** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A F</u>	or the	2021 calendar year, or tax year beginning $$ OCT $1,$ 2021 and ending	g S	EP 30, 202	2								
B (Check if pplicable	C Name of organization		D Employer iden	tification r	number							
Г	Addres	NORTHERN JAGUAR PROJECT											
	Name change		Doing business as 42-1554992										
Initial return		Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number											
	Final return/	2114 W. GRANT ROAD, #121		520-867	<u>-8380</u>								
	termin- ated	3 1		G Gross receipts \$ 804,127.									
L	Ameno	10CSON, AZ 85745-1141		H(a) Is this a group	o return								
	Application pending			for subordina		Yes X No							
		SAME AS C ABOVE	,—	H(b) Are all subordinate									
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attacl									
		e: WWW.NORTHERNJAGUARPROJECT.ORG		H(c) Group exemp									
	orm of		Year o	of formation: 2002	A State of	of legal domicile: AZ							
Г	_	Summary	7 7 7	ID DECOVED	miir i	WODID'C							
é		Briefly describe the organization's mission or most significant activities: ${\tt PRESERVE}$ NORTHERNMOST POPULATION OF THE JAGUAR AND IT:				MOKID 5							
auc													
/err	1	Check this box (if the organization discontinued its operations or disposed of r (Number of voting members of the governing body (Part VI, line 1a)			3	9							
g		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			4	9							
∞ ′0		Total number of individuals employed in calendar year 2021 (Part V, line 1a)			5	3							
iţi		Total number of volunteers (estimate if necessary)			6	10							
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.							
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.							
				Prior Year	С	urrent Year							
ø)	8	Contributions and grants (Part VIII, line 1h)		546,334		522,943.							
Revenue	9	Program service revenue (Part VIII, line 2g)				0.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,545		16,943.							
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		176		642.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		590,055		540,528.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		209,867		213,200.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.							
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		138,541		124,509.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	•	0.							
ă	b b	Total fundraising expenses (Part IX, column (D), line 25) 4,341.		102 040		150 410							
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		173,040		152,418.							
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		521,448		490,127.							
	19	Revenue less expenses. Subtract line 18 from line 12	+-	68,607		50,401.							
ts ol		Tabel accests (Dart V. line 10)	Reg	inning of Current Yea 2,206,527		End of Year .,976,061.							
Sse	20	Total assets (Part X, line 16)		125,413		125,000.							
Net Assets or	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,081,114		,851,061.							
Pa	art II	Signature Block		2,001,114		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atemer	nts, and to the best of	mv knowled	dge and belief, it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			,								
Sig	n	Signature of officer		Date									
Her		MATT SKROCH, PRESIDENT											
		Type or print name and title											
		Print/Type preparer's name Preparer's signature	1	ate Check		PTIN							
Paid	ı	MONICA A. VERA, CPA MONICA A. VERA, CPA	7 0	8/11/23 self-en		1456278							
-	arer	Firm's name BEACHFLEISCHMAN PLLC		Firm's EIN	<u> 86-0</u>	683059							
Use	Only	Firm's address 1985 E. RIVER ROAD, SUITE 201											
		TUCSON, AZ 85718		Phone no. 5		1-4600							
May	the IF	RS discuss this return with the preparer shown above? See instructions			X	Yes No							

rai	Statement of Frogram Service Accomplishments	1
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
1	Briefly describe the organization's mission:	
	THE MISSION OF THE NORTHERN JAGUAR PROJECT IS TO PRESERVE AND RECOVER	_
	THE WORLD'S NORTHERNMOST POPULATION OF THE JAGUAR, ITS UNIQUE NATURAL	_
	HABITATS, AND NATIVE WILDLIFE UNDER ITS PROTECTION AS A FLAGSHIP,	_
	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?	
		J
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
3		,
_	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.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 318,087. including grants of \$ 213,200.) (Revenue \$)	_
4a)
	SEE SCHEDULE O	_
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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/ A	Other program conject (Describe on Schodule O.)	_
4d	Other program services (Describe on Schedule O.)	
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 318,087.	_
4e	Total program service expenses ► 318,087.	1\
	FOIII 666 (202)	11

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	<u> </u>
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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	X	
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	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,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2021) NORTHERN JAGUAR PR
Part IV Checklist of Required Schedules (continued)

