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

OMB No. 1545-0047

Open to Public Inspection

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.

A	For the	e 2018 calendar year, or tax year beginning and en	ding				
В	Check if applicabl	C Name of organization		D Employer identifi	cation number		
Г	Addre chang	SE CHEETAH CONSERVATION FUND					
	Name chang			31-1	726923		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	r		
	Final return termin	200 DAINGERFIELD RD 20	0.0	866-	909-3399		
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,017,450.		
L	Amen	ADEXAMBRIA, VA 22514		H(a) Is this a group re			
	Applic tion pendir			for subordinates			
_		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or lete: $WWW \cdot CHEETAH \cdot ORG$	<u></u>	,	list. (see instructions)		
		organization: X Corporation Trust Association Other ►	l Vear	H(c) Group exemption	n number ►		
	art I	Summary	L Teal	or formation. 2000 IN	7 State of legal doffliche. V21		
		Briefly describe the organization's mission or most significant activities: SEE PA	ART I	II, LINE 1.			
Activities & Governance	'			·			
rna	2	Check this box  if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	15		
ত		Number of independent voting members of the governing body (Part VI, line 1b)			14		
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			12		
iž	6	Total number of volunteers (estimate if necessary)		6	150		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38	······		1,327.		
		Oortile tiers and week (Det.) (III for th)		Prior Year 2,583,132.	Current Year 2,830,034.		
ıne		Contributions and grants (Part VIII, line 1h)		0.	2,830,034.		
Revenue		Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,927.	23,357.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		117,675.	6,353.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,713,734.	2,859,744.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,264,249.	1,442,212.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		627,360.	718,004.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)   200, 462	<u> </u>				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		566,403.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,458,012.	2,744,016.		
	19	Revenue less expenses. Subtract line 18 from line 12		255,722.			
Net Assets or		T. I. J. (D. I.V.). 40		ginning of Current Year	End of Year		
SSE	20	Total assets (Part X, line 16)		1,580,702.	1,693,338. 142,191.		
let /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		1,455,563.	1,551,147.		
P	22 art II	Signature Block		1,433,303.	1,331,1476		
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	nd stateme	ents, and to the best of m	v knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		•	,		
_							
Sig	ın	Signature of officer		Date			
Не	re	HELEN CHAIKOVSKY, TREASURER					
		Type or print name and title		N-1-	DTIN		
_		Print/Type preparer's name  Preparer's signature		Date Check Check if	PTIN		
Pai		RICHARD J. LOCASTRO, CPA		self-employ			
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008		
US	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Dham / 3	01) 951-9090		
<u></u>	v tha !!	RS discuss this return with the preparer shown above? (see instructions)		Phone no. (3	X Yes No		
ivid	y ulie H	10 diagram this return with the preparet shown above? (See Instructions)			∟≛≛ ≀せ> ∟ ∷ ।\0		

Page **2** 

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE CHEETAH CONSERVATION FUND'S MISSION IS TO ENSURE THE LONG-TERM
	SURVIVAL OF THE CHEETAH AND ITS ECOSYSTEM THROUGH A MULTI-DISCIPLINED
	AND INTEGRATED PROGRAM OF RESEARCH AND EDUCATION.
	THE INTEGRAL OF REPRINCE IND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,280,167. including grants of \$ 1,442,212.) (Revenue \$ 25,026.)
	THE CHEETAH CONSERVATION FUND PROMOTES PUBLIC AWARENESS AND EDUCATION
	THROUGH LECTURE TOURS, PUBLICATIONS, REGIONAL VOLUNTEER "CHAPTERS" AND
	FUNDRAISING ACTIVITIES, WHICH BRING THE PLIGHT OF THE WILD CHEETAH TO
	THE PUBLIC'S ATTENTION. THESE ACTIVITIES OCCUR LARGELY IN THE UNITED
	STATES, BUT ALSO OCCASIONALLY IN OTHER COUNTRIES.
	IN ADDITION, THE CHEETAH CONSERVATION FUND PROMOTES SUPPORT AND
	COOPERATION WITH OTHER ORGANIZATIONS AND THEIR ACTIVITIES TO RAISE
	PUBLIC AWARENESS, DISSEMINATE INFORMATION AND PROVIDE EDUCATIONAL
	ACTIVITIES ABOUT THE PLIGHT OF THE CHEETAH IN THE WILD, ASSOCIATED
	THREATENED WILDLIFE, AND THEIR HABITATS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 2,280,167.
	Form 990 (2018)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
•	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b> '-		
Ū	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	١Ť		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>v</sub>
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
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
	domocio government entrattiv, column (hy, mie 1: n. 100, complete conocide i, r. ate rane n	<u> </u> 4		

