# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

<u>A</u> F	or the	e 2022 calendar year, or tax year beginning and e	ending					
<b>B</b> (	heck if pplicable	C Name of organization		D Employer identifie	cation number			
	Addres	PANTHERA CORPORATION						
	Name change			20-46687	56			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	Final return/			(646)786	-0400			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 20,324,070.				
	Ameno	NEW TORK, NT 10016		H(a) Is this a group re				
	Applic tion pendir			for subordinates	? Yes X No			
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	1	list. See instructions			
	Vebsit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2006 N	M State of legal domicile; DE			
Pa	rt I	Summary	י ג מיזו	MICCION IC	mite			
ě	1	Briefly describe the organization's mission or most significant activities: PANTE CONSERVATION OF THE WORLD'S 40 WILD CAT SI	DECTES	MISSION IS	тпь			
Governance	l							
/er	l	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)			11			
é		Number of independent voting members of the governing body (Part VI, line 1b)			10			
<u>«</u> ة		Total number of individuals employed in calendar year 2022 (Part V, line 1a)			58			
ij		Total number of volunteers (estimate if necessary)			12			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
a)	8	Contributions and grants (Part VIII, line 1h)		19,283,640.	20,192,366.			
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100,225.	5,343.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125,244.	54,982.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,509,109.	20,252,691.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,850,353.	1,854,799.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,678,044.	10,727,625.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 1,022,64		0 202 502	11 201 622			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,382,502. 19,910,899.	11,391,633.			
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-401,790.	23,974,057. -3,721,366.			
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		16,464,496.	16,651,413.			
ASSE Rali	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		2,435,519.	6,379,005.			
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		14,028,977.	10,272,408.			
Pá	rt II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		Kevin McNulty		11/07/2	3			
Sig	n	Signature of officer		Date				
Her	е	KEVIN MCNULTY, CFO						
		Type or print name and title		·				
		Print/Type preparer's name Preparer's signature			X PTIN			
Paid			CPA 1	.1/07/23 self-employ				
	arer	Firm's name BAKER TILLY US, LLP		Firm's EIN 3	9-0859910			
Use	Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400		D. 71	7 740 4062			
	. 41 7-	LANCASTER, PA 17601		Phone no. / 1	7.740.4863			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

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19,944,114.

Form **990** (2022)

# Form 990 (2022) PANTHERA CORPORATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		1
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
D	•	12b	Х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	- 21	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	1
14a		148	21	$\vdash$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		$\vdash$
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		37	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	X	

Form 990 (2022) PANTHERA CORPORATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c	000	(2022)

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				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 58							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	X					
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			x				
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282?	I I	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			х				
е	7 7 7 1 7 1								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
^			8						
9	Pit the agree in a constitution and a constant to the time and a continue (2000)								
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	[ 100 ]	1						
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110	-						
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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 Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	'e O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				X				
	excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N.									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, FL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records KEVIN MCNULTY $-646-786-0400$						
	8 WEST 40TH STREET, 18TH FLOOR, NEW YORK, NY 10018						
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) FREDERIC LAUNAY PRESIDENT/CEO	35.00	х		Х				486,188.	0.	0.
(2) KAREN WOOD	35.00							400,100.	•	<u>.</u>
SENIOR DIR OF GLOBAL POLICY	0.00	1				x		168,192.	0.	0.
(3) ERIC VENTURA	35.00							200,2521		
DIR OF BUSINESS DEVELOPMENT	0.00					х		157,933.	0.	0.
(4) JOSEPH SMITH, PHD	35.00							,		
EXECUTIVE DIRECTOR, UK	0.00				Х			155,500.	0.	0.
(5) GUY BALME, PH.D.	35.00									
EXEC DIRECTOR, SOUTH AFRICA	0.00					Х		142,770.	0.	0.
(6) ANGELA AMBROSINI	35.00									
SR DIR STRATEGIC COMM. & PUBLIC ENGA	0.00					Х		140,400.	0.	0.
(7) CAROLYN GIBSON	35.00									
CHIEF ADMINISTRATION OFFICER	0.00			Х				140,000.	0.	0.
(8) JOHN GOODRICH	35.00									
CHIEF SCIENTIST	0.00					Х		133,819.	0.	0.
(9) KEVIN MCNULTY	35.00	1								
CHIEF FINANCIAL OFFICER AS OF 7/2022	0.00			Х				126,477.	0.	0.
(10) JONATHAN AYERS	1.00	l								
DIRECTOR/CHAIRMAN	0.00	Х		Х				0.	0.	0.
(11) THOMAS KAPLAN PHD	1.00	ļ							•	•
DIRECTOR	0.00	Х						0.	0.	0.
(12) H.H PRINCE BADR BIN ABDULLA AL-	1.00	3,7							0	0
DIRECTOR  (12) HON GLAHDIA MOMIPRAY	0.00	Х						0.	0.	0.
(13) HON. CLAUDIA MCMURRAY DIRECTOR	1.00	v						0.	0.	0
(14) ROSS J BEATY	1.00	Х						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(15) LT. GENERAL SIR GRAEME LAMB	1.00	^						0.	0.	0.
DIRECTOR	0.00	v						0.	0.	0.
(16) H.E. RAZAN KHALIFA AL MUBARAK	1.00	-22							<b></b>	•
DIRECTOR	0.00	x						0.	0.	0.
(17) DUNCAN MCFARLAND	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
•										Form 990 (2022)

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Form **990** (2022)

Week   Bist and a processor   Bist and a pr	(A) Name and title		(B) (C) Average hours per (do not check more than one box, unless person is both an					than d	an	(D) Reportable compensation	(E)  Reportable compensation	(F) Estimated amount of		
DIRECTOR    1.00			(list any hours for related organizations below							the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	or	mpensa from th ganiza nd rela	ation le tion ted
1.00 X 0.00 X 0.00 X 0.00 0.00 0.00 0.00	(18) JOSH F	INK												
The Subtotal  It is Subtotal	DIRECTOR			Х						0.	0 .	.↓		0.
1,651,279   0   0   0   0   0   0   0   0   0	_													^
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	DIRECTOR	0.00	A						0.		-			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)												_		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	1h Subtoto	1		<u> </u>						1 651 279	0	+-		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  79    Yes   No														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Jecuno Schedule J for such individual is the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  None  None  Pescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organ										1,651,279.				
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  0	•									ceived more than \$100	,000 of reportable			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization form the organization of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  (C)	compens	sation from the organization												_
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization form the organization of compensation from than \$100,000 of compensation from the organization  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization of services  1 Complete this table for your five highest compensated independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the organi													Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual														y
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from the organization from the organization of compensation from the organization or compensation or compensation or compensation or comp		•										3		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0	•		-		-					·	-	4	х	
rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0														
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the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	-	<u> </u>												
(A) Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0	•	,	•	•							•	ation f	rom	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	the orga	•	ne calendar ye	ear e	enair	ig w	itn c	or wi	tnin		rear.		(C)	
\$100,000 of compensation from the organization			address	NO	ONE	C					services			n
\$100,000 of compensation from the organization														
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\$100,000 of compensation from the organization														
\$100,000 of compensation from the organization														
T			•	ot lin	nited	to '	_	_	ted	above) who received m	ore than			
	Ψ100,000	o or compensation from the organiz	<u>-ation</u>				_					Forn	n <b>990</b>	(2022)

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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		check il concadie o containo a response	or riote to driy iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts 1ts		Federated campaigns 1a					
ira our		Membership dues 1b					
s, G	•	Fundraising events1c					
ar J		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)	1,756,284.				
Sign		All other contributions, gifts, grants, and					
her		similar amounts not included above 1f	18,436,082.				
햦		Noncash contributions included in lines 1a-1f	7,033,225.				
ν		Total. Add lines 1a-1f		20,192,366.			
<u>U 10</u>		1 Total. Add lines 1a-11	Business Code				
	_	_	Business oode				
<u>ice</u>	2 :						
er v		·					
J.S.	•	·					
ran }ev	(	d					
Program Service Revenue	•	·					
Ā	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)		35,114.			35,114.
	4	Income from investment of tax-exempt bond		,			•
	5	Royalties	·				
	J	(i) Real	(ii) Personal				
	•		(ii) i crooriai				
		a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 32,099	•				
	- 1	Less: cost or other basis					
ne		and sales expenses 7b 61,870					
Revenue	,	Gain or (loss) <b>7c</b> -29,771					
Be		d Net gain or (loss)		-29,771.			-29,771.
ē		Gross income from fundraising events (not					
븅		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		· · · · · · · · · · · · · · · · · · ·	,				
		Net income or (loss) from fundraising events					
	9 7	a Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses	P				
		Net income or (loss) from gaming activities	T				
	10	a Gross sales of inventory, less returns					
		and allowances10					
	- 1	Less: cost of goods sold	<b>b</b> 9,509.				
	(	Net income or (loss) from sales of inventory		50,089.	50,089.		
<u>,</u> [	_		Business Code				
Suc.	11 :	OTHER INCOME	900099	4,893.			4,893.
Miscellaneous Revenue	ı	<u> </u>					
ella							
Sc		d All other revenue					
Σ		Total. Add lines 11a-11d		4,893.			
				20,252,691.	50,089.	0.	10,236.
	12	Total revenue. See instructions		20,252,051.	1 30,009.	<u> </u>	10,230.

