### Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	ne 2017 calen	dar year, or tax year b	eginning		, 2017,	and endin	g		,	,	
В	Check	if applicable:	С			<u> </u>		D Employer identification number				
	Ad	ddress change	SNOW LEOPARD (	CONSERVANCY	7				61-	16149	981	
		ame change	75 BOYES BLVD	00110111111101	-				E Telepho			
		itial return	SONOMA, CA 95	176					(70	7) 91	38-1700	
	$\mathbf{H}$	nal return/terminated							(70	1) ).	30 1700	
		mended return							<b>G</b> Gross re		\$ 405	602
		oplication pending	<b>F</b> Name and address of pr	incinal officer:				H(a) Is this	a group return			693.  X  <sub>No</sub>
	A	opiication pending	•					` '			_ ''	No No
_	Tay	overnt status	Same As C Abov		noort no \	4047(a)(1) or	527	If 'No,'	l subordinates ' attach a list.	(see inst	tructions)	
÷		exempt status	X 501(c)(3) 501(c		nsert no.)	4947(a)(1) or						
<u>J</u>	_		W.SNOWLEOPARDO			1.			exemption nu			
K		of organization:	X Corporation Trust	Association	Other ►	LY	ear of formati	on: 201	0 <b>M</b> s	tate of le	egal domicile: CA	
Pa	rt I	Summar	<u>y</u>									
	1	Briefly descri	be the organization's r	nission or most :	significant a	ictivities:Ens	uring s	<u>snow l</u>	<u>eopard</u>	sur	<u>vival and</u>	
ė			<u>ng mountain la</u>								<u>nd sharing</u>	L
ä		<u>innovati</u>	<u>ve practices t</u>	hrough com	<u>unity s</u>	<u>tewardsh</u>	ip and	<u>partne</u>	<u>erships</u>	<u>:</u>		
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જ	4		dependent voting men							4		5 4
es	5		of individuals employ							5		3
Activities & Governance	6		r of volunteers (estima							6		50
ç	7a		ed business revenue fr							7a		0.
			d business taxable inco							7b		0.
									Prior Year		Current Yo	
_	8	Contributions	and grants (Part VIII,	line 1h)								,819.
Revenue	9	Program serv	vice revenue (Part VIII	line 2g)								0201
ķ	10	Investment in	ncome (Part VIII, colun	nn (A), lines 3, 4	, and 7d)							512.
æ	11	Other revenu	e (Part VIII, column (A	), lines 5, 6d, 8d	c, 9c, 10c, a	ınd 11e)					1	,362.
	12	Total revenue	e - add lines 8 throug	n 11 (must equal	Part VIII, o	column (A), lir	ne 12)				485	,693.
	13	Grants and s	imilar amounts paid (F	art IX, column (	A), lines 1-3	3)					78	,252.
	14	Benefits paid	I to or for members (Pa	art IX, column (A	A), line 4)							
	15	Salaries, other	er compensation, emp	loyee benefits (P	art IX, colu	mn (A), lines	5-10)				121	,054.
Ses	16 a	Professional	fundraising fees (Part	IX, column (A),	line 11e)							
Expenses	h	Total fundrais	sing expenses (Part IX	column (D) lin	e 25) ►							
盃			ses (Part IX, column (A								105	1.40
			es. Add lines 13-17 (m	* *								<u>,149.</u>
	18											<u>, 455.</u>
		Revenue less	s expenses. Subtract li	ne 18 from line	12							,238.
ts or		Total assats	(Port V. line 16)						ng of Curren		End of Ye	
Net Assets o Fund Balance	20		(Part X, line 16) s (Part X, line 26)						430,8			, 235.
et A	21		, ,					_	16,1			,317.
	22		fund balances. Subtra	act line 21 from I	ine 20				414,6	80.	505	<u>,918.</u>
Pa	rt II	Signatur	e Block									
Unde	r penal	ties of perjury, I de	eclare that I have examined tharer (other than officer) is base	is return, including acc	companying sch	nedules and stater	ments, and to t	the best of m	ny knowledge	and belie	ef, it is true, correct	, and
	лете. Б	L.	arer (other than officer) is base	a on an information o	i willon propure	. Has any knowled	age.	-				
٠.		Signatu	ire of officer					Da	ate			
Sig	ın											
He	re		ney Jackson					Pres	ident			
			r print name and title	In · ·			In-t		, , , , , , , , , , , , , , , , , , ,	1 1.	DTIN	
		Print/Type p	oreparer's name	Preparer's sign			Date		Check	J"	PTIN	
Paid Ann Marie Carinalli Ann Marie Carinalli self-employed					ed ]	P00504606						
	pare		e ► <u>Ann M. Car</u>	inalli, CP	A, Inc.							
Us	e On	Firm's addre	ess ▶ <u>1171 Gra</u> ve	nstein Hwy	South				Firm's EIN	<u>46</u> -	-2003971	
_			Sebastopol	, CA 95472					Phone no.	(707	7) 824-444	4
May	the I	RS discuss th	nis return with the prep			tructions)					X Yes	No