22		·		Yes	No
23 Did the organization answer "Yes" to Part WI, Section A, line 3. 4, or 5, about Compensation of the organization's current and terms or former officent, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," carsever lines 24th prough 24d and complete Schedule I. If "No," to to line 25a Schedule I. If "No," to line 25a Schedule I. If	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Yes" to Part VII, Section A, lins 3, 4, or 5, about compensation of the organizations current and former offices, directors, buttless, key employees, and highest compensated employees? "** "Yes," complete Schedule I, "** "Yes," to be seen to the last day of the year, that was issued after December 31, 2002? "** "Yes," "answer lines 24th through 24d and complete Schedule I, "** "Yes," to be line 25a." "Xes of the organization martian an escrow account of the than a returning escrow at any time during the year to defease any tax-exempt bords? d Did the organization martian an escrow account other than a returning escrow at any time during the year to defease any tax-exempt bords? d Did the organization and a set of the organizations. Did the organization set as an "on behalf" of issuer for bords outstanding at any time during the year to defease any tax-exempt bords? d Did the organization and any that it organizations. Did the organization set is the transaction with a disqualified person during the year? "If "Yes," complete Schedule I, Part I b is the organization awave that it organized to any of the organization should be that the transaction has not been reported on any of the organizations price Forms 990 or 990-EZ? "If "Yes," complete Schedule I, Part I b is the organization awave that it organized to any or the organization awave that the regions, every mount on Part X. line 5 or 22, for receivables from or payables to any current or former or former office, director, trustee, key employee, cereator or founder, substantial contributor or 39% controlled entity or family member of any of these persons? "If "Yes," complete Schedule I, Part II be A transpire member, or to a SS% controlled entity or family member of any of these persons? "If "Yes," complete Schedule I, Part II b A transpire schedule I, Part IV be A transpire member of any individual described in line 28a or 28b If "Yes," complete Schedule I, Part II b A transpires Schedule I, Part II b A transpires Schedule I		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule / Was the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // *Yes, *answer lines 24b through 24d and complete Schedule K. If *Yeo,* go for line 25a. **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed and so the solid process of the organization or any tax of the solid process of tax exempt bonds?** **Delt the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule I, Part I.** **Delt to the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If *Yes,* complete Schedule I, Part I.** **Delt the organization proport any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity of family member of any of these persons? If *Yes,* complete Schedule I, Part II.** **Delt the organization prayer by a business transaction with an eight of schedule I, Part II.** **Delt the organization prayer by a business transaction with an eight of schedule I, Part II.** **Delt the organization prayer by a business transaction with a controlled entity (including an employee thereof) or family member of any of these persons? If *Yes,* complete Schedule I, Part II.** **Delt the organization fixed grant or other assistance to any current or	23				
Schedule / Was the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // *Yes, *answer lines 24b through 24d and complete Schedule K. If *Yeo,* go for line 25a. **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?** **Delt the organization mixed and so the solid process of the organization or any tax of the solid process of tax exempt bonds?** **Delt the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule I, Part I.** **Delt to the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If *Yes,* complete Schedule I, Part I.** **Delt the organization proport any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity of family member of any of these persons? If *Yes,* complete Schedule I, Part II.** **Delt the organization prayer by a business transaction with an eight of schedule I, Part II.** **Delt the organization prayer by a business transaction with an eight of schedule I, Part II.** **Delt the organization prayer by a business transaction with a controlled entity (including an employee thereof) or family member of any of these persons? If *Yes,* complete Schedule I, Part II.** **Delt the organization fixed grant or other assistance to any current or		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. It have assisted after December 31,2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a		· · ·	23		X
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 1 do the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on my or the organization sprior forms 800 or 900/E27 If "yes," complete Schedule L, Part I Pyes, "organized been reported on my or the organization sprior forms 800 or 900/E27 If "yes," complete Schedule L, Part II Pyes, "organized schedule	24a				
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 1 do the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization acid se an "on behalf of" issuer for bonds outstanding at any time during the year? 2 do Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on my or the organization sprior forms 800 or 900/E27 If "yes," complete Schedule L, Part I Pyes, "organized been reported on my or the organization sprior forms 800 or 900/E27 If "yes," complete Schedule L, Part II Pyes, "organized schedule		last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 b Did the organization invest any tax-exempt bonds outstanding secrow at any time during the year to defease any tax-exempt bonds? 2 b Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 c S Section 501(c/S), 501(c/4), and 501(c/(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 2 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 2 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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 2 b 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 2 b Did the organization apertual 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 IV. 2 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 3 b A current or former officer, director, fusues, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 2 c A 35% controlled entity of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 2 d A current or former officer, director, fusues, key employee, creator or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV. 2 d A 35 b Oth the organization reserve			24a		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 226 24d 228a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization give in the time of the transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I 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 with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusatee, key employee, creator or founder, substantial contribution or any of these persons? If "Yes," complete Schedule L, Part II I 25b X 27c Did the organization provide a grant or other assistance to any current or former officer, director, fusatee, key employee, creator or founder, substantial contribution or employee thereof or again member of any of these persons? If "Yes," complete Schedule L, Part II I 28c Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II II 28d Was the organization as party to a business transaction with one of the following parties (see the Schedule L, Part II II 28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II II 29d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II II 30d Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule II, Part II, II	b		24b		
d Did the organization act as an 1 on behalf of "issuer for bonds outstanding at any time during the year? 24d 25a Saction Solit(28), 501(-14), and 501(-120) granizations. 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 25b 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 sprior Forms 900 or 906-27 If "Yes," complete Schedule L, Part I 25c Did the organization provide a grant or of the part of the part of the part of the part of orformer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) of agrin year benefit of ranji member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of agrin year benefor of any individual general part of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Did the organization of particular individual described in line 28a7 If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$55,000 in non-cash contributions? If "Yes," complete Schedule II 29 Did the organization receive more than \$55,000 in non-cash contributions? If "Yes," complete Schedule II 29 Did the organization in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II 29 Did the organization selection to any tax exempt or transfer more than \$256 of its net assett?					
d Did the organization act as an 1 on behalf of "issuer for bonds outstanding at any time during the year? 24d 25a Saction Solit(28), 501(-14), and 501(-120) granizations. 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 25b 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 sprior Forms 900 or 906-27 If "Yes," complete Schedule L, Part I 25c Did the organization provide a grant or of the part of the part of the part of the part of orformer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) of agrin year benefit of ranji member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of agrin year benefor of any individual general part of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Did the organization of particular individual described in line 28a7 If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$55,000 in non-cash contributions? If "Yes," complete Schedule II 29 Did the organization receive more than \$55,000 in non-cash contributions? If "Yes," complete Schedule II 29 Did the organization in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II 29 Did the organization selection to any tax exempt or transfer more than \$256 of its net assett?		any tax-exempt bonds?	24c		
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 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? If "Yes," complete Schedule L, Part II 256	d		24d		
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 sprior Forms 990 or 990 F27 (**I**es**, complete Schedule L, Part I) 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 contributior, or 55% controlled entity (including an employee thereof) or family member of any of these persons? If *Yes,* complete Schedule L, Part III 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If *X* and	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55b 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, Iine 2 35c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 V III and 19? Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable 1 b Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable 2 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R, Part I	33		Х
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 V and that is treated exchedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1b C X	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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? If "Yes," complete Schedule R, Part V, line 2 36 Y 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 V 37			34		X
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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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	36				
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		If "Yes," complete Schedule R, Part V, line 2	36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The improvide explanations on Schedule O for Part VI, lines 11b and 19? Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37				
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 1 1	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			ᆜ
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X					
(gambling) winnings to prize winners?		Enter the manner of terms with a mineral and the enter of the applicable	-		
	С				
	-	(gambling) winnings to prize winners?	1c		(2.5.5.1