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Form **990** (2022)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
00011	Check if Schedule O contains a respon			ipioto colamii (i i).	X					
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations			5						
•	and domestic governments. See Part IV, line 21	268,557.	268,557.							
2	Grants and other assistance to domestic	, ,	, , , , ,							
_	individuals. See Part IV, line 22	277,640.	277,640.							
3	Grants and other assistance to foreign	,	,							
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	1,308,602.	1,308,602.							
4	Benefits paid to or for members	, ,	, ,							
5	Compensation of current officers, directors,									
_	trustees, and key employees	908,165.	278,871.	462,339.	166,955.					
6	Compensation not included above to disqualified		- , -	, , , , , ,	,					
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	7,976,842.	7,330,446.	328,405.	317,991.					
8	Pension plan accruals and contributions (include		,	•	•					
	section 401(k) and 403(b) employer contributions)	243,122.	214,404.	17,789.	10,929.					
9	Other employee benefits	940,280.	772,602.	106,389.	10,929. 61,289.					
10	Payroll taxes	659,216.	560,740.	61,447.	37,029.					
11	Fees for services (nonemployees):	-								
а	Management									
	Legal	67,801.	20,564.	44,284.	2,953. 33,424.					
	Accounting	720,927.	186,142.	501,361.	33,424.					
	Lobbying									
	5 ( ) ( ) ( ) ( ) ( ) ( ) ( )									
f	Investment management fees	56,915.	29,438.	17,418.	10,059.					
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch 0.)	4,129,266.	2,809,691.	1,041,708.	277,867.					
12	Advertising and promotion									
13	Office expenses	62,896.	56,638.	5,785.	473.					
14	Information technology	380,361.	364,512.	11,321.	4,528.					
15	Royalties	454 444	40.4.00.4	10.000						
16	Occupancy	651,993.	624,234.	19,828.	7,931.					
17	Travel	1,455,310.	1,288,502.	107,557.	59,251.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials		5 744							
19	Conferences, conventions, and meetings	6,774.	6,711.	23.	40.					
20	Interest									
21	Payments to affiliates	252 421	200 000	60 202	4 000					
22	Depreciation, depletion, and amortization	353,421.	289,099.	60,302.	4,020.					
23	Insurance	144,875.	93,302.	46,541.	5,032.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A),									
	amount, list line 24e expenses on Schedule 0.) FIELD SUPPLIES AND EQUI	2,773,325.	2,773,325.							
a	ALL OTHER EXPENSES	276,274.	112,086.	1// 120	20 050					
b	WORKSHOPS	150,842.	149,604.	144,130.	20,058. 77.					
C	BANK FEES	79,390.	55,036.	22,827.	1,527.					
d		81,263.	73,368.	6,680.	1,215.					
	All other expenses Add lines 1 through 24a	23,974,057.	19,944,114.	3,007,295.	1,022,648.					
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	<u> </u>	+ <i>J</i> , <i>J</i> ==,±±4•	5,001,433•	1,022,040.					
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Form **990** (2022)

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,121.	1	7,232.
	2	Savings and temporary cash investments	7,419,088.	2	8,102,295
	3	Pledges and grants receivable, net	5,461,896.	3	3,282,536
	4	Accounts receivable, net	95,749.	4	13,189
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	331,520.	8	610,241
Ä	9	Prepaid expenses and deferred charges	174,319.	9	501,511
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,571,138.			
	b	Less: accumulated depreciation 10b 2,773,460.	2,530,311.	10c	2,797,678 36,603
	11	Investments - publicly traded securities	38,931.	11	36,603
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	409,561.	15	1,300,128
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,464,496.	16	16,651,413
	17	Accounts payable and accrued expenses	1,374,396.	17	1,779,164
	18	Grants payable		18	
	19	Deferred revenue	1,009,731.	19	3,739,086
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	F1 202		0.60 755
		of Schedule D	51,392.	25	860,755
	26	Total liabilities. Add lines 17 through 25	2,435,519.	26	6,379,005
s		Organizations that follow FASB ASC 958, check here			
e)Ce		and complete lines 27, 28, 32, and 33.	00 600		74 020
alar	27	Net assets without donor restrictions	-98,680 <b>.</b>		74,829
Ä	28	Net assets with donor restrictions	14,127,657.	28	10,197,579
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ts (	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1/ 020 077	31	10 272 400
ž	32	Total net assets or fund balances	14,028,977.	32	10,272,408
	33	Total liabilities and net assets/fund balances	16,464,496.	33	16,651,413

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 252</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,97				
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	<b>,</b> 72:	1,3	66.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3!	5,2	03.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	10	, 27	2,4	08.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3b	Х			
	<del>`</del>			Form	990	(2022)		

#### **SCHEDULE A**

(Form 990)

Total

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.

Open to Public Inspection

Name of the organization

PANTHERA CORPORATION

Employer identification number 20-4668756

OMB No. 1545-0047

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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.)

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	7440357.	10702619.	14924770.	19283640.	20192366.	72543752.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	7440357.	10702619.	14924770.	19283640.	20192366.	72543752.			
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)						25966253.			
6	Public support. Subtract line 5 from line 4.						46577499.			
Sec	ction B. Total Support			<b>.</b>						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	7440357.	10702619.	14924770.	19283640.	20192366.	72543752.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	111,070.	8,789.	4,004.	2,251.	35,114.	161,228.			
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	110 010	110 000	00 666	<b>54</b> 000	4 000				
	assets (Explain in Part VI.)	110,243.	119,203.	93,666.	71,883.	4,893.	399,888.			
	<b>Total support.</b> Add lines 7 through 10						73104868.			
	Gross receipts from related activities,	•	,			12	577,994.			
13	First 5 years. If the Form 990 is for th	-								
800	organization, check this box and stop ction C. Computation of Publi						L			
				ack years (f))		14	63.71 %			
	Public support percentage for 2022 (li					15	60 55			
	Public support percentage from 2021 33 1/3% support test - 2022. If the contract of the contra			line 12 and line						
iva	stop here. The organization qualifies						77			
h	33 1/3% support test - 2021. If the o		•		line 15 is 33 1/3%					
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test									
u	and if the organization meets the facts									
	meets the facts-and-circumstances te		•	•						
b	10% -facts-and-circumstances test	~			•					
	more, and if the organization meets the									
	organization meets the facts-and-circu									
18	Private foundation. If the organization		-	•	• • •		s			
	<u>,</u>		,	, , ,			(Form 990) 2022			

## 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	16 Public support percentage from 2021 Schedule A, Part III, line 15						
						T .= I	
	7 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17						
	8 Investment income percentage from 2021 Schedule A, Part III, line 17						
19a							/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
ти		
4b		
4c		
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9c		
10a		
10b		L
 A / F = ===	~ ^^^	2022

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

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Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

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.)