832003 12-31-18

	<del></del>		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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1 37
0.4	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1 37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	Α_	$\vdash$
30	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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			v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Scriedule O contains a response or note to any line in this Part V			<u> </u>
4.5	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	

832004 12-31-18

#### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			3,7				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		Х				
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		1				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50						
Va	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa						
b	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h								
8	37/7							
	sponsoring organization have excess business holdings at any time during the year? N/A							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9a						
b	, , , , , , , , , , , , , , , , , , , ,	9b						
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1						
11	Section 501(c)(12) organizations. Enter:	-						
	Gross income from members or shareholders N/A 11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A							
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? $N/A$	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand			v				
14a	0 , , , , , , , , , , , , , , , , , , ,	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x				
	excess parachute payment(s) during the year?	15		$\vdash^{\Delta}$				
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х				
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.	10						
	ii res, complete i um 4720, somedule 0.	Form	990	(2010)				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		х
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	ь		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>.</b> .		х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b>		х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	v	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ►CA , MD			
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)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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			
	MARY BETH FELLENSTEIN - 866-909-3399			
	200 DAINGERFIELD RD, NO. 200, ALEXANDRIA, VA 22314			

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SUSAN Y. JANIN	20.00	١.,		37.4					0	0
BOARD CHAIR	F 00	Х		X				0.	0.	0.
(2) DANIEL B. BERINGER	5.00	١,,		7,					0	0
BOARD SECRETARY	<u> </u>	Х		Х				0.	0.	0.
(3) HELEN A. CHAIKOVSKY	5.00	\ <u>,</u>		7					0	0
BOARD TREASURER	3 00	X		Х		Y		0.	0.	0.
(4) SALLY F. DAVIDSON	3.00	x	M			1		0.	0.	0.
BOARD DIRECTOR (5) JAMES DOUGHERTY	3.00	Λ						0.	0.	0.
(5) JAMES DOUGHERTY BOARD DIRECTOR (FROM 12/18)	3.00	x						0.	0.	0.
(6) POLLY H. HIX	3.00	A						0.	0.	0.
BOARD DIRECTOR	3.00	x						0.	0.	0.
(7) MARISA Y. KATNIC	3.00	20				$\vdash$		0.	0.	0.
BOARD DIRECTOR	3.00	x						0.	0.	0.
(8) RICHARD KOPCHO	1.00							•		
BOARD DIRECTOR		X						0.	0.	0.
(9) SARA R. NICHOLS	1.00	<u> </u>								
BOARD DIRECTOR		X						0.	0.	0.
(10) MARGERY A. NICOLSON	1.00							-	-	-
BOARD DIRECTOR		X						0.	0.	0.
(11) STEPHEN O'BRIEN	3.00									
BOARD DIRECTOR		Х						0.	0.	0.
(12) ROSWITHA K. SMALE	3.00									
BOARD DIRECTOR		X						0.	0.	0.
(13) ELIZABETH MARQUART	3.00									_
BOARD DIRECTOR		Х						0.	0.	0.
(14) BROOKS H. BROWNE	3.00									
BOARD DIRECTOR		Х						0.	0.	0.
(15) LAURIE L. MARKER	40.00									
FOUNDER/EXECUTIVE DIRECTOR		X		Х				75,154.	0.	27,165.
			L							
020007 10 21 10										Form <b>990</b> (2018)

Part VII   Section A. Officers, Directors, Tr (A)	(B)	· · ·	(C)					(D)	(E)			(F)	
Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation	Reportable compensation			stimate	
	week (list any	$\vdash$	cer ar				itee)	from the	from related organizations	s	com	other pensa	tion
	hours for related	tee or dir	nstee			ensated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizati	
	organizations below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ıeı					d relate anizatio	
	line)	Indiv	Instit	Officer	Key e	High	Form						
		$\frac{1}{1}$											
		_											
							K						
		-											
dh Cuh tatal		1_			Ą			75,154.		0.	2	7,1	65
1b Sub-total c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								75,154.	000 of reportab	0.	2	7,1	<u> 55.</u>
compensation from the organization		1036	IISC	su ai	, JOV	C) WI	10 1	eceived more than proc	,000 or reportab			- I	0
3 Did the organization list any <b>former</b> offic	er, director, or tr	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	[		Yes	No
line 1a? If "Yes," complete Schedule J fo	or such individual	<b>.</b>									3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$	•							•	tne organization		4		X
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," co					-					;	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest the organization. Report compensation f		-								npens	ation 1	from	
(A) Name and busine			INC					(B) Description of s			(C	<b>C)</b> nsatio	
- Traine and Sacine		TAC	)INI					Description of a	CIVIOCO		Стро	- Ioatioi	<u>-                                      </u>
Total number of independent contractor	s (including but r	not li	mite	d to	tho	se li	stec	d above) who received m	nore than				
Total number of independent contractor \$100,000 of compensation from the organization.		not li	mite	d to		se li:	stec	d above) who received m	nore than		Fa.::	990 (2	1043;

