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DLN: 93493069003070

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number Name of organization THE PEREGRINE FUND INC B Check if applicable Please use IRS label or Address change 3-1969973 Doing Business As E Telephone number Name change print or . type. See (208) 362-3716 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts ~\$~9,610,950Termination tions. City or town, state or country, and ZIP + 4 Boise, ID 83709 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for J Peter Jenny affiliates? 5668 W Flying Hawk Lane Boise, ID 83709 H(b) Are all affiliates included? **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► www peregrinefund org **K** Type of organization
✓ Corporation

trust
association L Year of Formation 1970 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities The Peregrine Fund has a mission to restore rare species of birds of prey through captive breeding and release, improving Activities & Governance capacity for local conservation, conducting scientific research and environmental education, and conserving habitat Check this box 🗍 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . 34 Number of independent voting members of the governing body (Part VI, line 1b) . 33 75 Total number of employees (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) . 100 900 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 5.178.545 8 6,134,091 Program service revenue (Part VIII, line 2g) . 92,994 119,755 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 479.246 -24,000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114.763 69.591 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 5,865,548 6,299,437 12) 13 258.765 317,048 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-3,576,714 3,382,371 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 (Total fundraising expenses, Part IX, column (D), line 25 $\frac{392,909}{}$ b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,914,934 17 2,813,611 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 6,649,090 5,614,353 18 Revenue less expenses Subtract line 18 from line 12 685,084 19 -783,542 Assets or d Balances **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 19,480,003 19,957,666 21 Total liabilities (Part X, line 26) 257,138 130,050 New June 22 Net assets or fund balances Subtract line 21 from line 20 19,222,865 19,827,616 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please 2010-02-02 Sign Signature of officer Here Pete Jenny President and CEO Type or print name and title Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours FIN F if self-employed), address, and ZIP + 4 **Use Only**

May the IRS discuss this return with the preparer shown above? (See instructions) .

Cat No 11282Y

Yes

Νο

Part III Statement of Program Service Accomplishments (See the instructions.

1 See A	Briefly describe the organization's mission dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 2,358,661 including grants of \$ 0.) (Revenue \$ 0.) Species Restoration - Two endangered species recovery programs are conducted within the U.S. The captive breading facility in Boise, Idaho produces young birds for release to the wild to establish self-sustaining populations of these rare species. California Condor-by 1982, just 22 California Condors remained on Earth. Toda there are 350 individual birds, more than half of them flying free in the wild. This year the 19 pairs held by The Peregrine Fund produced 24 fertile eggs. Fourteen hatched in Boise and five hatched in other locales. Eight captive-bred condors were transferred to the Arizona Vermilion. Cliffs site for release to the wild and that population now includes close to 80 individuals. Cooperative programs with state agencies and hunting groups were expanded to encourage the use of lead-free ammunition in condor country. "Ingestion of Lead from Spent Ammunition. Implications for Wildlife and Humans" was published as a book and searchable CD. Ever condor continues to be trapped once or twice a year to be tested and, if necessary, treated for lead poisoning. Aplomado Falcon-this falcon was missing from its native habitat in the American Southwest by the 1950s due to changing land uses. The Peregrine Fund began raising Aplomado Falcons in captivity in the late 1980 and by 1993 a full-scale release program began in South Texas. Falcons are continuing to be re-introduced through innovative Safe Harbor agreements. This year surveys found 32 pairs of falcons in South Texas, 11 pairs in West Texas and 2 in New Mexico. From the captive flock, 116 young were released from sites in New Mexico and West Texas.
4b	(Code) (Expenses \$ 1,365,797 including grants of \$ 317,048) (Revenue \$ 0) Conservation Programs - Since 1970, nearly 102 raptor species in approximately 64 countries have benefitted from field research and hands-on recovery efforts by the organization. This year The Peregrine Fund was involved in raptor research, graduate studies, and conservation projects in 17 countries. Grants were provided to students conducting graduate thesis research projects and doctoral and master's studies, all in their native countries. The Neotropical Environmental Education Program in Panama was concluded. The legacy of this 7 year project includes the ongoing Harpy Eagle Day Festival, teacher training and education plans for communities around release sites, and the declaration of the Harpy Eagle as the national bird of Panama. Six young Ridgway's Hawks in the Dominican Republic were successfully fledged in an innovative assisted dispersal project. Six Orange-breasted Falcon chicks were produced in captivity for release to the wild in Belize and for future captive breeding, and surveys were conducted for nesting falcons in Belize and Guatemala. Captive-bred and wild Harpy Eagles were monitored in the forests of Panama and Belize using radio telemetry, and public educational campaigns were conducted to reduce shooting of this threatened species. Surveys were conducted for Teita Falcons in South Africa and 50 raptor species in Cameroon. Three vulture species were tracked with GPS-GSM transmitters in Kenya, and African Fish Eagles were tracked with VHF radio transmitters. Staff helped create the Raptor Working Group and organize the first International Vulture Day in Narobi, Kenya. In Madagascar, work continued to set aside globally significant wetlands, monitor rare raptor species, begin captive breeding of critically endangere species, support graduate students' studies, and work with local communities to develop an ecotourism program while protecting traditional customs and practices. Support was given to the Philippine Eagle Fo
4c	(Code) (Expenses \$ 1,082,104 including grants of \$ 0) (Revenue \$ 172,431) Education / Information - Education is a vital component in all of The Peregine Fund's conservation projects. Knowledge disples misunderstandings about birds of prey and increases their chances for long-term survival. The Velma Mornson Interpretive Center is the centerpiece of the education effort in Boise, Idaho. This year 32,000 people were reached through on-site and off-site programs. Planning for new display space for a pair of California Condors was completed with constructor scheduled in fiscal year 2010. The Archive's of Falconry showcases books, artifacts, artwork and equipment related to the ancient sport of falconry. This year 2 new Archive's exhibits were developed for visitors who are provided with daily tours. A world-class library provides journal articles to scientists and field researchers all over the world free of charge. This year staff supplied PDF copies of 1,471 articles in response to 381 requests from 32 countries. The online Global Raptor Information Network makes encyclopedic information about birds of prey available to anyone with access to the internet. This year content was added to the accounts of 333 raptor species and the network received 65,589 visitors. The organization created newsletters, news releases, brochures and other materials intended for the public. A webcam trained on a nesting pair of Peregrine Falcons in downtown Boise significantly boosted traffic to the website.
	Other program services (Describe in Schedule O)

He Total program service expenses \$ 4,806,562 Must equal Part IX, Line 25, column (B).