SUNDRY  2018 AMOUNT: \$ 110,243.  2019 AMOUNT: \$ 119,203.  2020 AMOUNT: \$ 93,666.  OTHER INCOME  2021 AMOUNT: \$ 14,963.  2022 AMOUNT: \$ 4,893.  RETIREMENT PAYMENT REIMB  2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT  2021 AMOUNT: \$ 7,577.	SCHEDULE A	, P	ART	II,	LINE	10,	EXPL	ANATIO	1 FOR	OTHER	INCOME:
2019 AMOUNT: \$ 119,203. 2020 AMOUNT: \$ 93,666.  OTHER INCOME 2021 AMOUNT: \$ 14,963. 2022 AMOUNT: \$ 4,893.  RETIREMENT PAYMENT REIMB 2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT 2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND 2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	SUNDRY										
2020 AMOUNT: \$ 93,666.  OTHER INCOME  2021 AMOUNT: \$ 14,963.  2022 AMOUNT: \$ 4,893.  RETIREMENT PAYMENT REIMB  2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	2018 AMOUN	Г: :	\$	110,	243.						
OTHER INCOME  2021 AMOUNT: \$ 14,963.  2022 AMOUNT: \$ 4,893.  RETIREMENT PAYMENT REIMB  2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	2019 AMOUN	T: :	\$	119,	203.						
2021 AMOUNT: \$ 14,963.  2022 AMOUNT: \$ 4,893.  RETIREMENT PAYMENT REIMB  2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	2020 AMOUN	T: :	\$	93,6	566.						
2021 AMOUNT: \$ 14,963.  2022 AMOUNT: \$ 4,893.  RETIREMENT PAYMENT REIMB  2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT											
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RETIREMENT PAYMENT REIMB  2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	2021 AMOUN	T: :	\$	14,9	963.						
2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	2022 AMOUN	T: :	\$	4,89	93.						
2021 AMOUNT: \$ 24,498.  INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT											
INSURANCE REIMBURSEMENT  2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	RETIREMENT	PA	YMEN	T RE	EIMB						
2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	2021 AMOUN	Г: :	\$	24,4	198.						
2021 AMOUNT: \$ 13,468.  NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT											
NYS COMMUTER REFUND  2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	INSURANCE I	REII	MBUR	SEME	ENT						
2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT	2021 AMOUN'	T: 5	\$	13,4	168.						
2021 AMOUNT: \$ 11,377.  LIFE INSURANCE PAYMENT											
LIFE INSURANCE PAYMENT	NYS COMMUT	ER I	REFU	ND							
	2021 AMOUN	T: :	\$	11,3	377.						
2021 AMOUNT: \$ 7,577.	LIFE INSUR	ANCI	E PA	YMEN	1T						
	2021 AMOUN	T: :	\$	7,57	77.						

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** PANTHERA CORPORATION 20-4668756 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# PANTHERA CORPORATION

20-4668756

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$9,213,225	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$1,225,073.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$1,000,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$735,791.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$500,000 <b>.</b>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$	Person X Payroll		

Schedule B (Form 990) (2022)

Name of organization Employer identification number

CORPORATION	
(()	N

20-4668756

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,349,444.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# PANTHERA CORPORATION

20-4668756

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
1	16000 SHARES OF IDEXX LABS	-					
		\$ 7,033,225.	_11/08/22_				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - - \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - - \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - \$					
223453 11-15	5-22		Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** PANTHERA CORPORATION 20-4668756 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

#### (e) Transfer of gift

ransteree's name, address,	and ZIP + 4	H	elationship of transferor to transferee
(h) Purpose of gift	(c) Use of	aift	(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

# (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PANTHERA CORPORATION

**Employer identification number** 20-4668756

Par			or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts					
4	Total number at and of year	(a) Donor advised failus	(b) i unus and other accounts					
1 2	Total number at end of year							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
Ū	are the organization's property, subject to the organization's exclusive legal control?							
6								
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
Par								
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation of	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
	Total number of conservation easements		2a					
	Number of conservation easements on a certified historic str		2c					
d	Number of conservation easements included in (c) acquired a							
_	historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax					
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in							
6	Staff and volunteer hours devoted to monitoring, inspecting,							
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year					
	3, 1, 3,	3	3					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservati							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
	organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Collections of		ther Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
2	If the organization received or held works of art, historical tre		al gain, provide					
	the following amounts required to be reported under FASB A		•					
	Revenue included on Form 990, Part VIII, line 1							
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022					

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

Pai	rt III Organizations Maintaining Col	lections of Ar	t, Histo	rical Tre	asures, o	r Other S	Similar A	ssets (co	ntinued)	
3	Using the organization's acquisition, accession	and other record	s, check	any of the t	ollowing that	make sigr	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	ι 🔲 ι	oan or exc	hange progra	am				
b	Scholarly research	e	. 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explair	n how the	ey further th	ne organizatio	n's exemp	t purpose i	n Part XIII.		
5	During the year, did the organization solicit or re	eceive donations	of art, his	torical treas	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be main	tained as part of t	he organi	zation's co	llection?			. Yes	<u>,                                     </u>	No
Par	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	n answered '	'Yes" on F	orm 990, P	art IV, line 9,	or	
	reported an amount on Form 990, Part >	(, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for c	ontribution	s or other ass	sets not ind	cluded		_	
	on Form 990, Part X?							Yes	;	No
b	If "Yes," explain the arrangement in Part XIII and									
								Amo	unt	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for e	scrow or cu	ıstodial acco	unt liability	?	Yes	;	No
	If "Yes," explain the arrangement in Part XIII. Cl								<u>L</u>	
Pai	rt V Endowment Funds. Complete if the	ne organization an	swered "	Yes" on Fo	rm 990, Part					
		a) Current year	<b>(b)</b> Pr	rior year	(c) Two year	rs back (c	I) Three year	s back (e) F	our years	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	e (line 1g	, column (a	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possessi	on of the organiza	ation that	are held ar	nd administer	ed for the				
	organization by:							_	Yes	No
	(i) Unrelated organizations								(i)	<del>                                     </del>
	(ii) Related organizations							3a	ii)	
b	If "Yes" on line 3a(ii), are the related organization							<u>3</u> 1	<u>)                                    </u>	
4	Describe in Part XIII the intended uses of the or		wment fu	ınds.						
Pai	t VI Land, Buildings, and Equipmer									
	Complete if the organization answered "					, Part X, Iir	ne 10.			
	Description of property	(a) Cost or o			or other	٠,	umulated	(d) ⊟	ook valu	ue
		basis (investr	nent)		(other)	depr	eciation	1 0	<u> </u>	10
	Land				7,648.		12 602		67,6	
b	Buildings				4,078.		33,683		00,3	
С	Leasehold improvements				4,828.		$\frac{32,024}{11,012}$		22,8	
d	Equipment	1			8,329.		$\frac{11,013}{26,740}$		57,3	
	Other				6,255.		96,740		49,5	
Total	I. Add lines 1a through 1e. (Column (d) must eau	al Form 990. Part	X. colum	n (B). line 1	0c.)			.   4,7	97,6	/ V •

Schedule D (Form 990) 2022

Schedule D (Form 990	) 2022 PANTHERA	CORPORATION	20-4668756	Page 3
Part VII Investr	nents - Other Securities	S.		
Complete	if the organization answered "	Ves" on Form 900 Part IV line 11h See For	m 000 Part Y line 12	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	473,448.
(2) RIGHT OF USE ASSETS	826,680.
(3)	
<u>(5)</u>	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,300,128.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	860,755.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	860,755.

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

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Re	turn.	<u></u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	20,312,926.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С					
d			60,235.		
е	Add lines 2a through 2d			2e	60,235.
3	Subtract line 2e from line 1			3	20,252,691.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	0.		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,252,691.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	24,014,826.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	40,769.		
е	Add lines 2a through 2d			2e	40,769.
3	Subtract line 2e from line 1			3	23,974,057.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	23,974,057.

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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

Part XIII Supplemental Information.

PANTHERA CORPORATION QUALIFIES AS A U.S. TAX-EXEMPT ORGANIZATION UNDER THE EXISTING PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND DONATIONS TO PANTHERA CORPORATION ARE TAX DEDUCTIBLE TO THE DONOR SUBJECT TO LEGAL LIMITATIONS. PANTHERA'S FOREIGN ENTITIES ARE INCORPORATED AS NOT-FOR-PROFIT ORGANIZATIONS AND ARE GENERALLY EXEMPT FROM INCOME TAXES. PANTHERA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT IS NOT AWARE OF ANY VIOLATIONS OF PANTHERA CORPORATION'S OR RELATED ENTITIES' NOT-FOR-PROFIT STATUS, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS OR OTHER INCOME TAX.

Schedule D (Form 990) 2022

## SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to  ${\it www.irs.gov/Form990}$  for instructions and the latest information.