832008 12-31-18

Ра	rt V							
		Check if Schedul	e O contains a respo	onse or note to any li		/D)	(O)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1	a Federated campaigns	3 1a	, [				312 311
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues	_	+				
Ğ,		<b>c</b> Fundraising events		40 0 0 0	-			
ar /		<b>d</b> Related organizations		+				
s, G		e Government grants (c		+				
Sign		f All other contributions, (	′ ⊢		1			
her		similar amounts not incl		2,781,984.				
호텔		g Noncash contributions include		186,098.	-			
Sor		h Total. Add lines 1a-11			2,830,034.			
		11 Total: Add lines ta 11		Business Code				
o	2	а		Business Code				
Program Service Revenue		h		_				
Ser		_						
E S		4						
Be		e		_				
Pro		f All other program ser	vice revenue	_				
		g Total. Add lines 2a-21						
_	3							
	Ŭ	other similar amounts	-		23,357.			23,357.
	4	Income from investment						
	5	Royalties						
	Ů	rioyanico	(i) Rea					
	6	a Gross rents	() 1100	(ii) T Groonar	-			
		<b>b</b> Less: rental expenses						
		c Rental income or (los						
		d Net rental income or						
		a Gross amount from s						
	•	assets other than inve	- ''	(,,, 3				
		<b>b</b> Less: cost or other ba	· -					
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
•		a Gross income from fu						
Other Revenue		including \$						
eve		contributions reporte						
Ä		Part IV, line 18	•	a 105,577.				
the		<b>b</b> Less: direct expenses		. 400 000				
0		c Net income or (loss) f			-18,419.			-18,419.
		a Gross income from ga	-					-
		Part IV, line 19						
		<b>b</b> Less: direct expenses						
		c Net income or (loss) f						
		a Gross sales of invent	• •					
		and allowances		_ a 58,736.				
		<b>b</b> Less: cost of goods s						
		c Net income or (loss) f			25,026.	25,026.		
		Miscellaneous		Business Code				
	11	a MISC REV		900099	-254.			-254.
		b						
		с						
		d All other revenue						
		e Total. Add lines 11a-			-254.			
	12	Total revenue. See insti			2.859.744.	25,026.	0.	4,684.