Strety describe the organization's mission:   Ensuring snow leopard survival and conserving mountain landscapes by expanding environmental awareness and sharing innovative practices through comunity stewardship and partnerships.   Dot the organization undertake any significant program services during the year which were not listed on the prior From 990 or 990 E22.   Yes: describe these new services on Schedule O.   Yes: describe these new services on Schedule O.   Yes: describe these new services on Schedule O.   Yes: describe these changes on Schedule O.   Yes: describe the organization groups across accomplishments for each of its three largest program services, as measured by expenses. Section 501c(6) and 501c(6) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501c(6) and 501c(6) organizations are required to report the amount of grants are allocations to others, the total expenses. Section 501c(6) and 501c(6) organizations are required to report the amount of grants are allocations to others, the total expenses. Section 501c(6) and 501c(6) organizations are required to report the amount of grants are vices. Section 501c(6) and 501c(6) organizations are required.   Yes:	Par	: III	Statement of Program Service Accomplishments	
Ensuring snow leopard survival and conserving mountain landscames by expanding environmental awareness and sharing innovative practices through comunity stewardship and partnerships.  2 Dud the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 Eco or Section these new services on Schedule O.  3 Dud the organization undertake any significant program services of the company of the c			Check if Schedule O contains a response or note to any line in this Part III	
environmental awareness and sharing innovative practices through comunity stewardship and partnerships.  2 Did the organization underske any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?  If Yes. describe these new services on Schedule O.  If Yes, describe these new services on Schedule O.  If Yes, describe these new services on Schedule O.  If Yes, describe these new services on Schedule O.  If Yes, describe these changes on Schedule O.  If Yes, describe the Schedule O.  If Yes, describe the Schedule O.  If Yes X No  If Yes, describe the Schedule O.  If Yes on the Schedule O.  If Yes, describe the Schedule O.  If Yes on the Schedule O.  If Yes on the Schedule O.  If Yes, describe the Schedule O.  If Yes on the Schedule	1	-		
and partnerships.  2 Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?  If Yes, describe these new services on Schedule O.  3 Dd the organization coase conducting, or make significant changes in how it conducts, any program services?				
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?				<u>ship</u>
Form 990 or 990-E27.		<u>and</u>	partnerships.	
Form 990 or 990-E27.				
If 'Yes,' describe these new services on Schedule O.  If Yes,' describe these changes on Schedule O.  If Yes,' describe these changes on Schedule O.  A Describe the organization's program service accomplishments for each of its three largest program services?	2			
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No if Yes, describe these changes on Schedule O.  4 Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ 236,762, including grants of \$ 10,049.) (Revenue \$ 0.005ERVATION PROGRAM: The Snow Leopard Conservancy works with local partners to provide technical assistance, grants and incentives for community-based activities which are environmentally sound ad socially responsible, linked to specific stewardship and bloid/versity, conservation commitments, and designed to maximize community "ownership", long-term self-reliance, and ecosystem health. In addition, we facilitate the land of the Snow Leopard (LoSI) Network, a group of Indigenous Cultural Practitioners (ICP's) -i.e. shamans, healers, sacred site guardians and revered elders - primarily in Central Asia, where snow leopards are considered sacred totem animals. We work to mainstream Traditional Ecological Knowledge into planning for snow leopard conservation, and to create pathways for ICP's to materially contribute to decision-making and conservation planning.  4b (Code: ) (Expenses \$ 88,787. including grants of \$ ) (Revenue \$ )  EDUCATIONAL PROGRAM: The Snow Leopard Conservancy's range-country activities center around simple teaching tools appropriate for remote rural areas. We work through a network of local teachers, teacher-trainers and nonprofit organizations, to develop and conduct classroom and after-school activities. Through our website we offer conservation education materials and information to children and teachers everywhere. In addition, we work with our LOSI. Network partners to Integrate the snow leopard into conservation education curricula throughout Central Asia.  4c (Code: ) (Expenses \$ 26,922. including grants of \$ 68,203.) (Revenue \$ )  RESFARCH PROGRAM: The Snow Le				No
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# Form 990 (2017) SNOW LEOPARD CONSERVANCY 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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 Revenue Procedure 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	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.	11 b		X
(	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.	11 c		Х
C	I 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.	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