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🥵	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	Ia 21			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
_	Financial Accounts.			
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		IN O
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	c L		
7	were not tax deductible?	6b		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a	Yes	
	more?			1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the comment of discount the comment of the discount of the			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the			
	year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
U	facilities	1		
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
_	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
47-	,	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	ı∠a		
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the o	cırcums	tances,			
1a	Enter the number of voting members of the governing body	1a			34			
b	Enter the number of voting members that are independent	1b			33			
2	Did any officer, director, trustee, or key employee have a family relationship or a bustother officer, director, trustee, or key employee?				•	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co					3		Νο
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	since	the prior	Form 9	90 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the org	anızat	ion's ass	sets? .		5		Νο
6	Does the organization have members or stockholders?					6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				of the	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other p	ersons?	·	7b		Νο
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertake	n durıng	; the			
а	the governing body?					8a	Yes	
b	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o					9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			-		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CT, DC, FL, ID, IL, KS, KY, MA, MD, ME, MI, MN, MO, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TX, UT, VA, WA, WI, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Peregrine Fund Inc 5668 W Flying Hawk Lane Boise, ID 83709 (208) 362-3716

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

Software ID: Software Version:

EIN: 23-1969973

Name: THE PEREGRINE FUND INC

Form 990, Part VII - Section Aaa

Pormi 990, Part VII - Section Ada		Posit t	(C tion (hat a	chec		I			(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Robert B Berry , Director	1	X						0	0	0
Harry L Bettis , Director	1 0	X						0	0	0
P Dee Boersma PhD , Director	1 0	Х						0	0	0
Frank M Bond , Director	1 0	Х						0	0	0
Tom J Cade PhD , Founding Chairman	1 0	Х						0	0	0
Robert S Comstock , Director	1 0	X						0	0	0
Dr William E Cornatzer , Director	1 0	Х						0	0	0
Derek J Craighead , Director	1 0	Х						0	0	0
Scott A Crozier , Director	1 0	Х						0	0	0
Roy E Disney , Director	1 0	X						0	0	0
James H Enderson PhD , Director	1 0	Х						0	0	0
Caroline A Forgason , Director	1	X						0	0	0
Samuel Gary Jr , Director	1	X						0	0	0
Z Wayne Griffin Jr , Director	1	X						0	0	0
Karen J Hıxon , Dırector	1	X						0	0	0
Robert Wood Johnson IV , Director	1	X						0	0	0
Donald R Kayser , Director	1	X						0	0	0
Jacabo Lacs , Director	1	Х						0	0	0
Carter R Montgomery , Director	1	Х						0	0	0
Velma V Morrison , Director	1	Х						0	0	0
Ruth O Mutch , Director	1	Х						0	0	0
Carl E Navarre , Director	1	Х						0	0	0
Ian Newton D Phil D Sc FRS , Director	1	Х						0	0	0
Paxson H Offield , Director	1	Х						0	0	0
Lucia Liu Severinghaus PhD , Director	1	Х						0	0	0
Steven P Thompson , Director	1	Х						0	0	0
R Beauregard Turner , Director	1	Х						0	0	0
Russell R Wasendorf Sr , Director	1	Х						0	0	0
James D Weaver , Director	1	Х						0	0	0
P A B Widener Jr , Director	1	Х						0	0	0

Form 990, Part VII - Section Aaa

TOTHI 550, Fait VII Section Aut	•									
		1	(C tion (i	chec					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Julie A Wrigley , Director	1	Х						0	0	0
Lee M Bass , Chairman	1	Х		Х				0	0	0
Patrıcıa B Manıgault , Treasurer	1	Х		Х				0	0	0
D James Nelson , Secretary	1	Х		Х				0	0	0
J Peter Jenny , President	40			Х				228,183	0	19,335
Richard T Watson PhD , Vice-President	40			Х				131,112	0	17,381
Geoffrey Pampush , Development Director	40					х		152,882	0	8,566