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 442 212	1 442 212		
	individuals. See Part IV, lines 15 and 16	1,442,212.	1,442,212.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102,319.	60 014	20,892.	12 /12
_	trustees, and key employees	104,319.	68,014.	20,092.	13,413
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	493,501.	309,451.	116,801.	67,249
7	Other salaries and wages	±93,301•	JUJ,4JI.	110,001.	01,443
8	Pension plan accruals and contributions (include	55,000.	45,031.	2,991.	6,978
0	section 401(k) and 403(b) employer contributions)	20,968.	4,070.	16,898.	0,910
9	Other employee benefits	46,216.	28,980.	10,838.	6,298
10 11	Payroll taxes  Fees for services (non-employees):	±0,2±0•	20,500.	10,750.	0,200
	` ' ' '				
a	Management	850.	425.	425.	
b	Legal	11,605.	123.	11,605.	
q	Accounting	11,003.		11,003.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,222.	_	3,222.	
g	Other. (If line 11g amount exceeds 10% of line 25,	3,1221		3,2221	
9	column (A) amount, list line 11g expenses on Sch O.)	241,705.	241,705.		
12	Advertising and promotion	255.		205.	50
13	Office expenses	103,370.	20,326.	30,472.	52,572
14	Information technology	1,137.	40.	1,097.	
15	Royalties				
16	Occupancy	39,645.	31,716.	1,982.	5,947
17	Travel	76,697.	48,016.	,	28,681
18	Payments of travel or entertainment expenses	•	,		,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,538.	945.	11,593.	
20	Interest	-		·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,991.	2,991.		
23	Insurance	4,169.	4,169.		
24	Other expenses. Itemize expenses not covered		-		
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DONOR DATABASE	29,904.	5,981.	5,981.	17,942
b	CREDIT CARD FEES	21,379.		21,379.	
С	FILM EXPENSE	14,999.	14,999.		
d	DUES AND SUBCRIPTIONS	12,241.	10,286.	1,520.	435
е	All other expenses	7,093.	810.	5,386.	897
25	Total functional expenses. Add lines 1 through 24e	2,744,016.	2,280,167.	263,387.	200,462
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet					
	Check if Schedule O contains a response or note t	to any line in this P	art X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			92,423.	1	620,347
2	Savings and temporary cash investments			934,217.	2	582,737
3	Pledges and grants receivable, net			283,319.	3	226,003
4	Accounts receivable, net				4	
5	Loans and other receivables from current and form					
	trustees, key employees, and highest compensate	ed emplovees. Com	plete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualified					
	section 4958(f)(1)), persons described in section 49					
	employers and sponsoring organizations of section					
ıχ	employees' beneficiary organizations (see instr). Co				6	
Assets 6	Notes and loans receivable, net				7	
& 8	Inventories for sale or use			28,940.	8	17,940
9				29,709.	9	31,578
	Land, buildings, and equipment: cost or other			- ,		,
1.55	basis. Complete Part VI of Schedule D1	<sub>10a</sub> 5:	2,037.			
l b		10b 3	8,352.	6,677.	10c	13,685
11	Investments - publicly traded securities			203,017.	11	198,648
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			2,400.	15	2,400
16	Total assets. Add lines 1 through 15 (must equal I	line 34)		1,580,702.	16	1,693,338
17	Accounts payable and accrued expenses			96,199.	17	124,251
18	Grants payable				18	
19	Deferred revenue			28,940.	19	17,940
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa				21	
ဖ္က 22	Loans and other payables to current and former of	fficers, directors, tr	ustees,			
₫	key employees, highest compensated employees,	and disqualified pe	ersons.			
Liabilities 22	Complete Part II of Schedule L				22	
⊐   <sub>23</sub>	Secured mortgages and notes payable to unrelate				23	
24	Unsecured notes and loans payable to unrelated t	hird parties			24	
25	Other liabilities (including federal income tax, paya	bles to related third	d l			
	parties, and other liabilities not included on lines 1	7-24). Complete Pa	rt X of			
	Schedule D			105 100	25	
26	Total liabilities. Add lines 17 through 25			125,139.	26	142,191
	Organizations that follow SFAS 117 (ASC 958), or		<u>X</u> and			
Se	complete lines 27 through 29, and lines 33 and			1 165 000		1 027 504
E 27	Unrestricted net assets			1,165,803.	27	1,037,594
평   28 요	Temporarily restricted net assets			188,475.	28	285,701
면 29				101,285.	29	227,852
로	Organizations that do not follow SFAS 117 (ASC	C 958), check here				
δ	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Paid-in or capital surplus, or land, building, or equip				31	
32 5	Retained earnings, endowment, accumulated inco			1 /55 562	32	1 551 145
_ 33	Total net assets or fund balances			1,455,563.	33	1,551,147
34	Total liabilities and net assets/fund balances			1,580,702.	34	1,693,338