# Form 990 (2017) SNOW LEOPARD CONSERVANCY Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ł	olf '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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		Х

## 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....

	Check if Schedule O contains a response or note to any line in this Part V				
			_	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b (	)		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c	X	
2 a	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	<b>2</b> a 3			
h	of at least one is reported on line 2a, did the organization file all required federal employmen		2 b	Χ	
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
<b>4 a</b> 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)?					
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf		5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	partly for goods and	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	was required to file	7 c		Х
	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		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file las required?		7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained organization have excess business holdings at any time during the year?	, ,	8		
q	Sponsoring organizations maintaining donor advised funds.		-		
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:	<u>.</u>			
	Gross income from members or shareholders.	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 ь			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	i i	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedu	ie U.			
	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.	13b			
	Enter the amount of reserves on hand	13c	14a		Χ
			14a		Λ
ΛΛ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Scriedule O	_	990 /	(2017)

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

### 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other per week (list any compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer employee hours for and related related organizations organiza tions helow dotted (1) Christen Wemmer 1 Vice President 0 0 Χ Χ 0 0. (2) Caroline Gabel 1 Chairman 0 Χ Χ 0 0 0. (3) Tshewang Wangchuk 0 0 0. Trustee Χ 0 0 (4) Rodney Jackson 40 President 0 Χ 45,000 0 0. (5) Mary Herrmann 1 Secretary 0 Χ 0 0. 0. (6) Bob Wilson 1 Treasurer 0 0. Χ 0 0. (7) (8) (9) (10) (11)(12)(13)(14)

Form 990 (2017) SNOW LEOPARD CONSERVANC	Y								61-1614983	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
<b>(A)</b> Name and title	Average hours per week	box	, unle	check ess pe	sition more	e than o is both or/trust	n an tee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>										
(16)										
(17)										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							▶	45,000.	0.	0.
c Total from continuation sheets to Part VII, Section 17 and 18 and 19							<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)							/ed	45,000.	0.	0.
from the organization • 0	to those i	isicu	abo	ve) v	WIIO	recen	veu	more than \$100,00	o or reportable comp	crisation
	tor or tru	otoo	kov	, 000	مامد	100	or b	ighaat aamnanaa	tod amplayed	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	h individu	ıal								3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	er than \$1	50,0	00'?	If 'Y	es,	' com	ple	te Schèdule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	n fr chea	om : lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	individual	. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compense.	cated ind	onon	dont	l cor	ntra	otorc	tha	t received more th	han \$100 000 of	_
compensation from the organization. Report compens	sation for	the c	alen	dar <u>y</u>	year	endir	ng v	vith or within the or	ganization's tax year	
(A) Name and business addr	ess							Description o	of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including b	out not lim	ited to	o the	)SE I	ister	d ahov	ve)	who received more	than	
\$100,000 of compensation from the organization				, J U	.5,00	. 450		received more	and i	