Inspection
Employer identification number

20-4668756

	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered	"Yes" on
Form 990, Part I\					
=	-		ds to substantiate the amount of its gra		—
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance? 🔼	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's <sub>l</sub>	procedures for monitoring the use of its	s grants and other assistance out	side the
United States.					
3 Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of	(c) Number of	1, ,	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	2	16	PROGRAM SERVICES	JAGUAR STUDIES	528,046.
EAST ASIA AND THE	_				1
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
	0	0	PROGRAM SERVICES	SNOW LEOPARD STUDIES	252 200
CAMBODIA, EAST ASIA AND THE	0	0	PROGRAM SERVICES	SNOW LEOPARD STUDIES	252,399.
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,	_	_			
CAMBODIA,	0	0	PROGRAM SERVICES	TIGER STUDIES	168,898.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	1	15	DEVELOPMENT	DONOR RELATIONS	1,341,493.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	11	PROGRAM SERVICES	LEOPARD STUDIES	1,193,127.
NORTH AMERICA -					, , , , , , , , , , , , , , , , , , ,
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	1	4	PROGRAM SERVICES	JAGUAR STUDIES	70,787.
SOUTH AMERICA -		<u> </u>			10,707.
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,	_	E0	DROCDAM GERVICES	TACHAR CHIRTES	1 722 070
COLUMBIA, ECUADOR,	2	50	PROGRAM SERVICES	JAGUAR STUDIES	1,732,979.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	3	PROGRAM SERVICES	PUMA STUDIES	268,408.
3 a Subtotal	6	99			5,556,137.
<b>b</b> Total from continuation					
sheets to Part I	3	227			18,449,056.
c Totals (add lines 3a					
and 3b)	9	326			24,005,193.
LHA For Paperwork Reduct	ion Act Notice	see the Instruct	tions for Form 900	Schodulo	(Form 990) 2022

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

Schedule F (Form 990) 2022

Schedule F (Form 990)		c per Pegier		20-40007	Do Page
		1	• (Schedule F (Form 990), Part I, line 3		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
		. og.o	i comprende resulted in the region,	5. 55. 1.55(5) 11. 15g.51.	
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	2	1	PROGRAM SERVICES	SNOW LEOPARD STUDIES	78,383
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	71	PROGRAM SERVICES	TIGER STUDIES	1,870,141
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	1	36	PROGRAM SERVICES	LEOPARD STUDIES	1,627,083
 SUB-SAHARAN AFRICA -					1 ' '
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	119	PROGRAM SERVICES	LION STUDIES	3,924,872
NORTH AMERICA -	<u> </u>	117	I ROGIUM BERVIOLE	TION DIODIES	3,321,072
CANADA AND MEXICO,					
BUT NOT THE UNITED					
	0	0	DDOGDAM GEDYLGEG	DIMA GMIDTEG	F 434 333
STATES	- 0	0	PROGRAM SERVICES	PUMA STUDIES	5,434,222
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	SNOW LEOPARD STUDIES	622,320
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	SMALL CATS STUDIES	4,892,035
Totals	_   3	227			18,449,056
ı v.a.ə	<u> </u>	1 22/			

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>(b)</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)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	FIELD CONSERVATION	54,853.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
			FIELD CONSERVATION	225,584.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	FIELD CONSERVATION	96,062.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	FIELD CONSERVATION	317,263.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	FIELD CONSERVATION	129,158.	WIRE TRANSFER	0.		
		NORTH AMERICA	FIELD CONSERVATION	368,810.	WIRE TRANSFER	0.		

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

23 0

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (f) Amount of (c) Number of (g) Description of (b) Region (a) Type of grant or assistance recipients cash disbursement noncash assistance cash grant noncash assistance EAST ASIA AND THE CONSERVATION GRANTS PACIFIC 21,031.WIRE 0. CONSERVATION GRANTS SOUTH ASIA 86,978. WIRE 0 CONSERVATION GRANTS NORTH AMERICA 8,863. WIRE 0.

# Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Page 5

### Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### PART I, LINE 2:

GRANT APPLICATION PROCESS: PANTHERA MAKES GRANTS VIA TWO PROCESSES: ONE IS OUR OPEN APPLICATION GRANT PROGRAM (SEE PANTHERA GRANTS AND AWARDS); THE OTHER IS PROVIDING GRANTS TO ESTABLISHED PARTNERS IN CONSERVATION GENERALLY USED WITHIN SPECIES PROGRAMS.

PANTHERA CORPORATION HAS THE WINSTON COBB, SABIN SNOW LEOPARD GRANT PROGRAM, KAPLAN GRADUATE AWARD AND SMALL CAT ACTION FUND GRANTS.

APPLICATION PROCESS: AN APPLICANT IS ELIGIBLE TO APPLY IF THEIR PROJECT PROPOSAL MEETS THE CRITERIA LISTED ON OUR WEBSITE FOR ONE OF OUR GRANT PROGRAMS. GRANT PROPOSALS MUST BE SUBMITTED TO PANTHERA VIA AN ONLINE GRANTS MANAGEMENT SYSTEM CALLED FOUNDAT. AT THE CLOSE OF THE GRANT ROUNDS, PANTHERA WILL SEND GRANT APPLICATION RECEIPTS TO ALL APPLICANTS.

GRANT PROPOSALS ARE REVIEWED INTERNALLY BY STAFF CONSISTING OF PANTHERA'S GRANT PROGRAM MANAGER, CONSERVATION SCIENCE DEPARTMENT DIRECTOR, CHIEF SCIENTIST, AND RELEVANT SPECIES DIRECTORS AND OTHER STAFF. THIS INITIAL REVIEW PROCESS REMOVES PROPOSALS WHICH DO NOT SATISFY THE APPLICATION CRITERIA AND SELECTS PROPOSALS FOR FURTHER REVIEW. FROM THIS POINT, ALL PROPOSALS ARE REVIEWED BY AT LEAST TWO AND TYPICALLY THREE OR MORE PANTHERA STAFF MEMBERS, THE STAFF MEMBERS WILL, IF DEEMED APPROPRIATE, UTILIZE THE EXTERNAL MEMBERS OF OUR SCIENTIFIC COUNCIL AND OTHER EXTERNAL EXPERTS TO ASSIST US IN THOSE AREAS WHERE WE MAY NOT HAVE THE NECESSARY LEVEL OF EXPERTISE TO FULLY EVALUATE THE GRANT APPLICATION. IN THE CASE OF THE SMALL CATS ACTION FUND, ALL PROPOSALS ARE ADDITIONALLY REVIEWED BY THE CO-CHAIRS OP IUCN CAT SPECIALIST GROUP.

Schedule F (Form 990) 2022

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.

FOLLOWING THE REVIEW PROCESS, THE FUNDING DECISION IS MADE BY A SELECTED STAFF TAKING INTO CONSIDERATION AVAILABLE FUNDING CONTAINED IN OUR BUDGET AND PRIOR COMMITMENTS.

EACH APPROVED GRANT RECIPIENT SIGNS A PANTHERA GRANT AGREEMENT THAT WILL SPECIFY THE TERMS AND AMOUNT OF THE GRANT. IT REQUIRES THAT THE PROJECT INVOLVES EXCLUSIVELY CHARITABLE, EDUCATIONAL OR SCIENTIFIC ACTIVITIES THAT ARE DESCRIBED IN SECTION 170 (C) (2) (B) OF THE UNITED STATES INTERNAL REVENUE CODE OF 1983 1 AS AMENDED (THE "CODE"); AND SET FORTH REPORTING REQUIREMENTS AND ACCOUNTABILITY OVER FUNDS. IN ADDITION. THE CONTRACT INCLUDES APPROPRIATE WORDING RELATIVE TO THE FOREIGN CORRUPT PRACTICES ACT.

AS PART OF THE GRANT PROCESS WE REQUIRE THE FOLLOWING INFORMATION:

- ORGANIZATION'S EIN FOR ALL ORGANIZATIONS AND SOCIAL SECURITY NUMBER IF A USA CITIZEN IS BEING PAID FOR A SERVICE.
- ORGANIZATION'S TAX EXEMPT IRS LETTER OR, IF A FOREIGN ENTITY, COMPARABLE LETTER FROM THAT COUNTRY.

ONCE A CONTRACT IS EXECUTED, THE FUNDS ARE SENT TO THE GRANT RECIPIENT VIA CHECK OR WIRE TRANSFER FOLLOWING THE NORMAL CASH DISBURSEMENT PROCESS. GENERALLY, ALL PAYMENTS TO FOREIGN ACCOUNTS ARE MADE VIA WIRE TRANSFER.

RECORD KEEPING: IN ADDITION TO OUR ONLINE MANAGEMENT SYSTEM FOUNDANT, A GRANT FOLDER IS MAINTAINED ON PANTHERA'S SHARE DRIVE. THESE TWO 232075 10-17-22

# 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.

REPOSITORIES STORE GRANTEE INFORMATION INCLUDING LETTER OF INTENT AND/OR APPLICATION; GRANT APPROVAL LETTER; PANTHERA GRANT AGREEMENT, BUDGET AND REPORTING DATA.

GRANT MONITORING: GRANTEES ARE REQUIRED TO SUBMIT AN INTERIM NARRATIVE PROGRESS REPORT WITHIN 30 DAYS OF THE SIX MONTH ANNIVERSARY OF THE BEGINNING OF THE TERM AND A FINAL NARRATIVE PROGRESS REPORT UPON COMPLETION OF AGREED UPON ACTIVITIES WITHIN 60 DAYS OF THE ONE-YEAR ANNIVERSARY OF THE BEGINNING OF THE TERM.