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>44.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,			16.	
3	Revenue less expenses. Subtract line 2 from line 1	3				28.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,			63.	
5	Net unrealized gains (losses) on investments	5		-2	0,1	44.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					47.	
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,				
	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 in Sch	edule (	D.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?		L	За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				VATION FUND				01-1/20923
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, of	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descril	bed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support	rom a gov	ernmental	unit or from the general	I public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g						
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Cor				•	, 3	,
11		An organization organized a		ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	•					e purposes of one or
		more publicly supported or						
		lines 12a through 12d that						
а		Type I. A supporting orga						v aivina
		the supported organization						
		organization. You must o			, ,			11 5
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	avina
		control or management o						
		organization(s). You mus						
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
_		its supported organization	-					,
d		Type III non-functionally						ization(s)
		that is not functionally int						. ,
		requirement (see instruct	-		•		•	
е		Check this box if the orga						
_		functionally integrated, or					, po ., . , po, . , po	
f	Fnte	er the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,				
a		ride the following information						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
rot:	al							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,717,951.	1,877,673.	2,056,341.	2,583,132.	2,830,034.	11,065,131.
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	1,717,951.	1,877,673.	2,056,341.	2,583,132.	2,830,034.	11,065,131.
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)						106,655.
6	Public support. Subtract line 5 from line 4.						10,958,476.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1,717,951.	1,877,673.	2,056,341.	2,583,132.	2,830,034.	11,065,131.
	Gross income from interest,	, ,	, ,		, ,	, ,	
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,618.	-1,893.	12,550.	12,927.	23,357.	56,559.
9	Net income from unrelated business	. ,		, , , ,	, -	, , ,	
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				52,543.	-254.	52,289.
11	Total support. Add lines 7 through 10				32,323		11,173,979.
12	Gross receipts from related activities,	etc (see instruction	nns)			12	108,033.
13	First five years. If the Form 990 is for	•		fourth or fifth ta			
	organization, check this box and stop	la a u a			•	1001(0)(0)	ightharpoonup
Sec	ction C. Computation of Publ						
14	Public support percentage for 2018 (I	ine 6. column (f) di	ivided by line 11, c	olumn (f))		14	98.07 %
15	Public support percentage from 2017					15	98.74 %
16a	33 1/3% support test - 2018. If the o				_	nore, check this bo	
	stop here. The organization qualifies	Ü		,		,	$\triangleright$ X
b	33 1/3% support test - 2017. If the c						is box
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	J					,
	meets the "facts-and-circumstances"			-	•	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					. 5, 0 01
	organization meets the "facts-and-circ		*		•		
12	· ·			•	,		
-10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2018

#### 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				•		
	3 received from disqualified persons					1	
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						
	Add lines 7a and 7b			<b>Y</b>			
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	zation,
<del></del>							<u> </u>
	etion C. Computation of Publi					Liel	
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017 ction D. Computation of Investigation					16	%
	-			no 12 polyma (fl)		17	0/
	Investment income percentage for 20					18	%
	Investment income percentage from 2 33 1/3% support tests - 2018. If the						%
135							I / IS HUL
L	more than 33 1/3%, check this box as 33 1/3% support tests - 2017. If the						🟲 🗀
i.	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	- Gu		
	3b		
	3с		
	- 55		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 0	90 or 90	00-E7	2018

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		<u> </u>
	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 yea(see instructions)	)-		
a	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.	tu ration.	۱.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	f = f	No
2	Activities Test. <b>Answer (a) and (b) below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> Z</u> a		
J	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 these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а				
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
			4	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Ра	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	) Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):	4		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	נ ע ן	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - D	stributions		,	Current Year
1	Amounts				
2	Amounts				
	organiza	tions, in excess of income from activity			
3		rative expenses paid to accomplish exempt purpose	is .		
4	Amounts	s paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6		stributions (describe in <b>Part VI</b> ). See instructions.			
7		nual distributions. Add lines 1 through 6.			
8	Distribut	ions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	details in <b>Part VI</b> ). See instructions.			
9	Distribut	able amount for 2018 from Section C, line 6			
10		nount divided by line 9 amount			
Secti		stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distribut	able amount for 2018 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2018 (reason-			
	able cau	se required- explain in <b>Part VI</b> ). See instructions.			
3	Excess	distributions carryover, if any, to 2018			
а	From 20	13			
b	From 20	14			
С	From 20	15			
d	From 20	16			
е	From 20	17			
f	Total of	lines 3a through e			
g	Applied	to underdistributions of prior years			
		to 2018 distributable amount			
i	Carryove	er from 2013 not applied (see instructions)			
j	Remaind	ler. Subtract lines 3g, 3h, and 3i from 3f.			
4		ions for 2018 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2018 distributable amount			
С	Remaind	ler. Subtract lines 4a and 4b from 4.			
5	Remaini	ng underdistributions for years prior to 2018, if			
		otract lines 3g and 4a from line 2. For result greater			
	,	o, explain in <b>Part VI.</b> See instructions.			
6		ng underdistributions for 2018. Subtract lines 3h			
		rom line 1. For result greater than zero, explain in			
		See instructions.			
7		distributions carryover to 2019. Add lines 3			
	and 4c.	-,			
8		wn of line 7:			
		rom 2014			
		rom 2015			
		rom 2016			
		rom 2017			
		rom 2010			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	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.)