132004 12-09-21

Form **990** (2021)

NORTHERN JAGUAR PROJECT 42-1554992 Page **5** Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

Page 6

Fai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	_	,	a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					T
800						X
Sec	tion A. Governing Body and Management					
4.		ـ م ا	1	9	Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	1a	:	4		
	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.			, l		
	Enter the number of voting members included on line 1a, above, who are independent	_1b_		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-			37
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			.,
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	-				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	├─
b	Each committee with authority to act on behalf of the governing body?			8b	X	├─
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\c f$ "Y	es," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	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	nd 990	T (section 501(c)(3	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request X Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd finan	cial	
	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 boo	ks and	records >			
	HARRY LEX - 520-867-8380	_				
	2114 W. GRANT ROAD, #121, TUCSON, AZ 85745-1141					

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not cl	Pos neck i ss per	more son i	than of structures that the structures the structures that the structures the structures that the structures the structures that the structures that the structures that the structures the structures that the structures the structures that the structures the structures that the structures that the structures that the structures the structures that the structures the structures that the structures that the structures that the structures the str	n 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERTO A. WOLF WEBELS	40.00							07.010		
EXECUTIVE DIRECTOR	40.00			Х				27,019.	0.	0
(2) JEFFREY TAUZIN	40.00			37				1.0 104	0	
ADMINISTRATIVE MANAGER (3) ALBERTO BURQUEZ MONTIJO	2.00			Х				16,124.	0.	0
(3) ALBERTO BURQUEZ MONTIJO DIRECTOR	2.00	Х						0.	0.	0
(4) CARLOS LOPEZ GONZALEZ	2.00	Λ						0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0
(5) ANGELINA MARTINEZ YRIZAR	2.00								•	•
DIRECTOR	2700	Х						0.	0.	0
(6) FROYLAN HERNANDEZ RUIZ	2.00								-	
DIRECTOR		Х						0.	0.	0
(7) MATT SKROCH	8.00									
PRESIDENT		Х		Х				0.	0.	0
(8) DIANA HADLEY	10.00									
FOUNDING PRESIDENT		Х		Х				0.	0.	0
(9) RICHARD WILLIAMS	3.00									
VICE PRESIDENT		Х		X				0.	0.	0
(10) LAURA PAULSON	3.00									
SECRETARY	2 00	Х		Х				0.	0.	0
(11) HARRY LEX	3.00	37		х					0	0
TREASURER		Х						0.	0.	0
		1								
		1								