IF THE GRANTEE HAS NOT SUBMITTED A REQUIRED REPORT WITHIN TWO WEEKS OF THE DUE DATE, PANTHERA WILL CONTACT THE GRANTEE DIRECTLY. IF THE GRANTEE FAILS TO SUBMIT A NARRATIVE OR FINAL FINANCIAL REPORT, CONSIDERATION FOR FUTURE FUNDING WILL BE COMPROMISED.

GRANTEES WILL ALSO SUBMIT INTERIM FINANCIAL ACCOUNTING OF THE PROJECT EXPENSES WITHIN 60 DAYS OF THE ONE-YEAR ANNIVERSARY OF THE BEGINNING OF THE TERM. GRANTEES ARE NOT REQUIRED TO PROVIDE SPECIFIC RECEIPTS; HOWEVER, REPORTING REQUIRES COMPARISON OF THE ACTUAL EXPENSES TO THE APPROVED BUDGET (THE DETAILS OF WHICH ARE EVALUATED AS PART OF THE APPROVAL PROCESS).

FINANCE MONITORING - THE FINANCE DEPARTMENT MAINTAINS EXCEL WORKSHEETS RELATED TO ALL GRANTS OR AWARDS MADE BY PANTHERA DURING THE YEAR. A SEPARATE SCHEDULE IS MAINTAINED FOR 1) GRANTS/AWARDS TO US ORGANIZATIONS. 2) GRANTS/AWARDS, TO US INDIVIDUALS. 3) GRANTS/AWARDS TO FOREIGN ORGANIZATIONS. 4) GRANTS/AWARDS TO FOREIGN INDIVIDUALS. THE ENTRIES ARE 232075 10-17-22

Schedule F (Form 990) 2022

## **SCHEDULE I** (Form 990)

Department of the Treasury

# **Grants and Other Assistance to Organizations.** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Internal Revenue Service Inspection **Employer identification number** Name of the organization 20-4668756 PANTHERA CORPORATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) SOUTH FORK NATURAL HISTORY MUSEUM 377 BRIDGEHAMPTON SAG HARBOR TPK 11-2972582 501C(3) BRIDGEHAMPTON, NY 11932 0 CONSERVATION RESEARCH 25,000. FISHING CAT CONSERVATION ALLTANCE FM 1227 RD 80-3629619 501C(3) NAVASOTA, TX 77868 150,000 0. CONSERVATION RESEARCH UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULS, MT 59812 81-0362989 501C(3) 33,507 0. CONSERVATION RESEARCH US FOREST SERVICE 11 CAMPUS BLVD STE 200 72-0565008 501C(3) NEWTOWN SOUARE PA 19073 11 000 0. CONSERVATION RESEARCH UNIVERSITY OF IDAHO 875 PERIMETER DRIVE 82-6000945 501C(3) MOSCOW ID 83844 12 050 0. CONSERVATION RESEARCH PEOPLE RESOURCES AND CONSERVATION FOUNDATION - 1801 CENTURY PARK EAST, 24TH FLOOR - LOS ANGELES, CA 90067 75-2641707 501C(3) 6 000 0 CONSERVATION RESEARCH 8. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALE SCHOOL OF THE ENVIRONMENT,							
ALE UNIVERSITY - 195 PROSPECT ST							
NEW HAVEN, CT 06511	06-0646973	501C(3)	18,000.	0.			CONSERVATION RESEARCH
•			,				
OLORADO STATE UNIVERSITY							
101 CENTER AVE MALL							
ORT COLLINS, CO 80523	84-6000545	501C(3)	13,000.	0.			CONSERVATION RESEARCH
	-						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	·				
CONSERVATION RESEARCH	25	277,640.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANT APPLICATION PROCESS: PANTHER	A MAKES G	RANTS VIA	TWO PROCES	SES: ONE IS	
OUR OPEN APPLICATION GRANT PROGRAM	(SEE PAN	THERA GRAN	ITS AND AWA	RDS); THE	
OTHER IS PROVIDING GRANTS TO ESTABL					
USED WITHIN SPECIES PROGRAMS.				<del></del>	
OSED WITHIN SPECIES PROGRAMS.					
PANTHERA CORPORATION HAS THE WINSTO	ON COBB,	SABIN SNOW	LEOPARD G	RANT	
PROGRAM, KAPLAN GRADUATE AWARD AND	SMALL CA	T ACTION F	UND GRANTS	•	

Part IV | Supplemental Information

APPLICATION PROCESS: AN APPLICANT IS ELIGIBLE TO APPLY IF THEIR PROJECT

PROPOSAL MEETS THE CRITERIA LISTED ON OUR WEBSITE FOR ONE OF OUR GRANT

PROGRAMS. GRANT PROPOSALS MUST BE SUBMITTED TO PANTHERA VIA AN ONLINE

GRANTS MANAGEMENT SYSTEM CALLED FOUNDANT. AT THE CLOSE OF THE GRANT ROUNDS,

PANTHERA WILL SEND GRANT APPLICATION RECEIPTS TO ALL APPLICANTS.

GRANTS PROPOSALS ARE REVIEWED INTERNALLY BY STAFF CONSISTING OF PANTHERA'S
GRANT PROGRAM MANAGER, CONSERVATION SCIENCE DEPARTMENT DIRECTOR, CHIEF
SCIENTIST, AND RELEVANT SPECIES DIRECTORS AND OTHER STAFF. THIS INITIAL
REVIEW PROCESS REMOVES PROPOSALS WHICH DO NOT SATISFY THE APPLICATION
CRITERIA AND SELECTS PROPOSALS FOR FURTHER REVIEW. FROM THIS POINT, ALL
PROPOSALS ARE REVIEWED BY AT LEAST TWO AND TYPICALLY THREE OR MORE PANTHERA
STAFF MEMBERS. THE STAFF MEMBERS WILL, IF DEEMED APPROPRIATE, UTILIZE THE
EXTERNAL MEMBERS OF OUR SCIENTIFIC COUNCIL AND OTHER EXTERNAL EXPERTS TO
ASSIST US IN THOSE AREAS WHERE WE MAY NOT HAVE THE NECESSARY LEVEL OF
EXPERTISE TO FULLY EVALUATE THE GRANT APPLICATION. IN THE CASE OF THE SMALL
CATS ACTION FUND, ALL PROPOSALS ARE ADDITIONALLY REVIEWED BY THE CO-CHAIRS
OP IUCN CAT SPECIALIST GROUP.

FOLLOWING THE REVIEW PROCESS, THE FUNDING DECISION IS MADE BY A SELECTED STAFF TAKING INTO CONSIDERATION AVAILABLE FUNDING CONTAINED IN OUR BUDGET AND PRIOR COMMITMENTS.

EACH APPROVED GRANT RECIPIENT SIGNS A PANTHERA GRANT AGREEMENT THAT WILL

SPECIFY THE TERMS AND AMOUNT OF THE GRANT. IT REQUIRES THAT THE PROJECT

INVOLVES EXCLUSIVELY CHARITABLE, EDUCATIONAL OR SCIENTIFIC ACTIVITIES THAT

ARE DESCRIBED IN SECTION 170 (C) (2) (B) OF THE UNITED STATES INTERNAL

REVENUE CODE OF 1983 1 AS AMENDED (THE "CODE"); AND SET FORTH REPORTING

Schedule I (Form 990)

Part IV | Supplemental Information

REQUIREMENTS AND ACCOUNTABILITY OVER FUNDS. IN ADDITION. THE CONTRACT

INCLUDES APPROPRIATE WORDING RELATIVE TO THE FOREIGN CORRUPT PRACTICES ACT.

AS PART OF THE GRANT PROCESS WE REQUIRE THE FOLLOWING INFORMATION:

- 1. ORGANIZATION'S EIN FOR ALL ORGANIZATIONS AND SOCIAL SECURITY NUMBER IF A USA CITIZEN IS BEING PAID FOR A SERVICE.
- 2. ORGANIZATION'S TAX EXEMPT IRS LETTER OR, IF A FOREIGN ENTITY, THE COMPARABLE LETTER FROM THAT COUNTRY.

ONCE A CONTRACT IS EXECUTED, THE FUNDS ARE SENT TO THE GRANT RECIPIENT VIA

CHECK OR WIRE TRANSFER FOLLOWING THE NORMAL CASH DISBURSEMENT PROCESS.