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
RICHARD KOPKO	330,135.	106,655
	,	
Fotal Excess Contributions to Schedule A, Part II, Line 5		106,655.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

0040

31-1726923

2018

OMB No. 1545-0047

Name of the organization Employer identification number

CHEETAH CONSERVATION FUND

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

CHEETAH CONSERVATION FUND

31-1726923

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRIET L. WELTMAN ESTATE  9461 W 37TH PL  WHEAT RIDGE, CO 80033-5748	\$ <u>139,496.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARJORIE D. DYE  602 OCEAN FRONT  SANTA MONICA, CA 90402-2606	\$ 128,933.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FIDELITY CHARITABLE GIFT FUND  PO BOX 770001  CINCINNATI, OH 45277-0001	\$89,414.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SALLY F. DAVIDSON  3415 VOLTA PL NW  WASHINGTON, DC 20007-2737	\$ 66,979.	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

Name of organization

CHEETAH CONSERVATION FUND

31-1726923

#### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 255 SHARES OF BECTOR DICKINSON CO STOCK 4 60,979. 12/31/18 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

AH CONSERVATION FUND		31-1726923
from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through <b>(e) and</b> the following line entitheritable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.) \$
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	<u> </u>
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of giff	
	(o) Transfer of gire	L Company of the Comp
	Completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional  (b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHEETAH CONSERVATION FUND

**Employer identification number** 31-1726923

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
Pai	•		t IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	ally important land area			
	Protection of natural habitat	Preservation of a certified	d historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe		Yes No			
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting					
6	Starr and volunteer nours devoted to monitoring, inspecting,	nandling of violations, and emorcing conserv	vation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	a easements during the year			
•	S	ding of violations, and emorcing conservation	reasements during the year			
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(	4)(B)(i)			
Ū	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
_	include, if applicable, the text of the footnote to the organiza	·	·			
	conservation easements.		3			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,			
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descr	ibes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	ducation, 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		<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$			
2	If the organization received or held works of art, historical tree					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		• \$			
	Assets included in Form 990, Part X		• \$			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018			

	t III Organizations Maintaining C	CONSERVAL		roacuroc or	Othor		1 / 2092		age Z
	gameatrone manntaning s								
3	Using the organization's acquisition, accessi	on, and other record	s, cneck any of the	tollowing that a	are a sign	lificant use of	its collection	n item	IS
	(check all that apply):		┌ .						
а	Public exhibition	d		change program	IS				
b	Scholarly research	е	U Other						
C	Preservation for future generations								
4	Provide a description of the organization's co						Part XIII.		
5	During the year, did the organization solicit o								7
D	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran	-	ete if the organization	on answered "Y	es" on Fo	orm 990, Part	IV, line 9, c	r	
	reported an amount on Form 990, Pai	<u> </u>							
1a	Is the organization an agent, trustee, custod							_	7
	on Form 990, Part X?						└── Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amour	<u>ıt</u>	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe				-	?	Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i								
	•	(a) Current year	(b) Prior year			Three years b			
1a	Beginning of year balance	101,285.	101,285	+	285.	51,2	85.	51,	285.
b	Contributions	128,933.		50,	000.				
	Net investment earnings, gains, and losses	-2,366.	3,780						
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		3,780						
f	Administrative expenses								
g	End of year balance	227,852.	101,285	. 101,	285.	51,2	85.	51,	285.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment ▶	.00%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administere	d for the	organization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
									X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R?	?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, F	Part X, lin	ne 10.			
	Description of property	(a) Cost or of	', '	t or other		umulated	( <b>d</b> ) Boo	ok valu	е
		basis (investn	nent) basis	(other)	depre	eciation			
1a	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment			19,274.	3	38,352.	1	0,9	<u> 22.</u>
		ı	I	2 763				.) 7	<u>د ۲</u>

Schedule D (Form 990) 2018

13,685.