Part VII	Continue	d

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amou com fr organ	pens om tl	other ation ne on and d
1b	Total			•				>	512,17	7	0		45,282
_											_		
2	Total number of individuals (including compensation from the organization		a) who	recei	ved	mor	e than	1 \$1	00,000 in reportab	le	•		
2	Total number of individuals (includir compensation from the organization		a) who	recei	ved	mor	e than	1 \$1	00,000 in reportab	le			
3		officer, direc	ctorort	ruste	e, k	ey e	employ	/ee,	or highest compens		3	es	No
	compensation from the organization Did the organization list any forme i	officer, directle of the such states the sum of	tor or t	ruste <i>ual</i> .	e, k •	ey e	employ • • ation	vee, • and	or highest compens	sated employee • • •	3		
3	Did the organization list any former on line 1a? <i>If "Yes," complete Schedo</i> For any individual listed online 1a, i organization and related organization	officer, directle of the such of the sum of	ctor or t individu reporta nan \$15	ruste ual ble c	e, k omp 0? I	ey e ens f "Y	ation :	ee, • and omp	or highest compens other compensation lete Schedule J for su	sated employee from the	3	es	
3 4	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directle J for such sthe sum of this greater the sum of t	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e • • • • • •	employ ation ation fes," cc	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services	3		
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organization individual	officer, directive Jernal of Sthe Sum of Sum	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e • • • • • •	employ ation ation fes," cc	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services	3 4 Y		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directile J for such sthe sum of this greater the sum of	reportanan \$15	ruste ual ble c 0,00 e ensa	e, k omp 0? i	ey e ens [f "Y froi	ation ation with a second and a second a second and a second a second and a second	and ompomp	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services	3 4 Y		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directile J for such as the sum of	reportanan \$15	ruste ual ble c 0,00 e ensa	e, k omp 0? i	ey e ens [f "Y froi	ation ation with a second and a second a second and a second a second and a second	and ompomp	or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee n from the och for services for services fee than	3 4 Y	es (C)	N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directle J for such sthe sum of the	reportanan \$15	ruste ual ble c 0,00 e ensa	e, k omp 0? i	ey e ens [f "Y froi	ation ation with a second and a second a second and a second a second and a second	and ompomp	or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee from the ch for services	3 4 Y	es	N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directile J for such as the sum of	reportanan \$15	ruste ual ble c 0,00 e ensa	e, k omp 0? i	ey e ens [f "Y froi	ation ation with a second and a second a second and a second a second and a second	and ompomp	or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee n from the och for services for services fee than	3 4 Y	es (C)	N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directile J for such as the sum of	reportanan \$15	ruste ual ble c 0,00 e ensa	e, k omp 0? i	ey e ens [f "Y froi	ation ation with a second and a second a second and a second a second and a second	and ompomp	or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee n from the och for services for services fee than	3 4 Y	es (C)	N o

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
JA	1a	Federated cam	npaigns 1a	129,584				·
ants	b	Membership di	ues	285,338				
g₽. 101	с	Fundraising ev		0				
iits, Irai	d	Related organı	1c zations1d	0				
s, gi nila	e	Government gran		973,800				
Contributions, gifts, grants and other similar amounts	f	_	ions, gifts, grants, and	4,745,369				}
buti thei	•		ot included above					
ntri do	g		ributions included in					
သူ	h	lines 1a-1f \$	240,418 es 1a-1f)		6,134,091			
	ļ. <u>"</u>	Total (Add III)		Business Code				
an	2a	Education Center	admissions	712,100	119,755	119,755	0	0
ием	ь			712,100	113,733	115,7.55	J	
Program Service Revenue	с							
rwc	d							
98 L	e							
jran	f	All other progr	am service revenue		0	0	0	0
Přo	g	Total. Add line ► \$ 119,755	es 2a-2f					
	3		come (including divi	dends, interest				
		other sımılar a	mounts)		238,494	0	0	238,494
	4	Income from inve	estment of tax-exempt be	ond proceeds	0	0	0	0
	5	Royalties .			200	0	0	200
			(ı) Real	(11) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental inco	ome or (loss)	· · · · ·				
		Gross amount	(ı) Securities 2,962,582	(11) O ther 26,504				
	7a	from sales of assets other	2,902,302	26,504				
	١.	than inventory	2 245 025	5,745				
	b	Less cost or other basis and sales expenses	3,245,835	5,745				
	с	Gain or (loss)	-283,253	20,759				
	d	Net gain or (lo		•	-262,494	0	0	-262,494
	8a	Gross income	from fundraising					
		events (not inc \$22	cluding 2,926					
ıne		of contribution	s reported on line					
₹		1c) See Part I Attach Schedule	V, line 18 e <i>G if total exceeds</i>					
. Re		\$15,000	а	0				
Other Revenue	b		kpensesb (loss) from fundraisi	14,532	8,394	0	0	8,394
ō	С			ing events	3,331		, and the second	3,33 .
	9a		part IV , line 19					
		Complete Sched exceeds \$15,00						
			а	1,622				
	b		(lasa) frames a	0	1,622	0	0	1,622
	С		(loss) from gaming a	t tivities	1,022			1,022
	10a	Gross sales of returns and all	inventory, less owances					
			а	89,683				
	b	Less cost of g		45,401			_	
	С	Net income or Miscellaneou	(loss) from sales of	Inventory Business Code	44,282	0	0	44,282
	11a	Facility rental		532,000	900	0	900	o
	ь	Rebates & Refi		900,099		0	0	
	c	a Ken						
	d	All other rever	nue		0	0	0	0
	e e		es 11a-11d					
	12	Tabel Description	و و با به محسدا امام د	\$ 15,093	6,299,437	119,755	900	44,691
	12	8c,	. Add lines 1h, 2g, 3		0,233,437	113,733	900	44,091
	j	9c, 10c, and 1	1e	. •				Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	30,000	30,000						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,000	5,000						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	282,048	282,048						
4	Benefits paid to or for members	0	0						
5	Compensation of current officers, directors, trustees, and key employees	381,055	276,240	88,557	16,258				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	72,767	72,767	0	0				
7	Other salaries and wages	2,310,961	1,976,911	0	220,070				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,159	72,982	4,839	9,338				
9	Other employee benefits	335,363	292,453	23,033	19,877				
10	Payroll taxes	195,066	166,160	13,060	15,846				
11	Fees for services (non-employees)								
а	Management	0	0	0	0				
b	Legal	3,664	3,664	0	0				
c	Accounting	22,764	5,964	16,800	0				
d	Lobbying	0	0	0	0				
е	Professional fundraising See Part IV, line 17	0			0				
f	Investment management fees	57,267	0	57,267	0				
g	Other	27,996	26,777	1,219	0				
12	Advertising and promotion	11,089	5,524	0	5,565				
13	Office expenses	130,607	101,867	14,375	14,365				
14	Information technology	63,849	42,246	6,147	15,456				
15	Royalties								
16	Occupancy	233,959	223,567	8,231	2,161				
17	Travel	367,322	299,993	16,769	50,560				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0				
19	Conferences, conventions and meetings	25,844	3,387	21,815	642				
20	Interest	0	0	0	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization	345,315	336,095	5,637	3,583				
23 24	Insurance	46,611	36,825	8,346	1,440				
а	Maintenance	37,903	34,325	3,410	168				
b	Printing / Publications	26,857	19,999	0	6,858				
c	Feed for birds	137,062	137,062	0	0				
d	Small Tools & Supplies	206,775	200,194	5,084	1,497				
e	Dues, Fees & Books	137,179	128,721	2,813	5,645				
f	All other expenses	32,871	25,791	3,500	3,580				
25	Total functional expenses. Add lines 1 through 24f	5,614,353	4,806,562	414,882	392,909				
26	Joint Costs. Check fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Nem 990 (2008)				

istine e Balance Sneet	Part X	Balance	Sheet
------------------------	--------	---------	-------