GENERALLY, ALL PAYMENTS TO FOREIGN ACCOUNTS ARE MADE VIA WIRE TRANSFER.

RECORD KEEPING: IN ADDITION TO OUR ONLINE MANAGEMENT SYSTEM FOUNDANT, A

GRANT FOLDER IS MAINTAINED ON PANTHERA'S SHARE DRIVE. THESE TWO

REPOSITORIES STORE GRANTEE INFORMATION INCLUDING LETTER OF INTENT AND/OR

APPLICATION; GRANT APPROVAL LETTER; PANTHERA GRANT AGREEMENT, BUDGET AND

REPORTING DATA.

GRANT MONITORING: GRANTEES ARE REQUIRED TO SUBMIT AN INTERIM NARRATIVE

PROGRESS REPORT WITHIN 30 DAYS OF THE SIX MONTH ANNIVERSARY OF THE

BEGINNING OF THE TERM AND A FINAL NARRATIVE ROGRESS REPORT UPON COMPLETION

OP AGREED UPON ACTIVITIES WITHIN 60 DAYS OF THE ONE-YEAR ANNIVERSARY OF THE

BEGINNING OF THE TERM.

IF THE GRANTEE HAS NOT SUBMITTED A REQOIRED REPORT WITHIN TWO WEEKS OF THE

DUE DATE, PANTHERA WILL CONTACT THE GRANTEE DIRECTLY. IF THE GRANTEE FAILS

04-01-2

- arti-
TO SUBMIT A NARRATIVE OR FINAL FINANCIAL REPORT, CONSIDERATION FOR FUTURE
FUNDING WILL BE COMPROMISED.
GRANTEES WILL ALSO SUBMIT INTERIM FINANCIAL ACCOUNTING OF THE PROJECT
EXPENSES WITHIN 60 DAYS OF THE ONE-YEAR ANNIVERSARY OF THE BEGINNING OF THE
TERM. GRANTEES ARE NOT REQUIRED TO PROVIDE SPECIFIC RECEIPTS; HOWEVER,
REPORTING REQUIRES COMPARISON OF THE ACTUAL EXPENSES TO THE APPROVED BUDGET
(THE DETAILS OF WHICH ARE EVALUATED AS PART OF THE APPROVAL PROCESS).
FINANCE MONITORING - THE FINANCE DEPARTMENT MAINTAINS EXCEL WORKSHEETS
RELATED TO ALL GRANTS OR AWARDS MADE BY PANTHERA DURING THE YEAR. A
SEPARATE SCHEDULE IS MAINTAINED FOR 1) GRANTS/AWARDS TO US ORGANIZATIONS.
2) GRANTS/AWARDS, TO US INDIVIDUALS. 3) GRANTS/AWARDS TO FOREIGN
ORGANIZATIONS. 4) GRANTS/AWARDS TO FOREIGN INDIVIDUALS. THE ENTRIES ARE
MADE TO THE APPROPRIATE WORKSHEET AT THE TIME OF RECORDING THE TRANSACTION
IN THE GENERAL LEDGER. THESE SCHEDULES SERVE AS THE BASIS FOR FEDERAL
INFORMATION RETURN FORM 990 SCHEDULE PREPARATION.

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PANTHERA CORPORATION

Employer identification number 20-4668756

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X  Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		_X_
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	REQUIRTIONS SECTION 3.3 4958-DICI7	u		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FREDERIC LAUNAY	(i)	486,188.	0.	0.	0.	0.	486,188.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN WOOD	(i)	168,192.	0.	0.	0.	0.	168,192.	0.
SENIOR DIR OF GLOBAL POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC VENTURA	(i)	157,933.	0.	0.	0.	0.	157,933.	0.
DIR OF BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOSEPH SMITH, PHD	(i)	155,500.	0.	0.	0.	0.	155,500.	0.
EXECUTIVE DIRECTOR, UK	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)						<u> </u>	<u> </u>

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
UNRELATED ORGANIZATION COMPENSATION
FREDERIC LAUNAY'S COMPENSATION AMOUNT OF \$486,188 WAS PAID BY AN
UNRELATED ORGANIZATION FOR HIS SERVICES AS PRESIDENT/CEO OF PANTHERA
CORPORATION.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number

	PANTHERA COR	PORATI	ON			20-4	4668	756	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d Method of d noncash contrib	etermin		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	7,033,225	NY:	SE			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ( )								
27	Other ( )								
28	Other (								
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions	<b>I</b>				
	for which the organization completed Form 82	•						0	
		oo,. a, _						Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 thr	ouah 28	that it		100	110
000	must hold for at least 3 years from the date of				-	, triat it			
	exempt purposes for the entire holding period?			orrior troquired to be de			30a		Х
b	If "Yes," describe the arrangement in Part II.	•					304		
31	Does the organization have a gift acceptance	oolicy that re	equires the review o	of any nonstandard contri	butions'	?	31	х	
	Does the organization hire or use third parties	-	•	•		•	-		
JŁU			•	•			32a		х
b	If "Yes," describe in Part II.						JEG		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is c	hecked				
-	describe in Part II.	S.G. 111 (O) 101	. a type of property	ioi willon column (a) is c	concu,				

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

# **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PANTHERA CORPORATION

**Employer identification number** 

20-4668756 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CHEETAH - PANTHERA SEEKS TO PROTECT CHEETAHS BY ADDRESSING DIRECT THREATS TO THEM, THEIR PREY BASE AND THEIR HABITATS. TO DO THIS, PANTHERA GATHERS CRITICAL ECOLOGICAL DATA BY SURVEYING AND MONITORING POPULATIONS AND THEIR PREY, COLLABORATING WITH LOCAL LAW ENFORCEMENT OFFICIALS AND PARTNERS, AND WORKING WITH LOCAL COMMUNITIES TO MITIGATE CONFLICT AND CREATE CHEETAH-POSITIVE LANDSCAPES WITHIN COMMUNITIES. PANTHERA'S APPROACH TO PROTECTING CHEETAHS FOCUSES ON DEVELOPING AN INTEGRATED TRANSBOUNDARY PROGRAM BASED IN ZAMBIA, BUT OPERATING OVER THE 5-COUNTRY KAZA LANDSCAPE, WHICH IS THE LANDSCAPE IN THE KAVANGO AND ZAMBEZI RIVER BASINS, AND EVENTUALLY EXPANDING ACROSS THE CHEETAH'S AFRICAN RANGE. LANDSCAPE WITH MULTIPLE CAT SPECIES BENEFITING FROM MIXED SPECIES PANTHERA'S INTERVENTIONS.

SNOW LEOPARD - PANTHERA DEVELOPED A STATE-OF-THE-ART GLOBAL RANGE MAP AND DATABASE OF SNOW LEOPARD HABITATS AND HELPS DELINEATE CRITICAL CONSERVATION UNITS AND IDENTIFY PREVAILING THREATS. USING THE DATABASE TO TARGET POPULATIONS THAT REQUIRE CONSERVATION, PANTHERA'S EFFORTS ARE GEARED TOWARDS A RANGE-WIDE APPROACH IN CONSERVING THE SNOW LEOPARDS.

- PANTHERA IS WORKING TO BETTER UNDERSTAND AND PROTECT PUMAS IN THE WESTERN US (NORTHWEST WYOMING, THE SAN FRANCISCO BAY AREA AND OLYMPIC PENINSULA) AND IN THE TORRES DEL PAINE NATIONAL PARK REGION IN THE CHILEAN PATAGONIA. PANTHERA'S WORK INCLUDES STUDYING THE EFFECTS OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization 20-4668756 PANTHERA CORPORATION WOLF REINTRODUCTION AND HUMAN HUNTING ON PUMA POPULATIONS, UTILIZING INNOVATIVE CAMERA TECHNOLOGY TO OBSERVE THE SECRET SOCIAL LIVES OF PUMAS, CHARACTERIZING DISPERSAL DYNAMICS AND IMPEDIMENTS, AND MITIGATING HUMAN-PUMA CONFLICT. A RANGE-WIDE ASSESSMENT OF THE STATUS OF PUMAS, FROM PATAGONIA TO BRITISH COLUMBIA, IS ALSO UNDERWAY.

SMALL CATS - PANTHERA ALSO WORKS TO UNDERSTAND AND CONSERVE THE 33 SPECIES OF SMALL WILD CATS. PRIORITIES FOR THIS PROGRAM ARE TO FOCUS ON THE LEAST UNDERSTOOD CATS, TO ENHANCE CURRENT DATA COLLECTION ON BIG CAT STUDY SITES TO GATHER SMALL CAT DATA, AND TO STRATEGICALLY ESTABLISH NEW SITES OF HIGH CONSERVATION VALUE FOR SMALL CATS.