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

	ents - Other Securities.	on Form 000 Port IV line	o 11h Coo Form 000 Dort V line 12	
	Or Category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or	end-of-vear market value
	3 7 (g	(,	(0)	
	iterests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	orm 990, Part X, col. (B) line 12.)			
Part VIII Investme	ents - Program Related.			
Complete if	the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Descrip	otion 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)				
	orm 990, Part X, col. (B) line 13.)			
Part IX Other As				
Complete if			e 11d. See Form 990, Part X, line 15.	1 000
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		*		
(7)				
(8)				
(9)		- 45)		
Part X Other Lia	equal Form 990, Part X, col. (B) line	9 15.)		<u> </u>
		on Form 000 Port IV line	e 11e or 11f. See Form 990, Part X, line	205
	(a) Description of liability	OITI OITI 990, FAILTV, IIIR	(b) Book value	<del>5</del> 20.
1. (1) Fadaval in a susa to	•		(b) Book value	
(1) Federal income to	axes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	equal Form 990, Part X, col. (B) line	25)		
	tox positions. In Part XIII, provide		to the ergenization's financial statemen	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

	CHEERAH CONCEDUATION FUND			21 -	1726022
	edule D (Form 990) 2018 CHEETAH CONSERVATION FUND  rt XI Reconciliation of Revenue per Audited Financial Statem	onto With	Povonuo por P		1726923 Page 4
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		nevellue pei n	eturr	l <b>.</b>
1	Total revenue, gains, and other support per audited financial statements			1	2,870,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	270707000
a		2a	-20,144.		
b	Donated services and use of facilities	·- — —			
c	Recoveries of prior year grants				
d			33,710.	•	
	Add lines 2a through 2d		<u> </u>	2e	13,566
3	Subtract line 2e from line 1			3	2,856,522
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	3,222.		
b			<u> </u>		
	Add lines <b>4a</b> and <b>4b</b>			4c	3,222
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,859,744
	rt XII Reconciliation of Expenses per Audited Financial Stater			Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.			
1	Total expenses and losses per audited financial statements			1	2,774,504
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
С			>		
d			33,710.		
е	Add lines 2a through 2d			2e	33,710
3	Subtract line 2e from line 1			3	2,740,794
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	3,222.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3,222
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,744,016
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part	X, line 2; Part XI,
PAI	RT V, LINE 4:				
LOI	NGTERM SUSTAINABILITY OF THE ORGANIZATION	•			
PAI	RT X, LINE 2:				
FOI	R THE YEARS ENDED DECEMBER 31, 2018 AND 20	)17, тн	Е СНЕЕТАН	CON	SERVATION
FUI	ND HAS DOCUMENTED ITS CONSIDERATION OF FAS	SB ASC	740-10, IN	COM	E TAXES,

THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE FINANICAL

33,710.

832054 10-29-18

Schedule D (Form 990) 2018

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

**Employer identification number** 

CH:	EETAH CONSERV	ATION FU	ND			31-17269	23
Pa				tside the United States. Comple	te if the organ		
	Form 990, Part I\	/, line 14b.		·			
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ints and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	istance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
	United States.						
3				an be duplicated if additional space is n	•		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	expenditures for and investments in the region
				GRANTS TO RECIPIENTS			
JUB-	-SAHARAN AFRICA	1	13	LOCATED IN THE REGION.	<u> </u>		1,442,212.
							1
3 a	Subtotal	1	13				1,442,212.
	Total from continuation						
С	sheets to Part I	0	0				0.
	and 3b)	1	13				1,442,212.

832071 10-31-18

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

Schedule F (Form 990) 2018

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)
		SUB-SAHARAN	CHEETAH CONSERVATION	1 255 500		505		
		AFRICA	NAMIBIA	1,355,590.	WIRE	585.	CLINICAL SUPPLIES	F.W.
		SUB-SAHARAN AFRICA	CHEETAH CONSERVATION KENYA	66,618.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHEETAH CONSERVATION	19,419.	WIRE	0.		

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

**\_\_\_\_** 

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

#### Schedule F (Form 990) 2018 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)	X Yes	☐ 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) 2018

# Schedule F (Form 990) 2018 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: CCF US RECEIVED THE ANNUAL AUDIT AND ANNUAL PROGRAM REPORT FROM CCF NAMIBIA. THE US ALSO RECEIVES REGULAR REPORTS FROM NAMIBIA AT QUARTERLY BOARD MEETINGS. ALL GRANTS ARE REQUESTED BY THE GENERAL MANAGER IN NAMIBIA AND APPROVED BY THE EXECUTIVE COMMITTEE IN THE US BEFORE DISTRIBUTION TO NAMIBIA.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name	- 4 4 1		::-	
ivame	or me	organ	แรลนด	ı

