDENTS AND TREASURER.

COPIES ARE DISTRIBUTED TO REMAINING BOARD MEMBERS SOLICITING COMMENTS AND FEEDBACK 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 STAFF

POSITION OF COORDINATOR, THE BOARD USES COMPENSATION SURVEYS TO APPROVE THE

LEVEL OF COMPENSATION. COMPENSATION FOR THE COORDINATOR WAS LAST REVIEWED

IN 2020.