Form **990** (2021)

Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)	(C)					(D)	(E)		(F)	
	Name and title	Average	(do		Pos		1 than d	one	Reportable	Reportable		Estim	ated
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		amou	nt of
		week		cer ar	nd a di	irecto	or/trus	tee)	from	from related		oth	er
		(list any	ector						the	organizations		comper	
		hours for	or dir	g.			ated		organization	(W-2/1099-MISC	- 1	from	
		related	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)		organi	
		organizations below	al tr	onal		ploye	ee com		1099-NEC)			and re	
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			'	organiz	ations
			드	드	9	જ	포함	윤			+		
											+		
			-										
											\dashv		
											+		
											+		
							_				+		
											+		
			-										
1b Subt	otal							▶	43,143.		0.		0.
	from continuation sheets to Part VI								0.		0.		0.
	l (add lines 1b and 1c)								43,143.		0.		0.
	number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
comp	pensation from the organization												0
												Ye	s No
	he organization list any former officer,	-		•	•	•		_		•			37
	a? If "Yes," complete Schedule J for s											3	<u> </u>
	ny individual listed on line 1a, is the su												v
	related organizations greater than \$150										📙	4	X
	ny person listed on line 1a receive or a ered to the organization? <i>If</i> "Yes," com	•				•			•			5	х
	Independent Contractors	ipiete Scriedule	3) [or st	ICII Į	oers	iOII					<u> </u>	1 44
	plete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatio	n from	
the o	rganization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)				_				(B)		0	(C)	
	Name and business	address	N	INC	<u> </u>			\dashv	Description of s	ervices	Con	npensa	tion
										-			
2 Total	number of independent contractors (in	ncludina but n	ot lir	nite	d to	thos	se lis	ted	above) who received me	ore than			
	,000 of compensation from the organiz)						
											Fc	orm 99	0 (2021)

Form 990 (2021	NORTHERN
Part VIII	Statement of Revenue

			Check if Schedule O contains a	response (or note to any lin	e in this Part VIII			
					, ,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
ant			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi									
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e					
utio er (T	All other contributions, gifts, grants, and		E22 042				
ĕŧ			similar amounts not included above		522,943. 903.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		E22 042			
O g		h	Total. Add lines 1a-1f			522,943.			
					Business Code				
Se	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)		>	46,039.			46,039.
	4		Income from investment of tax-exem						
	5		Royalties		>				
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not worth in a success of (1999)						
			` ' 	ecurities	(ii) Other				
			assets other than inventory 7a 234	,120.					
		b	Less: cost or other basis	•					
<u>o</u>		-	and sales expenses 76 263	.216.					
enn		c	Gain or (loss) 7c -29	.096.					
ě			Net gain or (loss)		•	-29,096.			-29,096.
her Revenue			Gross income from fundraising events (n						
O th	Ü	u	including \$	_					
١			contributions reported on line 1c). Se						
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraising						
			Gross income from gaming activities		P				
	9	a							
		L	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gaming act						
	10	а	Gross sales of inventory, less returns		1,025.				
			and allowances						
			Less: cost of goods sold			642	642		
-		С	Net income or (loss) from sales of inv	entory		642.	642.		
જ					Business Code				
eor re	11								
Miscellaneous Revenue		b							
Se.		С							
Ξ			All other revenue						
		е	Total. Add lines 11a-11d			F40 F00	640	^	16 042
	12		Total revenue. See instructions		>	540,528.	642.	0.	16,943.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 213,200. individuals. See Part IV, lines 15 and 16 213,200. Benefits paid to or for members Compensation of current officers, directors, 115,555. 115,555. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,794. 5,794. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 250. 250. Other employee benefits 9 2,910. 2,910. 10 Payroll taxes Fees for services (nonemployees): Management 1,375. 1,375. Legal 7,169. 7,169. Accounting Lobbying Professional fundraising services. See Part IV, line 17 11,833. 11,833. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,000. 1,000. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 11,257. 372. 6,801. 4,084 Office expenses 13 5,041. 142. 4,642. Information technology 14 15 Royalties 7,265. 7,340. 75. 16 Occupancy 1,214. 214. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,105. 3,105. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 103,084. 103,084. FIELD EXPENSES All other expenses 490,127. 318,087. 167,699. 4,341. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2021)

Check here if following SOP 98-2 (ASC 958-720)