Part VIII Statement of Revenue
--------------------------------

Business Code   Business Cod		Check if Schedule O contains a response or note to any	line in this Part VI	II		
By Membership dues   1b   15   1,487.			<b>(A)</b> Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Business Code   Business Cod	ontributions, Gifts, Grants nd Other Similar Amounts	b Membership dues	402.010			
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 Royalties.  6a Gross rents.	ပ္က		483,819.			
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 Royalties.  6a Gross rents.	rogram Service Revenue	b c d e f All other program service revenue				
other similar amounts)	Δ.	_				
Company		other similar amounts)	512.	512.		
6a Gross rents						
7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses		6 a Gross rents  b Less: rental expenses c Rental income or (loss)				
Page 14 Gross and inventory a sest other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Netgain or (loss)		(i) Sequities (ii) Other				
d Net gain or (loss)		b Less: cost or other basis and sales expenses				
(not including. \$ 51,487. of contributions reported on line 1c).  See Part IV, line 18						
b Less: direct expenses b c Net income or (loss) from gaming activities >  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory >  Miscellaneous Revenue Business Code  11a Sale of products 900099 1,362. 1,362. b c d All other revenue e Total. Add lines 11a-11d		(not including. \$ 51,487. of contributions reported on line 1c). See Part IV, line 18				
b Less: direct expenses b c Net income or (loss) from gaming activities >  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory >  Miscellaneous Revenue Business Code  11a Sale of products 900099 1,362. 1,362. b c d All other revenue e Total. Add lines 11a-11d	•					
10 a Gross sales of inventory, less returns and allowances		<b>b</b> Less: direct expenses <b>b</b>				
and allowances		c Net income or (loss) from gaming activities▶				
Miscellaneous Revenue   Business Code		and allowances				
11a Sale of products       900099       1,362.         b       1,362.         c       0 All other revenue         e Total. Add lines 11a-11d       1,362.         12 Total revenue. See instructions       485,693.       512.       0.       1,362.						
e Total. Add lines 11a-11d		b	1,362.			1,362.
<b>12 Total revenue.</b> See instructions		2	1 000			
				F10	^	1 202
		L L		512.	υ.	Form <b>990</b> (2017)

#### 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).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		скропосо	general expenses	ехрепзез
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	78,252.	78,252.		
4 5	Benefits paid to or for members	45,000.	45,000.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	70,679.	70,679.		<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 0, 0.30	,		
9	Other employee benefits				
10	Payroll taxes	5,375.	5,375.		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	: Accounting	2,700.		2,700.	
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	185.		185.	
12	Advertising and promotion	165.		165.	
13	Office expenses	4,544.		4,544.	
14	Information technology	,		,	
15	Royalties				
16	Occupancy	16,800.		16,800.	
17	Travel	70,259.	70,259.	·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,135.	11,135.		
20	Interest	26.		26.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	862.		862.	
23	Insurance	7,108.		7,108.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Contract Services	54,991.	54,991.		
	Supplies/Equipment	13,862.	13,862.		
	<u>Telephone</u>	2,383.		2,383.	
c	Bank Fees	2,186.		2,186.	
e	All other expenses	7,943.	2,918.	5,025.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	394,455.	352,471.	41,984.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			427,062.	1	513,145.
	2	Savings and temporary cash investments			·	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated el Part II of Schedule L		_			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		5			
		beneficiary organizations (see instructions). Complete	of Schedule L		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,005.	9	180.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	4,777.	=,		=
	b	Less: accumulated depreciation	10 b	2,867.	2,802.	10 c	1,910.
	11	Investments – publicly traded securities			2,002.	11	1, 510.
	12	Investments – other securities. See Part IV, line 11		<b> -</b>		12	
	13	Investments – program-related. See Part IV, line 11.		<b> -</b>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line			430,869.	16	515,235.
	17	Accounts payable and accrued expenses	10,654.	17	8,263.		
	18	Grants payable		10,034.	18	0,203.	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and	rs, direc I disqual	tors, trustees, ified persons.			
ï		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated th	•			23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			5,535.	25	1,054.
	26	<b>Total liabilities.</b> Add lines 17 through 25		_	16,189.	26	9,317.
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	-	_			
a	27	Unrestricted net assets		-	377,658. 37,022.	27 28	505,918.
Ba	28	•	Temporarily restricted net assets				
p	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.					
9	30	Capital stock or trust principal, or current funds			30		
8	31	Paid-in or capital surplus, or land, building, or equipment	ent fund	l		31	
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
et	33	Total net assets or fund balances			414,680.	33	505,918.
_	34	Total liabilities and net assets/fund balances			430,869.	34	515,235.