Employer identification number

CHEETAH CONSERVATION FUND 31-1726923 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2 BIG CAT BIG PARTY (event type)	(c) Other events  19 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	27,305.	26,871.		153,627.
	2	Less: Contributions	11,785.	9,592.	26,673.	48,050.
	3	Gross income (line 1 minus line 2)	15,520.	17,279.	72,778.	105,577.
	4	Cash prizes				
ses	5	Noncash prizes				
xpens	6	Rent/facility costs		4,600.		4,600.
Direct Expenses	7	Food and beverages	15,434.	9,241.	15,923.	40,598.
	8	Entertainment			60 700	
	9	Other direct expenses		9,076.	69,722.	78,798. 123,996.
	10 11	, ,				-18,419.
Pa				n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		D. D. Utaha Gastant	<b>_</b>	1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	No.	W	N	
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization conduthe organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re 'Yes," explain:			year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 CHEETAH CONSERVATION FUND 31-1	1/2692	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
t	o If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party  \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the gaming revenue retained by the gaming retained by the gaming revenue retained by the gaming retained by the gaming revenue retained by the gaming revenue retained by the gaming retained by the gaming revenue retained by the gaming revenue retained by the gaming retained by the gaming revenue retained by the gaming revenue retained by the gaming retained by the gamin		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	∴ L Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G (Form 990 or 990-EZ)

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization CHEETAH CONSERVATION FUND Employer identification number 31-1726923

_	CHEETAH CONS	PEKANIT	ON FUND				<u> </u>	1/20	943	
Pa	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	noi	d) Method of c ncash contrib	letermir	-	:s
1	Art - Works of art	X	8		,183.					_
2	Art - Historical treasures				•					
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		1	,282.	FMV				
5 6					7202					
	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property	X	12	127	,030.	E'MT7				
9	Securities - Publicly traded		14	127	,030.	L M A				
0	Securities - Closely held stock									
1	Securities - Partnership, LLC, or trust interests									
2	Securities - Miscellaneous									
3	Qualified conservation contribution -									
	Historic structures									
4	Qualified conservation contribution - Other									
5	Real estate - Residential									
6	Real estate - Commercial									
7	Real estate - Other									
B	Collectibles	X	2	2	,850.	FMV				
9	Food inventory	X	12		,323.					
0	Drugs and medical supplies	X	6		,265.					
1		**			7203					
	Taxidermy									
2	Historical artifacts					1				
3	Scientific specimens									
4	Archeological artifacts	v	11	1 -	760	TO NATE OF				
5	Other   (GIFT CERTIFIC)	X	41		,769.					
6	Other (EVENT FEES PA)	X	13	13	,396.	F.W.∧				
7	Other ()									
8	Other ()									
9	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions						
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29					
									Yes	N
0a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, line	es 1 throu	ıgh 28, tl	nat it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't requir	ed to be	used for				
	exempt purposes for the entire holding period	l?						30a		2
b	If "Yes," describe the arrangement in Part II.									
1	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandar	d contrib	utions?		31		Σ
	Does the organization hire or use third parties									Г
_4	contributions?		•					32a		2
h	If "Yes," describe in Part II.									
3	If the organization didn't report an amount in	column (c) fo	r a type of propert	v for which column	n (a) is ch	ecked				
•	describe in Part II.	Joidinin (O) IC	a type of propert	y 101 WITHOUT COMMITTE	i (α) 13 UH	Joneu,				
ΙA	For Paperwork Reduction Act Notice, see	Alea Inatoria	tions for Form 00	•			Schedule	M/Fa	OOC	

832142 10-18-18

### SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

CHEETAH CONSERVATION FUND

**Employer identification number** 31-1726923

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE MEMBERS OF THE BOARD OF DIRECTORS AND DIRECTOR OF OPERATIONS AND FINANCE REVIEW A DRAFT OF THE 990 PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY BOARD MEMBERS, TRUSTEES AND OFFICERS, AND ALSO BY ALL STAFF, VOLUNTEERS, EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF CCF.

IF A CONFLICT OF INTEREST IS TO ARISE, TRANSACTIONS WITH PARTIES WITH WHICH CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: 1. THE CONFLICTING INTEREST IS FULLY DISCLOSED; 2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION; 3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND 4. THE CCF BOARD OR A DULY CONSTITUTED COMMITTEE HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF ORGANIZATION.

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

ALL SALARIES AND CONTRACTOR PAYMENTS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE DETERMINES THE EXECUTIVE SALARY AFTER A COMPARISON ANALYSIS IS COMPLETED. THE PROCESS IS DOCUMENTED. LAST REVIEW TOOK PLACE DECEMBER 2018.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)