Part	[X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			649,025.	1	686,992
	2	Savings and temporary cash investments			124,344.	2	208,253
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		3,749.	8	4,378 6,281	
¥	9	B			0.	9	6,281
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,847.			
	b	Less: accumulated depreciation	10b	10,847.	0.	10c	0
	11	Investments - publicly traded securities		1,429,409.	11	1,070,157	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	2,206,527.	16	1,976,061
	17	Accounts payable and accrued expenses		413.	17	0	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or for					
<u> </u>		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre			105 000	23	105 000
	24	Unsecured notes and loans payable to unrelate			125,000.	24	125,000
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D		·····	105 410	25	105 000
+	26	Total liabilities. Add lines 17 through 25	<u></u>	V	125,413.	26	125,000
s l		Organizations that follow FASB ASC 958, ch	eck her	e ▶ ▲			
<u>၁</u>		and complete lines 27, 28, 32, and 33.			027 406		670 000
<u>ala</u>	27		<u> </u>	837,406.	27	670,898	
ă B	28	Net assets with donor restrictions			1,243,708.	28	1,180,163
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here L			
-	00	and complete lines 29 through 33.	_			-	
its (29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
- □	31	Retained earnings, endowment, accumulated i			2 001 114	31	1 051 061
	32	Total net assets or fund balances			2,081,114.	32	1,851,061
L	33	Total liabilities and net assets/fund balances			2,206,527.	33	1,976,061

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1 2 3 4 5 6	54(49(),4 L,1	27. 01. 14.
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	1,851	۱ 0	61.
Pa	rt XII Financial Statements and Reporting	10	1,00.	_, _	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	, , , , , , , , , , , , , , , , , , , ,		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	basis,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
_	Act and OMB Circular A-133?		3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(2021)
			Form	550	ZUZ I)

132012 12-09-21

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

			HERN JAGUA					2-1554992				
P	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C										
6				nental unit described in	section 17	70(b)(1)(A)	(v).					
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (C		a. part or no support ii	o a go		arms or morn are gorierar					
8		A community trust describe		(1)(A)(vi). (Complete Part	t II)							
9	=	An agricultural research org			-	ed in coniu	inction with a land-grant	college				
Ŭ		or university or a non-land-g				-	-	-				
		university:	grant conege or agno	antare (oce mondonorio).	Littor the i	namo, only	, and state of the conege	, 01				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees and	d aross receints from				
		activities related to its exem										
		income and unrelated busin										
		See section 509(a)(2). (Con		(1033 300tion of Fitax) ite	nn basines	soco acquii	cd by the organization a	arter duric do, 1373.				
11		An organization organized a	•	vely to test for public sat	faty Saa	section 50)Q(a)(A)					
12	=	An organization organized a	· ·	•	•			nurnoses of one or				
12		more publicly supported or	•		-		•					
		lines 12a through 12d that						Direck the box on				
		¬	• •					aivina				
•	a <u>∟</u>		· · · · · · · · · · · · · · · · · · ·	•	•	-						
		the supported organization			majority C	i the direc	tors or trustees or the st	аррогинд				
		organization. You must o					al augustiana(a) laur la au					
'	b		•					-				
		control or management o			ame perso	ns that coi	ntroi or manage the supp	оопеа				
		organization(s). You mus			:			مالاند، ام				
•	C	☐ Type III functionally inte	= ::				• •	ea with,				
		its supported organization		·				- 1: (-)				
(d	☐ Type III non-functionally					• • • • •					
		that is not functionally int	-	•	-		='	veness				
		requirement (see instructi	•	= '								
(e <u></u>	Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or										
		er the number of supported o										
		vide the following informatior (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	'	organization	(11) 2.11	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
_				above (see instructions))	Yes	No	,	, ,				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	, notice 150,011, proce		,				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,		
	membership fees received. (Do not							
	include any "unusual grants.")	337,968.	909,164.	880,556.	546,334.	522,943.	3196965.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge		222 151	222 556	546 004	500 040	242525	
	Total. Add lines 1 through 3	337,968.	909,164.	880,556.	546,334.	522,943.	3196965.	
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,						755 400	
_	column (f)						755,420.	
	Public support. Subtract line 5 from line 4.						2441545.	
		(a) 0017	/b) 0010	/=\ 0010	(4) 0000	(=) 0001	(#) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2017 337, 968.	(b) 2018 909, 164.	(c) 2019 880, 556.	(d) 2020 546,334.	(e) 2021 522,943.	(f) Total 3196965.	
	Amounts from line 4	331,300.	909,104•	000,550.	340,334.	3443.	3190903.	
0	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	8,743.	12,788.	17,225.	27,145.	46,039.	111,940.	
۵	and income from similar sources Net income from unrelated business	0,743.	12,700.	17,225	27,143.	40,033.	111,040.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						3308905.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	11,228.	
	First 5 years. If the Form 990 is for the	•	,	ourth, or fifth tax \	ear as a section 5		· ·	
	organization, check this box and stor	· ·		•				
Sec	tion C. Computation of Publi	c Support Per	centage				•	
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.79 %	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	68.51 %	
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2020. If the d	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			>	
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□	
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶∐	
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							