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Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48	35,6	593.
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	94,4	155.
3	• • • • • • • • • • • • • • • • • • • •					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	5 Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				
7	Investment expenses					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5.0	15 0	918.
Par	rt XII Financial Statements and Reporting	10	ļ	5(	,,,	710.
ı uı	<u> </u>					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
-						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ved on	a			
	separate basis, consolidated basis, or both:	100 OII	ŭ			
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate				
	basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
ł	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required are or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		

**BAA** Form **990** (2017)

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

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number SNOW LEOPARD CONSERVANCY 61-1614981 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support				•		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)				
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	17 (line 6, columi	n (f) divided by li	ne 11, column (f))		14	%
15	Public support percentage from 2	2016 Schedule A,	Part II, line 14.			15	%
16a	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2016.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	<b>e.</b> Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Part ed organization	VI how the▶
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions ►

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.)

Sec	Section A. Public Support								
Calend	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	446,346.	384,472.	414,343.	408,615.	130,774.	1,784,550.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	440,540.	304, 112.	111,515.	100,010.	130,777	0.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	446,346.	384,472.	414,343.	408,615.	130,774.	1,784,550.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.			
•	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support. (Subtract line	0.	0.	0.	0.	0.	0.		
	7c from line 6.)						1,784,550.		
	tion B. Total Support								
	dar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total		
	Amounts from line 6	446,346.	384,472.	414,343.	408,615.	130,774.	1,784,550.		
	payments received on securities loans, rents, royalties, and income from similar sources	274.	217.	336.	301.		1,128.		
	taxes) from businesses acquired after June 30, 1975.						0.		
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	274.	217.	336.	301.	0.	1,128.		
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	446,620.	384,689.	414,679.	408,916.	130,774.	1,785,678.		
	First five years. If the Form 990 organization, check this box and	stop here							
Sec	tion C. Computation of Pul								
15	Public support percentage for 20	•	``				99.94 %		
16	Public support percentage from 2					16	0.00 %		
Sec	tion D. Computation of Inv								
17	Investment income percentage for	•	• •	-			0.06 %		
18	Investment income percentage f						0.00 %		
19a	<b>33-1/3% support tests—2017.</b> If t is not more than 33-1/3%, check	the organization di this box and <b>stop</b>	id not check the b here. The organi	ox on line 14, an zation qualifies a	d line 15 is more is a publicly suppo	than 33-1/3%, an orted organization	d line 17		
	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	e organization qua	alifies as a publicl	y supported orga	-1/3%, and nization ►		
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, cl	neck this box and	see instructions.			