						(A)		(E	
	1	Cash—non-interest-bearing				Beginning of year 223,980	-	End o	227,910
	2	Savings and temporary cash investments	• •		•	712,258			1,241,720
	3	Pledges and grants receivable, net				1,068,954			1,806,956
	4	Accounts receivable, net		• •	•	12,241			2,887
	5	Receivables from current and former officers, directors, trustees	es or	12,241	+		2,007		
		other related parties				0	5		0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of 3				0	6		0
	7	Notes and loans receivable, net				0	7		0
	8	Inventories for sale or use				22,678	8		21,551
\$	9	Prepaid expenses and deferred charges				78,896	9		59,319
Assets	10a	Land, buildings, and equipment cost basis	_{10a}		9,390,209				
**	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь		4,179,788		10c		5,210,421
	11	Investments—publicly traded securities				9,779,067	11		9,132,925
	12	Investments—other securities See Part IV, line 11 Complete Pa				0	12		
	13	Investments—program-related See Part IV, line 11 Complete Part IV	art VIII			0			
	14	of Schedule D . Intangible assets				0	13 14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				2,167,563			2,253,977
		D					15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,480,003		1	9,957,666			
	17	Accounts payable and accrued expenses .				257,138			130,050
	18	Grants payable				0			0
	19	Deferred revenue				0			0
o.	20	Tax-exempt bond liabilities		0			0		
ĕ	21	Escrow account liability Complete Part IV of Schedule D		0	21		0		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		persons Complete Part II of Schedule L		•		0	22		0
	23	Secured mortgages and notes payable to unrelated third parties		0	23		0		
	24	Unsecured notes and loans payable		0	24		0		
	25	Other liabilities Complete Part X of Schedule D		0	25				
	26	Total liabilities. Add lines 17 through 25				257,138	26		130,050
s e		Organizations that follow SFAS 117, check here ▶	lete lin	es 27					
Balance	27	Unrestricted net assets				17,829,818	27	1	7,157,734
<u>8</u>	28	Temporarily restricted net assets				1,393,047	28		2,669,882
=	29	Permanently restricted net assets				0	29		0
Fund		Organizations that do not follow SFAS 117, check here							
٥	30	lines 30 through 34. Capital stock or trust principal, or current funds			30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.					31		
55	32	Retained earnings, endowment, accumulated income, or other fu			•		32		
	33	Total net assets or fund balances	143			19,222,865	-	1	9,827,616
Net	34	Total liabilities and net assets/fund balances				19,480,003			9,957,666
	l								
Pa	rt XI	Financial Statements and Reporting							
								Yes	No

Na wat VT	Financial Statements and Reporting	

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3Ь	Yes	

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As Filed Data -

DLN: 93493069003070

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		e organizat i	on				Em	ployer ide	nt if icat io	n numbei		
THE P	EREGRII	NE FUND INC						22	-196997	2		
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	by all or	ganizatio	•				
				ation because it is (Please					111001000	101107		
1	Г			nurches, or association of ch					(A)(i).			
2	Г	A school de	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Γ			e hospital service organizati			t ion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7		An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ı	ınıt or fron	n the gene	ral publi	c
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ns, membe	rship fees	, and gro	SS
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
	_		-	on after June 30, 1975 See					•			
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)										
11	ļ		•	and operated exclusively fo		, ,			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	. Check
		а Г⊤			Type III				d	Гтуре	III - Ot	her
e	Γ	•		rtıfy that the organızatıon ıs			•			•	•	
				agers and other than one or	more publ	licly suppo	orted orga	nizations	described	ın sectior	1509(a)(1) or
f		section 50		d a written determination fro	m the IRS	S that it is	a Type I.	Type II o	r Type III	supportir	na oraani:	zation.
-		check this					/ /	. , , ,	, , ,		. 9 - 1 9 - 1 1 1	
g				as the organization accepte	d any gift	or contrib	utıon from	any of the)			
		following pe		r indirectly controls, either a	alona orto	and ther wi	th nareons	describe	dun (u)		Yes	No
			·-	ng body of the the supported		_	in persons	, describe	u III (II)	11g		110
			· -	erson described in (i) above	_					11g(
				ty of a person described in (bove?				11g(_	
h				nation about the organizatio			supports			[5(7	
				·		•						
	(i) Na	me of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
	Supp			(described on lines 1-9	_	ation in	the orga	ınızatıon		ation in	supp	ort?
	Organ	ızatıon		above or IRC section (See Instructions))	col(i) yourgo	listed in		i) of your oort?		rganized US?		
				(See Instructions)	, ,	ment?	Supi	,011	"" ""	03.		
	Yes No Yes No Yes No											

Total

Support Schedule for Organizations Described in IRC 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.)