Schedule A (Form 990) 2021

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	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
1		
8		
9a		
9b		
9c		
40-		
10a		
10b		
IUU		

132024 01-04-21

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

<u>4</u> 5

6

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

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

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ	X 501(c)(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						
, ,	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.						
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.						
year, contributior 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 any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year						
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certifying requirements of Schedule B (Form 990).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

NORTHERN JAGUAR PROJECT

42-1554992

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 29,000.	Person X Payroll

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

NORTHERN JAGUAR PROJECT

42-1554992

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

Page 3

Name of organization Employer identification number

NORTHERN JAGUAR PROJECT

42-1554992

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			Schedule R (Form 990) /2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** NORTHERN JAGUAR PROJECT 42-1554992 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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Schedule B (Form 990) (2021)

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

Inspection

Name of the organization

NORTHERN JAGUAR PROJECT

Employer identification number 42-1554992

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or	Accounts. Complete if the		
		(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 w		d in donor advised for	unds		
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes N		
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?			Yes N		
Pa	rt II Conservation Easements. Complete if the organic					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreati		Preservation of a h	istorically important land area		
	Protection of natural habitat		Preservation of a c	ertified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribute	tion in the form of a	conservation easement on the last		
	day of the tax year.			Held at the End of the Tax Ye		
а	Total number of conservation easements			2a		
b						
c	Number of conservation easements on a certified historic structure.			•		
	Number of conservation easements included in (c) acquired af					
	listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rele					
•	year ▶	acca, changaichea, ch te		amaanen dannig mo tax		
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period		on handling of			
•	violations, and enforcement of the conservation easements it I	• •		Yes N		
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
•	•	iamaming or trolamono, ame	. c.meremig cemeer re	and read and read and read		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation	easements during the year		
-	▶ \$	ing or violations, and onic	oromig concorvation	sassine daring the year		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)	i(B)(i)		
	and section 170(h)(4)(B)(ii)?	•	. , , ,			
9	In Part XIII, describe how the organization reports conservation					
_	balance sheet, and include, if applicable, the text of the footnot		•			
	organization's accounting for conservation easements.	oto to the organization of	manolal olatomorito	that describes the		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form 9					
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and b	palance sheet works		
	of art, historical treasures, or other similar assets held for publ	,				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b				nce sheet works of		
_	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:	on mornion, oddodnon, or				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
2	If the organization received or held works of art, historical trea					
~	the following amounts required to be reported under FASB AS			n, provide		
2	Revenue included on Form 990, Part VIII, line 1			> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 20		

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		OAGOAN II						J = J J i		age 🗲
Pai	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or C	other S	imilar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е								
С	Preservation for future generations									
4										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	rt IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		3			,	,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributions	or other assets	s not incl	uded				
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a							00		
	Too, explain the arrangement in rare xin e	and complete the for	lowing table.					Amoun	t	
С	Beginning balance					1c				
d						1d				
	Additions during the year									
e f	Distributions during the year					1e 1f				
	Ending balance Did the organization include an amount on Fo					$\overline{}$		Yes		No
	-				•					_ NO
	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete if									
	The state of the s	(a) Current year	(b) Prior year	(c) Two years b		Three ve	ars back	(e) Four	vears	hack
4.	Deginning of year helence	875,426.	870,389.	479,0			4,319.	(0) 1 001	371,	
1a	Beginning of year balance	1,895.	5,037.	391,3			4,710.			557.
b	Contributions	1,055.	3,037.	331,	,,,,,		74,710.			337.
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
Ť	Administrative expenses	077 221	97F 426	070		4.7			274	210
g	End of year balance	877,321.	875,426.	· · · · · · · · · · · · · · · · · · ·	009.	4 /	9,029.		374,	319.
2	Provide the estimated percentage of the curre) held as:						
а	•	33.6000	_%							
b	Permanent endowment ► 66.4000	%								
С	Term endowment ▶ .0000 g									
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered	for the c	rganizat	tion	ſ	· ·	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipme		n							
	Complete if the organization answered	1 "Yes" on Form 990	1	<u> </u>	art X, line	e 10.				
	Description of property	(a) Cost or o	` '	or other	(c) Accı		d	(d) Boo	k value	е
		basis (investr	nent) basis	(other)	depre	ciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other		1	0,847.	1	0,84	7.			0.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