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of	6		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in <b>Part VI</b>.</i>	9a 9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2017 SNOW LEOPARD CONSERVANCY		61-16	14981	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Y (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Y (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
- 7	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
(	Fair market value of other non-exempt-use assets	1c			
(	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Ye	ar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990 or 990-EZ) 2017

BAA

10 Line 8 amount divided by line 9 amount

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	

(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Excess	Excess Underdistributions

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	SNOW LEOPARD CONSERVANCY			61-1614981
Par	t   Organizations Maintaining Dono			counts.
	Complete if the organization answer	wered 'Yes' on Form 990, Part I	V, line 6.	
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dorare the organization's property, subject to the			
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that g of the donor or donor advisor, or for a	rant funds can be us ny other purpose co	sed only inferring Yes No
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, Part	V, line 7.	
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	ecreation or education) Prese	rvation of a historica	ally important land area
	Protection of natural habitat	Prese	rvation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization I last day of the tax year.	neld a qualified conservation contribution i	n the form of a conse	rvation easement on the
				Held at the End of the Tax Year
ā	Total number of conservation easements		2a	
t	Total acreage restricted by conservation ease	ments		
(	: Number of conservation easements on a certi	fied historic structure included in (a)	2c	
C	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 7/25/06, and not or	n a historic	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or termin	ated by the organizati	on during the
4	Number of states where property subject to conse	rvation easement is located ►		
5	Does the organization have a written policy re	garding the periodic monitoring, inspec	ction, handling of vic	lations,
	and enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitoring,  •		-	
7	Amount of expenses incurred in monitoring, inspering \$	ecting, handling of violations, and enforcin	g conservation easem	nents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	nts of section 170(h)	(4)(B)(i) 
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	conservation easements in its revenue a to the organization's financial statemer	nd expense statemen its that describes the	t, and balance sheet, and e organization's accounting for
Par	till Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasu	res, or Other Sin	milar Assets.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	SFAS 116 (ASC 958), not to report in sld for public exhibition, education, or rese	its revenue stateme earch in furtherance of	ent and balance sheet works of public service, provide,
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held fo following amounts relating to these items:	or public exhibition, education, or research	in furtherance of pub	olic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to these items:	-	
	Revenue included on Form 990, Part VIII, line	1		
L	Accete included in Form 990 Part Y			<b>▶</b> \$

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai i reasures, or	Other Similar Ass	sets (continuea)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check a	ny of the following that are	e a significant use of its	collection
a Public exhibition	<b>d</b> Loan o	or exchange programs		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	exempt purpose in	
<b>5</b> During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?	'	Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on	nents. Complete if t Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	☐ Yes ☐ No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:		
				Amount
c Beginning balance			1c	
<b>d</b> Additions during the year			1d	
e Distributions during the year			1e	
f Ending balance			1f	
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.				
Part V Endowment Funds. Complete if	the erganization an	swored 'Ves' on Fe	rm 000 Part IV/ li	no 10
Part V Endowment Funds. Complete if (a) Current				(e) Four years back
1 a Beginning of year balance	. year (b) Frior year	(C) TWO years back	(u) Tillee years back	(e) I out years back
<b>b</b> Contributions				+
<b>b</b> Contributions				
c Net investment earnings, gains,				
and losses				
Other expenditures for facilities and programs				
f Administrative expenses				+
<b>q</b> End of year balance				
2 Provide the estimated percentage of the curre	ent year end halance (lin	e 1g. column (a)) held a		
a Board designated or quasi-endowment ►	%	c rg, coluinii (a)) ncia t	13.	
<b>b</b> Permanent endowment				
	%			
c Temporarily restricted endowment ►				
The percentages on lines 2a, 2b, and 2c should e	equal 100%.			
3 a Are there endowment funds not in the possession	of the organization that a	re held and administered	for the	
organization by:				Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the related organiza	· ·			. 3b
4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds.		
Part VI Land, Buildings, and Equipmen				
Complete if the organization ans	wered 'Yes' on Forr	n 990, Part IV, line	11a. See Form 99	90, Part X, line 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	(investment)	basis (other)	depreciation	
<b>1 a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		3,652.	2,371.	1,281.
<b>e</b> Other		1,125.	496.	629.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o			1,910.