TECH - PANTHERA'S TECHNOLOGY PROGRAM DEVELOPED DEVICES AND SOFTWARE SUPPORTING SPECIES PROGRAMS, INCLUDING CAMERA TRAPS AND POACHERCAMS. PANTHERA INTEGRATES THIRD PARTY PRIVATE GSM (GLOBAL SYSTEM FOR MOBILE) WIRELESS EQUIPMENT, AS WELL AS SYSTEMS TO MONITOR POACHERCAM DEPLOYMENTS. SCHOLARSHIPS AND AWARDS - PANTHERA PROVIDES SCHOLARSHIPS, RESEARCH AND PROJECTS TO POST-GRADUATE STUDENTS IN ADVANCED DEGREE PROGRAMS, AND RESEARCH AND CONSERVATION AWARDS TO INDIVIDUALS AND ORGANIZATIONS IMPLEMENTING CONSERVATION PROJECTS ON WILD CATS. PANTHERA, IN CONJUNCTION WITH THE AMERICAN MUSEUM OF NATURAL HISTORY, DEVELOPED A GLOBAL FELID GENETIC DATABASE TO UNDERSTAND THE IMPACT OF LARGE SCALE GENETIC ISSUES IMPACTING FELIDS, AND NOW WORKS THROUGH THE NATIONAL GENOMICS CENTER FOR WILDLIFE AND FISH CONSERVATION IN MISSOULA, MONTANA, FOR MOST OF ITS GENETIC ANALYSIS NEEDS. EXPENSES \$ 12,921,777. INCLUDING GRANTS OF \$ 1,382,616. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

**Employer identification number** 

Schedule O (Form 990) 2022 Page 2

Name of the organization

PANTHERA CORPORATION

BELIZE, BRAZIL, COLOMBIA, COSTA RICA,

HONDURAS, UNITED KINGDOM, FRANCE, MEXICO,

SOUTH AFRICA, ZAMBIA, GABON, SENEGAL,

MALAYSIA, THAILAND, CANADA

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

THE FINANCE COMMITTEE REVIEWS FORM 990 IN ITS ENTIRETY IN DETAIL WITH THE

CONTROLLER. COPIES OF THE FORM 990 ARE THEN PROVIDED TO THE BOARD OF

DIRECTORS AND THE TAX FORM IS APPROVED AND FILED WITH IRS ON BEHALF OF THE

BOARD OF DIRECTORS AFTER THE REVIEW PROCESS.

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

DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST:

DIRECTORS, OFFICERS AND KEY EMPLOYEES HAVE A DUTY TO DISCLOSE THE EXISTENCE

OF ANY MATERIAL FACTS ABOUT ANY PERSONAL RELATIONSHIP HAVING A PERSONAL OR

FINANCIAL INTEREST IN A PROPOSED TRANSACTION, CONTRACT OR COMPENSATION

ARRANGEMENT WITH PANTHERA OR BASED ON THE DIRECTOR'S, OFFICER'S OR KEY

EMPLOYEE'S RELATIONSHIP OR POSITION IN PANTHERA. THE POTENTIAL CONFLICT OF

INTEREST MUST BE DISCLOSED BEFORE THE TRANSACTION, CONTRACT OR ARRANGEMENT

IS REVIEWED, AUTHORIZED, APPROVED, OR RATIFIED. THE PERSONAL INTEREST MAY

ARISE BECAUSE THE DIRECTOR, OFFICER OR KEY EMPLOYEE HAS A RELATIONSHIP OR

PERSONAL FINANCIAL INTEREST IN A PROPOSED TRANSACTION, CONTRACT, OR

COMPENSATION ARRANGEMENT ("IMMEDIATE FAMILY" MEANS THE DIRECTOR'S,

OFFICER'S OR KEY EMPLOYEE'S SPOUSE, CHILDREN, OR INDIVIDUAL (S) RESIDING IN

THE DIRECTOR'S, OFFICER'S OR KEY EMPLOYEE'S HOME).

COMPLIANCE REVIEW:

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization PANTHERA CORPORATION Employer identification number 20-4668756

PANTHERA'S CORPORATE SECRETARY IS RESPONSIBLE FOR CIRCULATING DISCLOSURE

FORMS TO DIRECTORS, OFFICERS AND KEY EMPLOYEES CONFIRMING ON AN ANNUAL

BASIS THAT THE FORMS ARE KEPT UP TO DATE AND INFORMING THE BOARD OF

DIRECTORS OF ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

ENFORCEMENT OF CONFLICTS POLICY:

FOLLOWING ANY DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST BY A DIRECTOR,

OFFICER OR KEY EMPLOYEE, THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE

WILL REVIEW THE DISCLOSURE AND DETERMINE WHETHER AN ACTUAL CONFLICT EXISTS.

THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE THEN MAY OR MAY NOT

AUTHORIZE OR APPROVE THE PROPOSED TRANSACTION OR OTHER MATTER AS FAIR AND

REASONABLE BY A VOTE WITHOUT COUNTING THE VOTE OR VOTES OF SUCH INTERESTED

PERSON OR PERSONS. THE PERSON WITH A CONFLICT OF INTEREST MAY BE PRESENT

FOR OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED TRANSACTION OR OTHER

MATTER IF DEEMED APPROPRIATE BY THE CHAIRPERSON OF THE MEETING OR BY THE

BOARD OF DIRECTORS' COMPENSATION COMMITTEE. POTENTIAL CONFLICTS OF INTEREST

OF OTHER THAN KEY EMPLOYEES WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE,

WHICH CONSISTS OF THE PANTHERA EXECUTIVE OFFICERS IN A MANNER SIMILAR TO

THAT UTILIZED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE.

VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY:

OFFICER OF KEY EMPLOYEE HAS FAILED TO DISCLOSE A POTENTIAL/ACTUAL CONFLICT
OF INTEREST, IT WILL INFORM THE INDIVIDUAL OF THE BASIS FOR THE BELIEF AND
AFFORD THE INDIVIDUAL THE OPPORTUNITY TO EXPLAIN THE FAILURE TO DISCLOSE.

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization PANTHERA CORPORATION 20-4668756 THE BOARD OF DIRECTORS MAY TAKE WHATEVER FOLLOW-UP ACTION IT DEEMS NECESSARY AND, AT ITS OPTION, MAY VOID A TRANSACTION, CONTRACT OR ARRANGEMENT WHERE A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS THAT HAS NOT BEEN DISCLOSED. ANNUAL STATEMENTS: EACH DIRECTOR, OFFICER AND KEY EMPLOYEE WILL ANNUALLY SIGN THE DISCLOSURE FORM AND THE CERTIFICATION FORM THAT AFFIRMS THAT THE DIRECTOR, OFFICER OR KEY EMPLOYEE: A) RECEIVED A COPY OF PANTHERA'S BOARD OF DIRECTORS, OFFICERS AND KEY EMPLOYEES' CONFLICT OF INTEREST POLICY; B) READ AND UNDERSTAND THE POLICY; C) AGREED TO COMPLY WITH THE POLICY; D) UNDERSTANDS THAT PANTHERA IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX EXEMPT STATUS, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES; AND E) COMPLIES WITH THE POLICY OTHER THAN ACTUAL OR POTENTIAL CONFLICTS OF INTERESTS THAT MAY EXIST AND HAVE BEEN DISCLOSED TO THE CORPORATE SECRETARY OF TO THE BOARD OF DIRECTORS. ANY DIRECTOR, OFFICER OR KEY EMPLOYEE WHO FINDS OR SUSPECTS A VIOLATION OF THIS POLICY MUST IMMEDIATELY REPORT THE CONDUCT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS AND/OR THE CORPORATE SECRETARY. ANY EMPLOYEE OR AGENT MAY REPORT CONDUCT THAT MAY BE IN Schedule O (Form 990) 2022 Schedule O (Form 990) 2022 Page 2

Name of the organization PANTHERA CORPORATION

Employer identification number 20-4668756

VIOLATION OF THIS POLICY TO THE CHAIRMAN OF THE BOARD OF DIRECTORS,

CORPORATE SECRETARY, OFFICERS OR HIS OR HER MANAGER.

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

15A) A COMPENSATION ARRANGEMENT FOR THE CEO IS BASED ON A WRITTEN

EMPLOYMENT CONTRACT ESTABLISHED BY THE CEO IN CONJUNCTION WITH THE BOARD OF

DIRECTORS AT THE TIME OF INITIAL EMPLOYMENT. THE FINANCE COMMITTEE, AFTER

THE REVIEW OF SUCH INFORMATION, ESTABLISHES THE OFFICERS AND KEY EMPLOYEES'

SALARY LEVELS ANNUALLY AND DOCUMENTS THE PROCESS IN THE FINANCE COMMITTEE

MINUTES.