Schedule D (Form 990) 2021 NORTHERN JA	AGUAR PROJECT	42	-1554992 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			1 - 6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(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"			d af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-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"		11d. See Form 990, Part X, line 15.	I 635
) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
\ - /			1

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 ... Schedule D (Form 990) 2021

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

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

Sche	edule D (Form 990) 2021 NORTHERN JAGUAR PROJ	ECT	42-1334992	₄ Page ⁴
Par	rt XI Reconciliation of Revenue per Audited Financial		per Return.	
1	Complete if the organization answered "Yes" on Form 990, Part Total revenue, gains, and other support per audited financial statement		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	'S		
	Net unrealized gains (losses) on investments	2a		
b	5			
d				
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financia	I Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	, ,	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	,			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		40	
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.	line (8.)	3	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Part	V line 4: Part X line 2: Part	ΧI
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov		, , , , , , , , , , , , , , , , , , ,	,,
		,		
PAF	RT V, LINE 4:			
ГHЕ	E PURPOSE OF THE ENDOWMENT FUNDS IS T	O PROVIDE FOR THE	STEWARDSHIP AN	ID
	NG-TERM MANAGEMENT OF THE NORTHERN JA	AGUAR RESERVE.		

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

NORTHERN JAGUAR PROJECT 42-1554992 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (f) Total (c) Number of (d) Activities conducted in the region employees, (by type) (such as, fundraising, proexpenditures offices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 0 JAGUAR RESERVE MANAGEMENT JAGUAR GUARDIANS 123,871. NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 0 JAGUAR RESERVE MANAGEMENT VIVIENDO CON FELINOS 55,426. NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 0 JAGUAR RESERVE MANAGEMENT ADMINISTRATIVE SUPPORT 69,455. NORTH AMERICA -CANADA AND MEXICO, BUT NOT THE UNITED RESTORATION AND INFRASTRUCTURE STATES 0 0 JAGUAR RESERVE MANAGEMENT 18,457. NORTH AMERICA -CANADA AND MEXICO, BUT NOT THE UNITED STATES 0 0 JAGUAR RESERVE MANAGEMENT EDUCATION AND OUTREACH 24,718. NORTH AMERICA -CANADA AND MEXICO BUT NOT THE UNITED STATES 0 0 JAGUAR RESERVE MANAGEMENT AUTOMOBILE 26,418. 0 0 318,345. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 318,345.

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Schedule F (Form 990) 2021

and 3b)

Part II

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 n	eeded.		

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		NORTH AMERICA -	JAGUAR GUARDIANS AND						
		I	RESERVE, EDUCATIONAL						
		MEXICO, BUT NOT	OUTREACH, VIVIENDO	107 000	MIDE WOLLD				
		THE UNITED STATES NORTH AMERICA -	CON FELINOS, RELATED	197,200.	WIRE TRANSFER	0.			
		CANADA AND							
			TRUCK PURCHASE,						
		· ·	ADMINISTRATION	16,000.	WIRE TRANSFER	0.			
				,					
2 Enter total number of	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

 \triangleright	

3 Enter total number of other organizations or entities

Part III				ites. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
(a) ┐	Part III can be duplicated if a Type of grant or assistance	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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) 2021

Schedule F (Form 990) 2021 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 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

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 2021 TO SEPTEMBER 2022

STRENGTH, BEAUTY, RENOWNED FOR THEIR POWER, 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 56,600-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 OVER 150 MOTION-TRIGGERED CAMERAS. OVER THE

YEARS, OUR RESEARCH AND MONITORING EFFORTS HAVE LED TO MORE THAN 80

DISTINCT JAGUARS DOCUMENTED ON THE RESERVE AND NEIGHBORING VIVIENDO CON

FELINOS RANCHES, WITH 2,300 JAGUAR IMAGES TO DATE. IN THE 2021 FISCAL

YEAR, 12 KNOWN JAGUARS MOVED ACROSS THE ENTIRE PROTECTED AREA RESULTING

IN MORE THAN 300 PHOTOS/VIDEOS. THE HIGHLIGHTS WERE ONE NEW JAGUAR,

LONG-TIME RESIDENTS, THE RETURN OF SOME OLD FRIENDS, A MATING PAIR, AND

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

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

ONE MOTHER JAGUAR WITH HER CUB.