BAA Schedule **D** (Form 990) 2017

BAA

Part VII		Other Securities.		N/A	
				), Part IV, line 11b. See Form	
(a) Desc	ription of security or cate	gory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end	-of-year market value
` '					
	y-held equity interes	ts			
(3) Other					
(A)					
(B)					
(C)					
(D) (E)			_		
(E)			_		
<u>(F)</u>			_		
$\frac{(G)}{(H)}$			_		
(l)			_		
	nn (h) must saual Form (	90, Part X, column (B) line 12.) <sup>1</sup>			
		- Program Related.		N/A	
rart viii	Complete if the	e organization answere	d 'Yes' on Form 990	), Part IV, line 11c. See Form	990, Part X, line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or en	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13.) <sup>1</sup>			
Part IX	Complete if the	e organization answere	d 'Yes' on Form 990	), Part IV, line 11d. See Form	990. Part X. line 15.
			escription	.,	<b>(b)</b> Book value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co	lumn (b) must equa	l Form 990, Part X, column	(B) line 15.)		>
Part X	Other Liabilitie	es.			_
				1e or 11f. See Form 990, Part X, line 2	5
(1) Fodo	ral income taxes	tion of liability	(b) Book value		
	dit Cards		-12	1	
	roll liabili	ties	10		
	mb Payable	C1C5	1,07		
(5)					
(6)					
(7)					
(8)					
(8) (9)					
(8) (9) (10)					
(8) (9) (10) (11)	ma (h) must seud 5	00 Part V salvina (P.Vin CE)	1.05		
(8) (9) (10) (11) Total. (Colum		90, Part X, column (B) line 25.)		4. nancial statements that reports the organization	's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Doturn M/A
	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of Facilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	2 e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2017

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### Statement of Activities Outside the United States

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

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

2017 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SNOW LEOPARD CONSERVANCY

Employer identification number

61-1614981

Part I General Informat on Form 990, Par	ion on Activition to IV, line 14b.	es Outside the	e United States. Complet	te if the organization	n answered 'Yes'
1 For grantmakers. Does the the grantees' eligibility for	organization mai	ntain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assista the grants or assistance	nce, e?XYes No
2 For grantmakers. Describe in United States. Part		zation's procedures	s for monitoring the use of its gra	ants and other assistance	outside the
3 Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)Part V	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				Education and	
(1) South Asia		3	Program Services	Conservation	63,400.
				Education &	
(2) East Asia		1	Program Services	Conservation	7,784.
Russia and				Education &	
(3) neighboring states		2	Program Services	Conservation	10,825.
(4)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
<u>(15)</u>					
(16)					
(17)					
<b>3 a</b> Sub-total		6			82,009.
<b>b</b> Total from continuation sheets to Part I					
C Totals (add lines 3a and 3h)	Λ	6			82 009

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 needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				Education/					
(1)			East Asia	Conserv.	7,784.				USD
			Russia and	Education/					
(2)			neig	Conserv.	10,825.				USD
				Education/					
(3)			South Asia	Conserv.	59,643.				USD
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2	Enter total number of recipient organization the grantee or counsel has provided a	ons listed above that a section 501(c)(3) equ	re recognized as cha uivalency letter	rities by the forei	gn country, recognize	ed as tax-exempt b	by the IRS, or for whi	ich •	(
3	Enter total number of other organization	ons or entities						►	

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2017

Pai	rt IV	Foreign Forms		
1	organiz	e organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ation (see Instructions for Form 926).	Yes	X No
2	required of Certa	organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be If to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt Information Return of Foreign Trust With a U.S. (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	organiz	organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ration may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Corporations (see Instructions for Form 5471).	Yes	X No
4	electing Return	e organization a direct or indirect shareholder of a passive foreign investment company or a qualified fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see tions for Form 8621).	Yes	X No
5	organiz	organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ration may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign (see Instructions for Form 8865).	Yes	X No
6	If 'Yes,	organization have any operations in or related to any boycotting countries during the tax year? ' the organization may be required to separately file Form 5713, International Boycott Report (see tions for Form 5713; do not file with Form 990).	Yes	X No

 BAA
 TEEA3505L
 08/10/17
 Schedule F (Form 990) 2017

#### 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 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Status and financial reports are required at schedules specified in the Memorandum of Understanding.