g in) ation's ed on the	(a) 2004 6,140,698 0	(b) 2005 6,821,151	(c) 2006 5,650,517	(d) 2007 5,178,545	(e)	2008	(f) Total 29,925,002
atıon's ed on	6,140,698	6,821,151			(e)		
atıon's ed on	0		5,650,517	5,178,545		6,134,091	29,925,002
ed on	, ,	0	0	0			
the	o					0	0
		0	0	0		0	0
	6,140,698	6,821,151	5,650,517	5,178,545		6,134,091	29,925,002
each							
nit or cluded ount							11,883,020
lıne							18,041,982
ın) 📙	_ ` /						(f) Total
	6,140,698	297,717	5,650,517	5,178,545		6,134,091	29,925,002
ans,	245,411	297,717	319,120	345,862	238,694		1,446,804
	0	0	0	0	900		900
	0	0	0	0		0	0
10)							31,372,706
es, etc	(See instruction	s)			12		1,373,794
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Computation of Public Support Percentage							
		ed by line 11 co	lumn (f))		14		57.509 %
							70.11 %
atıon dıd	not check the b	oox on line 13, a	nd line 14 is 33	1/3% or more,		this box	_
ation did	l not check the l	oox on line 13 o	r 16a, and line 1	.5 is 33 1/3% o	r more	, check thi	►▼ s ►□
- 2008. I the "fac ircumst: - 2007. I the "fac nd circui	fthe organization ts and circumst ances" test The fthe organization ts and circumst mstances" test	on did not check ances" test, che organization qu on did not check ances" test, che The organizatio	a box on line 1: eck this box and ualifies as a pub a box on line 1: eck this box and in qualifies as a	stop here. Exp licly supported 3, 16a, 16b, or stop here. Exp publicly suppor	lain in organii 17a ar lain in ted org	Part IV ho zation id line 15 i Part IV ho ganization	% or w the >T s 10% or
	ount line line line line line line line line	June June	Jan (a) 2004 (b) 2005 6,140,698 297,717 Joseph Color (See Instructions) for the organization's first, second, third op here The Percentage Solution (In the Color of the Organization) Solution (In the Organization) S	Ine (a) 2004 (b) 2005 (c) 2006 (d) 40,698 297,717 5,650,517 (d) 5,140,698 297,717 319,120 (e) 5,141 297,717 319,120 (e) 6,140,698 297,717 319,120 (e) 7,155 (e) 8,151	line (a) 2004 (b) 2005 (c) 2006 (d) 2007	dine Ine	Ine

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization'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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization
THE PEREGRINE FUND INC

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Donor advised funds (b) Funds and other accounts

Total number at end of year

Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat

Preservation of open space

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End

- on the last day of the tax year

 Held at the End of the Year

 Total number of conservation easements

 Total acreage restricted by conservation easements

 Number of conservation easements on a certified historic structure included in (a)

 Number of conservation easements included in (c) acquired after 8/17/06

 Total acreage restricted by conservation easements

 Number of conservation easements on a certified historic structure included in (a)

 And the End of the Year

 2a

 2b

 2c

 4d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►
- 4 Number of states where property subject to conservation easement is located **>**
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

\$

(ii) Assets included in Form 990, Part X

▶\$ 2,253,977

85,102

0

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

+ \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

<u>ar</u>	Organizations Maintaining Co	<u>llections of Art, </u>	Histo	oric	cal Tre	<u>asu</u>	res, or Othe	r Similar Ass	ets (c	ontınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of the	follo	owing tha	at are	a significant u	se of its collecti	on	
а	▼ Public exhibition		d	Γ	Loan or	exch	ange programs			
b	Scholarly research		e	굣	Other F	Rapto	or Education			
С	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	ı how t	they	further t	the o	rganızatıon's e>	cempt purpose ır		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	√ No
Pai	t IV Trust, Escrow and Custodial A						nızatıon answ	ered "Yes" to	Form 9	90,
	Part IV, line 9, or reported an am									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	iary fo	orco	ontributio	ons o	r other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following table								
								A me	ount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
		(a)Current Year	(b) P	rior Y	'ear ((c)Tw	o Years Back (d)	Three Years Back	(e) Four Y	ears Back
la	Beginning of year balance	9,790,739								
b	Contributions	61,228								
C	Investment earnings or losses	-128,676								
d	Grants or scholarships	0								
е	Other expenditures for facilities and programs	500,000								
f	Administrative expenses	57,267								
g	End of year balance	9,166,024								
2	Provide the estimated percentage of the year	r end halance held as								
		1 00 %								
а	Board designated or quasi-endowment	_ 00 /0								
Ь	remanent endowment F									
C	Term endowment ► 0 %						d	AL.		
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	ion th	iat a	re neid a	nd a	aministered for	tne	Yes	No
	(i) unrelated organizations							3a(i		No
	(ii) related organizations							3a(ii)	Νο
b	If "Yes" to 3a(II), are the related organization	ns listed as required	on Scl	hedu	ule R? .			3b		
	Describe in Part XIV the intended uses of the									
Pa I	t VI Investments—Land, Buildings	s, and Equipmen	t. Se	e Fo	orm 990), Pa	rt X, line 10.	1		
	Description of investment				Cost or otl		(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
.a	Land		T			0	1,513,000			1,513,000
b	Buildings					0	4,468,701	1,925,787		2,542,914
c	Leasehold improvements		. [0	774,324	629,361		144,963
d	Equipment		. [0	1,252,726	913,363		339,363
e	Other		Ī			0	1,381,458	711,277		670,181

5,210,421

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	no 1E		
(a) Descri			(b) Book value
Collections-Archives	•		2,253,977
Total. (Column (b) should equal Form 990, Part X, col.(B) line			2,253,977
Part X Other Liabilities. See Form 990, Part 3 (a) Description of Liability	X, line 25. (b) A mount	1	
Federal Income Taxes	(b) Amount	1	
redeful income raxes		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		1	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,299,437
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,614,353
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	685,084
4	Net unrealized gains (losses) on investments	4	-80,333
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-80,333
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	604,751
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,417,989
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	-10,124
3	Subtract line 2e from line 1	3	6,428,113
4	A mounts 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 57,267		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-128,676
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,299,437
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	5,813,238
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	70,209
3	Subtract line 2e from line 1	3	5,743,029
4	A mounts 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 57,267		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-128,676
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,614,353