AMONG OTHER RESEARCH ENDEAVORS, OUR COLLABORATION WITHIN THE
BORDERLANDS LINKAGES INITIATIVE RESULTED IN AN AWESOME DISCOVERY. WE
FOCUSED ON PREVIOUSLY UNEXPLORED HABITAT IN THE STATE TO INITIATE THE
FIRST STATE-WIDE JAGUAR MONITORING EFFORT IN SONORA. WE PARTICIPATED
WITH OTHER FIVE ORGANIZATIONS AND WERE RESPONSIBLE, AMONG OTHER
CONTINUING ACTIVITIES, FOR THE DEVELOPMENT OF THE FIRST JAGUAR
MONITORING PROTOCOL IN THE STATE. AS PART OF THIS COLLABORATION, WE
WERE IN CHARGE OF THE INDIVIDUAL IDENTIFICATION OF THE DETECTED
ANIMALS, AND THEREFORE HAD THE OPPORTUNITY TO DISCOVER THAT EL JEFE, A
MALE REPORTED 7 YEARS AGO IN ARIZONA, WAS RECORDED IN CENTRAL SONORA IN
NOVEMBER 2021 BY ONE OF THE OTHER PARTNER ORGANIZATIONS (PROFAUNA).

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

14 VIVIENDO CON FELINOS RANCHES.

BEYOND JAGUARS, OUR RESEARCH HAS IDENTIFIED MORE THAN 190 DIFFERENT

OCELOTS TO DATE. TWO MALE OCELOTS AND FOUR 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.

COMMUNITY OUTREACH

OUR VIVIENDO CON FELINOS PROJECT EXTENDED PROTECTION FOR JAGUARS AND

Schedule O (Form 990) 2021 Page 2

Employer identification number Name of the organization 42-1554992 NORTHERN JAGUAR PROJECT OTHER FELINES ON 19 RANCHES, ENCOMPASSING MORE THAN 125,000 TOTAL ACRES. WE PROVIDED MONETARY AWARDS FOR FELINE PHOTOGRAPHS TO PROMOTE THE PRESENCE OF LIVING WILDLIFE AND WORKED WITH RANCHERS TO MINIMIZE HUMAN-WILDLIFE CONFLICTS.

OUR ANNUAL COMMUNITY-WIDE CELEBRATION AND PHOTO EXHIBIT TO HONOR THE VIVIENDO CON FELINOS RANCHERS, WITH ALL THE OTHER RELATED ACTIVITIES, WAS SUSPENDED DUE TO THE COVID-19 PANDEMIC, BUT WE MADE ARRANGEMENTS FOR THE CELEBRATION IN OCTOBER 2022.

ALTHOUGH PLANNED MEETINGS AND RESTORATION WORKSHOPS WITH THE RANCHERS WERE POSTPONED DUE TO COVID-19, WE CONTINUE TO MEET WITH MANY RANCHERS ONE-ON-ONE TO DISCUSS CONCERNS ABOUT CATTLE MANAGEMENT AND FIND CONSERVATION-ORIENTED SOLUTIONS TO HELP MAINTAIN THEIR LIVELIHOODS. FOR HEALTH SAFETY REASONS, SOME CONTACTS ARE THROUGH REMOTE COMMUNICATION, BUT WE KEEP CONTACT WITH ALL THE INVOLVED RANCHERS.

OUR ECO-GUARDIAN CLUB CONTINUED TO ENGAGE KIDS WITH AT-HOME ACTIVITIES THROUGH THE PUBLICATION OF A MONTHLY BOOKLET. 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 TEAM DEVELOPED EDUCATIONAL MATERIALS AND UPDATED WORKSHOPS FOR WHEN SCHOOLS REOPEN.

NORTHERN JAGUAR RESERVE

OUR FIELD TEAM INSURED THE EFFICIENT MANAGEMENT OF THE RESERVE WITH INFRASTRUCTURE WORK THAT INCLUDED CAMP MAINTENANCE, UPGRADES TO SOLAR POWER AND WATER SYSTEMS, WEATHER STATION REPAIRS, AND ROAD MAINTENANCE

<u>Schedule O (Form 990) 2021</u>

Name of the organization NORTHERN JAGUAR PROJECT

Employer identification number 42-1554992

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 SELECTED 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 88% 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

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

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

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

FORM 990 IS REVIEWED IN-DEPTH BY THE EXECUTIVE DIRECTOR, ADMINISTRATIVE

MANAGER, BOARD PRESIDENT AND TREASURER PRIOR TO FILING. THE DRAFT FORM 990

IS PROVIDED TO THE BOARD PRIOR TO FILING.

Schedule O (Form 990) 2021 Page **2**

Name of the organization

NORTHERN JAGUAR PROJECT

Employer identification number
42-1554992

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

POSITIONS OF EXECUTIVE DIRECTOR AND ADMINISTRATIVE MANAGER, THE BOARD USES

COMPENSATION SURVEYS TO APPROVE THE LEVEL OF COMPENSATION.

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND ADMINISTRATIVE MANAGER WERE LAST REVIEWED IN 2021.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

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

GUIDESTAR.