15B) PANTHERA'S FINANCE COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES EACH OFFICER'S AND KEY EMPLOYEE'S INDIVIDUAL DUTIES, RESPONSIBILITIES, EDUCATIONAL BACKGROUND, WORK EXPERIENCE AND PAST PERFORMANCE (IF APPLICABLE) TO SET FAIR RATES OF COMPENSATION. PANTHERA SEEKS TO PROVIDE COMPENSATION THAT IS CONSISTENT WITH PREVAILING RATES AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS FOR COMPARABLE JOB FUNCTIONS CONSISTENT WITH THE ANNUAL BUDGET APPROVED BY THE BOARD OF DIRECTORS. UNDER PANTHERA'S BYLAWS, A BOARD OF DIRECTOR'S MEMBER SHALL NOT RECEIVE COMPENSATION FOR ANY SERVICES RENDERED IN SUCH CAPACITY, BUT MAY BE REIMBURSED FOR REASONABLE AND CUSTOMARY EXPENSES INCURRED. ALL OFFICERS' AND KEY EMPLOYEES' COMPENSATION IS ESTABLISHED ANNUALLY BASED ON SALARIES PAID BY COMPARABLE TAX EXEMPT ORGANIZATIONS, BASED ON PUBLICLY AVAILABLE INFORMATION, INCLUDING OTHER ORGANIZATIONS' FORM 990 FILINGS, INDEPENDENT SALARY SURVEY STUDIES AND SUCH OTHER INFORMATION AS DEEMED APPROPRIATE. THE FINANCE COMMITTEE, AFTER THE REVIEW OF SUCH INFORMATION, ESTABLISHES THE OFFICERS' AND KEY EMPLOYEES' SALARY LEVELS ANNUALLY AND DOCUMENTS THE PROCESS IN THE FINANCE COMMITTEE MINUTES.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization PANTHERA CORPORATION	Employer identification number 20-4668756
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,IL,KS,KY,ME,MD,MI,MA,MN,	MS,NH,NJ,NM,NY,ND
OH,OK,OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI,WY	
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF PANTHERA'S FINANCIAL STATEMENTS WILL BE AVAILABI	LE UPON REQUEST.
IF THE REQUEST IS MADE IN PERSON, IT WILL BE HONORED ON THE	HE DAY OF THE
REQUEST; IF IT IS WRITTEN, THEN PANTHERA WILL RESPOND WITH	HIN 30 DAYS OF THE
INITIAL REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	2,809,691.
MANAGEMENT AND GENERAL EXPENSES	1,041,708.
FUNDRAISING EXPENSES	277,867.
TOTAL EXPENSES	4,129,266.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,129,266.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
OTHER COMPREHENSIVE GAIN ON FOREIGN EXCHANGE	60,235.
FOREIGN EXCHANGE LOSS	-40,769.
ADOPTION OF LEASE ACCOUNTING	-54,669.
TOTAL TO FORM 990, PART XI, LINE 9	-35,203.

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  PANTHERA CORP	ORATION				E	mployer identific 20-46687		ımber
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "	'Yes" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	(e) ome End-of-year		Direct o	(f) controlling	<b></b>
of disregarded entity		foreign country)				er	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organiza	tion answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or mor	e related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) rect controlling entity		<b>g)</b> 512(b)(13 rolled tity?
-		15.5.9.1 554.11.77		501(c)(3))		•	Yes	No
PANTHERA WILDLIFE TRUST LTD.								
23 WILSON AVENUE, HENLEY ON THAMES					PANTH	ERA		
OXFORDSHIRE, UNITED KINGDOM	CAT CONSERVATION	UNITED KINGDOM			CORPO	RATION	X	
PANTHERA BRASIL								
URA BARAO DE MELGAGO, 40 ANDAR					PANTH	ERA		
CUIABA, BRAZIL	CAT CONSERVATION	BRAZIL			CORPO	RATION	X	
FUNDACION PANTERA COLOMBIA								
CAR. 7 3156-80, OFICINA 904					PANTH			
BAGOTA, COLOMBIA	CAT CONSERVATION	COLOMBIA			CORPO	RATION	X	<u> </u>
PANTHERA WILD CAT CONSERVATION ZAMBIA					PANTH	IER A		
LIMITED, HOOK BRIDGE LODGE, MUMBWA, ZAMBIA	CAT CONSERVATION	ZAMBIA				RATION	x	

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

LIMITED, HOOK BRIDGE LODGE, MUMBWA, ZAMBIA

Schedule R (Form 990) 2022

# Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
or related organization		foreign country)	Section	501(c)(3))	entity	Yes	No
PANTHERA WILDCAT CONSERVATION SA				( // //		res	NO
13 ORCHARD AVENUE, LAKESIDE	7				PANTHERA		
CAPE TOWN, SOUTH AFRICA	CAT CONSERVATION	SOUTH AFRICA			CORPORATION	x	
PANTHERA CANADA							
C/O COLLINS BARROW TORONTO, LLP	7				PANTHERA		
TORONTO, CANADA	CAT CONSERVATION	CANADA			CORPORATION	x	
PANTHERA FRANCE							
10 RE DE PANTHIEVRE	7				PANTHERA		
PARIS, FRANCE	CAT CONSERVATION	FRANCE			CORPORATION	x	
PANTHERA HONDURAS							
3415 BLOQUE L, COL. LOS ROBLES	7				PANTHERA		
TEGUCIGALPA HONDURAS	CAT CONSERVATION	HONDURAS			CORPORATION	x	
PANTHERA WILD CAT CONSERVATION BELIZE							
P.O. BOX 460	7				PANTHERA		
BELMOPAN CITY BELIZE	CAT CONSERVATION	BELIZE			CORPORATION	x	
PANTHERA WILD CAT CONSERVATION MALAYSIA							
WISMA TUN SAMBANTHAN NO 2	7				PANTHERA		
KUALA LUMPUR, MALAYSIA	CAT CONSERVATION	MALAYSIA			CORPORATION	x	
CONSERVACION PANTHERA MEXICO AC							
RECREO #48 INT A COL CENTRO	7				PANTHERA		
SAN MIGUEL DE ALLENDE, MEXICO GTO 37700	CAT CONSERVATION	MEXICO			CORPORATION	x	
PANTHERA WILD CAT CONSERVATION SENEGAL							
19 AU PDT L.S. SENGHUR	7				PANTHERA		
DAKAR, SENEGAL	CAT CONSERVATION	SENEGAL			CORPORATION	x	
PANTHERA THAILAND							
75-9 PREUKSAKAN MOO 1	7				PANTHERA		
KANCHANABURI, THAILAND	CAT CONSERVATION	THAILAND			CORPORATION	х	
PANTHERA COSTA RICA							
EDIFFICIO DEL CCT, DEL SERVICENTRO EL HIGUER	7				PANTHERA		
SAN PEDRO, COSTA RICA	CAT CONSERVATION	COSTA RICA			CORPORATION	x	
PANTHERA GABON							
583 CORNICHE	7				PANTHERA		
FRANCEVILLE, GABON	CAT CONSERVATION	GABON			CORPORATION	х	
,							
	7						
	7						1

Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, because it had	d one or more related
organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b	X		
	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p	X		
q	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r	Х		
s	Other transfer of cash or property from related organization(s)	1s	Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PANTHERA WILDLIFE TRUST LTD.	В	643,499.	COST
(2) PANTHERA BRASIL	В	553,187.	COST
(3) FUNDACION PANTERA COLOMBIA	В	291,238.	COST
(4) PANTHERA WILDCAT ZAMBIA LTD	В	1,441,787.	COST
(5) PANTHERA WILDCAT CONSERVATION SA	В	1,872,903.	COST
(6) PANTHERA FRANCE	В	523,526.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)  Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PANTHERA HONDURAS	В	137,830.	COST
(8) PANTHERA WILD CAT CONSERVATION BELIZE	В	63,684.	COST
(9) PANTHERA WILD CAT CONSERVATION MALAYSIA	В	908,540.	COST
(10) CONSERVACION PANTHERA MEXICO AC	В	48,280.	COST
(11) PANTHERA WILD CAT CONSERVATION SENEGAL	В	120,294.	COST
(12) PANTHERA THAILAND	В	695,803.	COST
(13) PANTHERA COSTA RICA	В	266,837.	COST
(14) PANTHERA GABON	В	243,253.	COST
(16)			
(18)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000