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The Board of Directors established the endowment fund and the related payout policy that allows The Peregrine Fund to use a portion of the endowment balance each year towards operating expenses including both supporting services and program services as needed
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Loss on investments of \$185,943 included in "Expenses and Losses" for audited financial statement purposes, included with "Total Revenue" for Form 990 purposes
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Loss on investments of \$185,943 included in "Expenses and Losses" for audited financial statement purposes, included with "Total Revenue" for Form 990 purposes
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Archives of Falconry functions within The Peregrine Fund's educational as well as its research programs included in the mission statement. The worldwide cultural heritage of falconry extends back over 4,000 years. It was that sport's history and interaction with raptors that led modern practitioners to found and establish The Peregrine Fund to restore endangered populations of birds of prey, starting with the Peregrine Falcon Their successes in rescuing that and subsequent species have been due in large part to the intimate insight and personal understanding derived from their relationships with these birds through their practice of falconry. While such falconers' interactions and relationships have been documented for hundreds of years, this valuable history was being lost due to the absence of any focused effort to preserve records of falconers and their key roles in raptor conservation. For almost a quarter century. The Archives of Falconry, founded by The Peregrine Fund and unique in the world, has been devoted to the preservation of that historical record.

DLN: 93493069003070

OMB No 1545-0047

38,566

SCHEDULE F (Form 990)

Department of the Treasury

South America

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Statement of Activities Outside the United States

0

Interna	al Revenue Service		Inspect ion					
	ne of the organization PEREGRINE FUND 1				Employer ide	entification number		
					23-196997	3		
Pa		nformation on Ac rm 990, Part IV, lır		ide the United States	s. Complete if the orgai	nization answered		
1 2	For grantmakers. Does the organization maintain records to substantiate the amount of the grants of assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to awa the grants or assistance							
2	United States	m (Una Cabadula F 1	/Farry 000) if ad	d.b.c				
3	(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in		
East	t Asıa and the Pacıfıc	0	0	Grantmakıng		20,000		
East Asia and the Pacific		and the Pacific 0 0 Program Services		Program Services	Provide satellite telemetry for monitoring o Phillipine Eagle populations	678 f		
	tral America and the bbean	0	0	Grantmakıng		210,750		
Caribbean Central America and the Caribbean		0	5	Program Services	Program services in Central America and the Caribbean include release of captive-bred birds, monitoring of birds in the wild, community education programs, and scientific research and study			

0 Grantmaking

i	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			East Asia and the Pacific	To support field research and captive breeding of Philippine Eagles	20,000	check, wire transfer	C		
			South America	To support the project "Saving the Andean Condor from Extinction in Ecuador"	16,000	wire transfer	C		
			Central America and the Caribbean	Conservation of the Ridgeway's Hawk in Dominican Republic	45,000	wire transfer	C		

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule	F-1 (Form 990) if ad	<u>iditional space</u>	is needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Grant to provide environmental education on protecting Harpy Eagles in the Neotropics	Central America and the Caribbean	1	34,250	wire transfer	0		
submit a paper for publication on Harpy Eagle captive propagation		1	7,000	wire transfer	0		
White-collared Kite population assessment project	South America	1	7,000	wire transfer	0		
Study of movements and habitat use of young Harpy Eagles in Panama and Belize	Central America and the Caribbean	1	20,000	wire transfer	0		
Study of ecology and conservation of the Crowned Eagle in central Argentina	South America	1	7,000	wire transfer	0		
Study of the breeding biology, density, and ecological requirements of forest raptors in Parque Estadual do Rio Doce, Brazil		1	3,566	wire transfer	0		
	Sub-Saharan Africa	1	1,500	wire transfer	0		
Survey and monitor endangered vultures in Nepal and Pakistan	South Asia	3	3,000	wire transfer	0		
Survey of Teita Falcons in Niassa Reserve, Mozambique	Sub-Saharan Africa	1		wire transfer	0		
For research and conservation of the Harpy Eagle in Darien, Panama	Central America and the Caribbean	1	104,500	wire transfer	0		
		 			+		
		++			+		+
	<u> </u>	++			+		+
	_	+		 	+		+
	_	+			+		+
		+		+	+		+
-		+			+		†
	1	<u>-</u>		•		Scher	dule F (Form 990) 2008

Complete this part	to provide the information requ	ured in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Grantees are required to submit a written progress report at least every 6 months which is reviewed and accepted by the staff member in charge of the program. The recipient of the grant is under supervision and training by a Peregrine Fund project director who will visit most grant recipients in-country to provide training, support, monitoring and evaluation of progress.

Software ID: 08000095

Software Version: v1.00

EIN: 23-1969973

Name: THE PEREGRINE FUND INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
			To support field research and captive breeding of Philippine Eagles	·	check, wire transfer	0		
			To support the project "Saving the Andean Condor from Extinction in Ecuador"	16,000	wire transfer	0		
			Conservation of the Ridgeway's Hawk in Dominican Republic	45,000	wire transfer	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493069003070