#### Part I - Additional Supplemental Information

GSLEP stands for Global Snow Leopard & Ecosystem Protection Program.

BAA TEEA3504L 08/10/17 Schedule F (Form 990) 2017

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

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number							
SNOW LEOPARD CONSERVANCY 61-1614981							
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	quired to comp	lete this p	art.				
1 Indicate whether the organization	aised funds the	rough any	of the foll				
a Mail solicitations e Solicitation of non-government grants							
b Internet and email solicitations f Solicitation of government grants							
c Phone solicitations g Special fundraising events							
d n-person solicitations				_			
2a Did the organization have a written o	r oral agreement	t with any i	individual (	including officers, directo	rs, trustee	es, or key	
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	?	
<b>b</b> If 'Yes,' list the 10 highest paid inc compensated at least \$5,000 by the	lividuals or enti e organization.	ities (fund	raisers) pı	ursuant to agreements i	under wh	ich the fundra	iser is to be
(2) Name and address of individual		(iii) Did	fundraiser	<i>(</i> 1.) O	(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in column (i)		(or retained by) organization
		Yes	No			(7	
1							
2							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.
3 List all states in which the organization or licensing.	on is registered o	or licensed	to solicit c	ontributions or has been	notified it	is exempt from	n registration

Sche	edule	G (Form 990 or 990-EZ) 2017 SNOW LE	OPARD CONSERVA	NCY	61-16	14981 Page <b>2</b>				
		<b>Fundraising Events.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
R			(a) Event #1  Special Event (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add column (a) through column (c))				
R E V E N U E	1	Gross receipts	51,487.			51,487.				
Ĕ	2	Less: Contributions	51,487.			51,487.				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
D	5	Noncash prizes								
I R E C T	6	Rent/facility costs								
	7	Food and beverages								
P E	8	Entertainment								
E X P E N S E S	9	Other direct expenses								
Par	10 11 t III	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	om line 3, column (d).			ported more than				
R E V E		\$15,000 OH 1 OHH 330 EZ, IIIIC Cd.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
E N U E	1	Gross revenue								
	2	Cash prizes								
D X I P R E E N	3	Noncash prizes								
C S T E S	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes 8	Yes 8	Yes 8					
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)							
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, colum	ın (d)	<b>&gt;</b>					
9	Ente	er the state(s) in which the organization co	nducts gaming activitie	es:						
		ne organization licensed to conduct gaming lo,' explain:	activities in each of th	nese states?		Yes No				

**b** If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

>cne	edule G (Form 990 or 990-EZ) 2017 SNOW LEOPARD CONSERVANCY	1-1614981	Page 3
11	Does the organization conduct gaming activities with nonmembers?	· · · · Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	····· Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility.	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name ►		
	Address ►		
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization   square \$ and the of gaming revenue retained by the third party   square \$ and the organization   square \$ and the organization	e? Yes ne amount	No
	Name •		
	Address ►		i 
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year ► \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, co	umns (iii) and (	v);
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	y additional	
	information. Occ instructions.		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

61-1614981

Department of the Treasury Internal Revenue Service

Name of the organization

SNOW LEOPARD CONSERVANCY

#### Form 990, Part VI, Line 11b- Form 990 Review Process

Copies of the Form 990 and related schedules are emailed to all board members 6 to 7 days prior to filing.

#### Form 990, Part VI, Line 12c- Explanation of Conflicts

Confilict of interest policy is reviewed and approved annually by the Board of Directors.

#### Form 990, Part VI, Line 15a-Compensation Review & Approval

The Board of Directors reviews all such compensation based on comparable rates

#### Form 990, Part VI, Line 19 -Other Organization Docu Publicly Available

Governing documents, Form 990 and accompanying schedules, conflict of interest policy statement, and financial statements are available upon written request to the office of the Snow Leopard Conservancy. Form 990 is also posted on the GuideStar website.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

#### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Need a description of the compensation review and approval process of the officers and the key employees

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.