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection
ame of the organization					Employer ider	ntification number
HE PEREGRINE FUND INC						
					23-1969973	
Part I Fundraising Act	tivities. Complet	e if the or	rganızat	on answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the organ	nization raised funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
b Email solicitations				· · · · · · · · · · · · · · · · · · ·	government grants	
c Phone solicitations				g Special fundrais	sing events	
d In-person solicitations						
a Did the organization have or key employees listed in	•		,		•	Г _{Yes} Г
b If "Yes," list the ten highes to be compensated at leas						
		(iii) fundrais			(
(i) Name of individual		custo		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
3 5	ity (fundraiser) (ii) A ctivity	1 ' 1 ' 1		fundraiser listed in	(or retained by)	
or entity (fundraiser)						orgonization.
or entity (fundraiser)		contribu	ıtıons?		col (i)	organization
or entity (fundraiser)		contribu Yes	No No		col (i)	organization
or entity (rundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (tundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

	rt II	more than \$15,000 on Form	1	_	ceipts greater than \$5	,000.		
			(a) Event #1 Archives Auction	(b) Event #2	(c) O ther Events	(Add co		
			(event type)	(event type)	(total number)		ol (c))	
₽	1	Gross receipts	22,926	;			2	2,926
Revenue	2	Less Charitable	С)				(
ě	3	contributions	22,926				2	2,926
	4	Cash Prizes	C)				C
မှ	5	Non-cash Prizes	C)				C
Sens	6	Rent/Facility costs	C)				C
Direct Expenses	7	Other direct expenses	14,532	:			1	4,532
ਭੂ ਵਿਚ	8	Direct expense summary Add lin	es 4 through 7 in column	(d)			1	4,532
	9	Net income summary Combine li	-					8,394
Par	t 111	Gaming. Complete if the or	ganization answered		art IV, line 19, or repo	orted mo		
	Ι	\$15,000 on Form 990-EZ, lii			1	T	_	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	col (a) t	il gaming nrough co	(Add ol (c))
~	1	Gross revenue						
မှာ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>a</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	☐ Yes			
	7	Direct expense summary Add line	,	,				
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)				
				(,			Yes	No
9		er the state(s) in which the organiza						
a b		he organization licensed to operate No," Explain	gaming activities in each	of these states /		· 9a		
D		NO, Explain						
10a b		e any of the organization's gaming Yes," Explain	licenses revoked, suspen	ided or terminated durin	g the tax year?	10a	<u> </u>	
-		· · ·						
11		es the organization operate gaming				11		
12		he organization a grantor, beneficia ned to administer charitable gaming				.		

			es r	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address •			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	5a		
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	/a		
Ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year			

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493069003070

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number

Name of the organization						Employer identi	fication number
THE PEREGRINE FUND INC						23-1969973	
Part I General Inform	nation on Grar	nts and Assistance				,	
Part IV and Sch	d to award the gran rganization's proce ner Assistance V, line 21 for an edule I-1 if addit	its or assistance? dures for monitoring the to Governments a sy recipient that recestional space is	e use of grant funds in the and Organizations enveloped more than \$5,00	he United States in the United Stat 00. Check this box i		organization answere eived more than \$5,	d "Yes" on
nieeded i i i							
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beringia SouthPO Box 147 Kelly, WY 83011	83-0321410	501(c)(3)	10,000	0			To sample and measure blood lead levels of avian scavengers in the Grand Teton National Park and National Elk Refuge
University of Missouri Curators of the University of Missouri341 Woods Hall One University Boulevard St Louis, MO 631214400	43-6003859	501(c)(3)	20,000	0			Study of the ecology and demography of the Galapagos Hawk
2 Enter total number of sec organizations		=					2
3 Enter total number of other							<u> </u>

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		Grantees are required to submit a written progress report at least every 6 months which is reviewed and accepted by the staff member in charge of the program

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DLN: 93493069003070

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name	of	t he	orgai	nizat	ion
THE PE	REC	GRINE	FŪNE	INC	

Employer identification number

23-1969973

Pa	rt I Questions Regarding Compensation	n				ı
					Yes	Νo
1a	Check the appropiate box(es) if the organization property of Part VII, Section A, line 1a Complete Part II		•			
	First class or charter travel	<u> - - - - - </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		No
2	Did the organization require substantiation prior to	reimburs	sing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executiv	e Direct	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		у			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	• • •			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
J Peter Jenny	(ı) (ıı)	228,183 0	0	0	14,069 0	6,138 0	248,390 0	154,919 0
Geoffrey Pampush	(I) (II)	142,882 0	10,000	0	3,300 0	6,948 0	163,130 0	112,997 0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	1a Companion Travel - on occasion, travel expenses are paid for the President's spouse when it is for a bona fide business purpose. This occurs when an additional person is needed when traveling with a bird and an employee or other volunteer is not available, or when the spouse is participating in development activities and is an integral part of the meetings being held, serving as a volunteer development staff member. Because it is a bona fide business expense, it is not taxable to the President. If neither of those cases applies, spousal travel is not paid for by The Peregrine Fund. Housing Allowance - the President receives a housing allowance that is included on the W-2 as taxable income as per the salary agreement negotiated and approved by the Board of Directors.
SchJ_P01_S00_L01b	Part I, Line 1b	1b Companion travel - there is no written agreement regarding reimbursement of spousal travel expenses. Spousal travel is only paid for when it is determined to be a bona fide business expense after discussion between the President, Administrator and Accountant. Housing Allowance - is per a written agreement negotiated and approved by the Board of Directors.
	1	

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

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Name of the organization THE PEREGRINE FUND INC						Eı	mploy	er ide	nt if ica	tion n	umber			
Daw I France Benefit	T	ana (sastian FO1	(2)/2)	\ and sachion FO1	1 (0)		3-196							
Part I Excess Benefit To be completed by										, Part	V, line	40b		
	f disqualified					on of transa					c) Corr			
				(5) 5 c s	СПРС	- Con or cranse					Yes	No		
2 Enter the amount of tax is section 4958							ear ui	nder ►	\$					
3 Enter the amount of tax,								•	\$					
		Interested Pers												
To be completed	by organizati	ons that answered '	'Yes"	on Form 990, Part	IV, li	ine 26, or Fo	orm 9	90-E			e 38a			
	I	(b) Loan to or from the					(e)	Ιn	(f Appr		(g)W	ritten		
(a) Name of interested per purpose		organization?	(c)	Original principal amount	(d) B	alance due	1		1 '		by board or a		agreement?	
	 	To From					Yes No		Yes	No	Yes	No		
		nefitting Interestations that answ			าดก	Part IV lir	ne 27							
(a) Name of interested				ween interested pe					st or tu	no of	assista	nco		
(a) Name of filterester	i person	an	d the	organization		(C)AIII	ount c	n grai	it or ty	pe oi	a 5 5 1 5 L a	110.6		
Part IV Business Tran	sactions I	nvolving Inter	ested	d Persons										
To be complete	d by organi	zations that answ	ered	"Yes" on Form 9	90,	Part IV, lır	ne 28	a, 28	b, or					
		(b) Relationsh between interes	•	(c) A mount of	.					- 1	(e) Sha organiza			
(a) Name of interested	person	person and th	e	transaction		(d) Descr	ription	of tra	nsactı	on	reven			
- M . I		organization			7.67						Yes	No No		
Brian Mutch		family member of I Mutch, Director	Kuth	/2,	/6/	employee						Νο		
										\dashv				
										+				

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization THE PEREGRINE FUND INC

Employer identification number

					23-1969973			
Pa	Types of Property	(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d Method of de		nına	
		ıf applicable	Number of Contributions	Form 990, Part VIII, line	reven		iiiig	
1	Art—Works of art	Х	33	71,048	FV at acquisition			
2	Art—Historical treasures .			·	·			
3	Art—Fractional interests							
4	Books and publications	X		108.928	FV at acquisition			
	Clothing and household			200,020				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Archıval							
	Other (describe <u>Records</u>)	X	5	10,245	Fair value at date of	acqui	sition	
	Other (describe							
or	er-Food							
	nts/meetings)	X	6	12,445	Fair value at date of	event		
	O ther- O ffice							
	supplies &							
27	Other (describe <u>equipment</u>)	X	8	5,430	Fair value at acquis	ition d	ate	
	Other - Field]	16.070				
28	Other (describe equipment)	X	7	16,878	Fair value at acquis	ition a	ate	
	Other - Feed Other (describe for birds)	×	10	14.745	 Fair value at acquis	ıtıon d	ate	
	Other (describe Other - Misc)	X	2	· · · · · · · · · · · · · · · · · · ·	Fair value at acquis			
29	Number of Forms 8283 received		anization during the tay ve					
	which the organization complete Acknowledgement				29			
							Yes	No
30a	During the year, did the organization hold for at least three years from the date of						 	
				not required to be used for t	exempt purposes			No
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangemone of the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		No
	If "Yes", describe in Part II If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation SchM_P01_S00_L00 Schedule M, Part I Reported in column (b) is number of contributions made, not the number of individual items

OMB No 1545-0047

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization THE PEREGRINE FUND INC Employer identification number

23-1969973

lo	dentifier	Return Reference	Explanation
F990_	P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The form 990 is prepared in-house by the Accountant. It is then reviewed by the Administrator before being sent to the President and Vice-President for review. After these reviews are completed, the 990 is e-mailed or send by the US Postal Service to all board members who are given an opportunity to comment before the return is filed with the IRS.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Each director, principal officer, and member of a committee with governing board-delegated powers annually signs a statement which affirms they have received a copy of the Conflict of Interest Policy, have read and understand the policy, have agreed to comply with the policy, and understand The Peregrine Fund is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. To ensure The Peregrine Fund operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews are conducted. The reviews include whether compensation arrangements and benefits are reasonable based on competent survey information and the result of arm's length bargaining, and whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit, or in an excess benefit transaction.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annually, prior to the meeting of the Compensation Committee, the President provides the Chairperson of the committee with an evaluation of the officers under him and a summary of his own activities for the year. The President at that time recommends compensation for the vice president and makes recommendations for the committee to consider for himself. When the committee meets, the President is in attendance at the beginning of the meeting to answ er questions and provide a verbal report of the activities and accomplishments of himself and the vice president during the previous year. He is then excused and the Compensation Committee meets to decide on compensation to propose to the entire. Board for the officers. During the meeting of the full Board, at the conclusion of the regular business the Board goes into a closed session to consider the report of the Compensation Committee. A vote is taken and thus the salaries of officers are established for the upcoming year. The Chairperson of the Compensation Committee provides written minutes of the meeting for the files. When the President makes his recommendations he takes into consideration (1) job performance during the previous year, (2) professional qualifications, (3) experience, (4) cost of living increase/decrease, (5) compensation provided by comparable organizations, and (6) the overall budget for the upcoming year and whether increases in compensation are possible. For 20+ years a company named. Towers Perrin in Rosslyn, Virginia, has conducted a Compensation Survey of Management Positions in Not-for-Profit Organizations. The Peregrine Fund participates in this survey. Each year the results are published in a book which is sold. We do not purchase the book each year as the cost is rather excessive, but we purchase it periodically to compare the levels of our compensation with other multi-national organizations with budgets on a level with ours. When the book is purchased, they send a complimentary analysis of one position with the national average for t

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Section C. Line 19	Governing documents, conflict of interest policy and financial statements will be made available to the public on request. Requests should be submitted to The Peregrine Fund administrative office at 5668 W Flying Hawk Lane, Boise, ID 83709

ldentifier	Return Reference	Explanation
F990_P00_S00_L0B	Lorm uun	Part VII, Section A listing of officers and board of directors - Officers who are also voting members of the board were only checked under column (c) as Officers, this amendment also checks the box Individual Trustee or Director This affects three Officers/Board members

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Our mission is to conserve and study certain raptors, as well as prevent their extinction. Raptors are among the critical components of our natural world and cultural heritage, and they assist humans in understanding their interdependence with nature and the environment. Through our programs, we seek to advance the knowledge of avian biology, ecology, and conservation through research, training and education. As a result, we seek to improve global environmental health and to conserve biological diversity.