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Form 990

Department of the Treasury  
Internal Revenue Service

## 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

2008

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

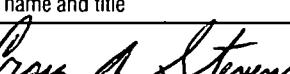
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RARE</b> <b>Doing Business As</b> <b>Number and street (or P.O. box if mail is not delivered to street address)</b> <b>1840 WILSON BOULEVARD</b> <b>Room/suite</b> <b>204</b> <b>City or town, state or country, and ZIP + 4</b> <b>ARLINGTON, VA 22201</b>		<b>D</b> Employer identification number <b>23-7380563</b>	
			<b>E</b> Telephone number <b>703-522-5070</b>	
			<b>G</b> Gross receipts \$ <b>26,741,786</b>	
			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <b>► (insert no.)</b> <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>J</b> Website: <b>► www.RARECONSERVATION.ORG</b>
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>►</b>				<b>L</b> Year of formation: <b>1974</b>
				<b>M</b> State of legal domicile: <b>DC</b>

## Part I Summary

<b>Activities &amp; Governance</b> <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO CONSERVE IMPERILED SPECIES AND ECOSYSTEMS AROUND THE WORLD.</b> <b>2</b> Check this box <b>►</b> <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>5</b> Total number of employees (Part V, line 2a) <b>5</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>7a</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b>	<b>23</b> <b>23</b> <b>61</b> <b>105</b> <b>0</b> <b>0</b>			
	<b>Revenue</b> <b>8</b> Contributions and grants (Part VIII, line 1h) <b>11,667,543</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>411,250</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>298,646</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12,377,439</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 92) <b>20,099,044</b>			
	<b>Prior Year</b> <b>Current Year</b> <b>11,667,543</b> <b>19,670,734</b> <b>411,250</b> <b>143,719</b> <b>298,646</b> <b>284,591</b> <b>12,377,439</b> <b>20,099,044</b>			
	<b>Expenses</b> <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>352,315</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>477,900</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>3,151,957</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>2,857</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>822,752</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>2,442,890</b> <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <b>5,950,019</b> <b>19</b> Revenue less expenses Subtract line 18 from line 12 <b>6,427,420</b>			
	<b>Beginning of Year</b> <b>End of Year</b> <b>17,637,378</b> <b>29,458,528</b> <b>1,137,594</b> <b>1,005,476</b> <b>16,499,784</b> <b>28,453,052</b>			
	<b>Net Assets or Fund Balances</b> <b>20</b> Total assets (Part X, line 16) <b>17,637,378</b> <b>21</b> Total liabilities (Part X, line 26) <b>1,137,594</b> <b>22</b> Net assets or fund balances Subtract line 21 from line 20 <b>16,499,784</b>			

## 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

<b>Sign Here</b> <b>►</b>  <b>►</b> <b>BRETT JENKS, CEO</b> Type or print name and title	<b>July 17, 2010</b> Date		
	<b>Paid Preparer's Use Only</b> <b>Preparer's signature</b> <b>►</b>  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CALIBRE CPA GROUP PLLC</b> <b>1850 K STREET, N.W.</b> <b>WASHINGTON, DC 20006</b>	<b>Date</b> <b>7-1-10</b> <b>Check if self-employed</b> <input type="checkbox"/> <b>EIN</b> <input type="checkbox"/> <b>Phone no.</b> <b>► (202) 331-9880</b>	<b>Preparer's identifying number (see instructions)</b> <input type="checkbox"/>

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

 Yes  No

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION

SEE SCHEDULE O:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 3,333,701. including grants of \$ ) (Revenue \$ )

PRIDE CONDUCTED A UNIQUE SOCIAL MARKETING TRAINING PROGRAM FOR LOCAL CONSERVATIONISTS FROM AROUND THE WORLD TO INSPIRE ENVIRONMENTAL PROTECTION AT EVERY LEVEL IN THEIR COMMUNITIES. AT 100 SITES IN 40 COUNTRIES, PRIDE CAMPAIGNS HAVE HELPED LOCAL PARTNERS MOBILIZE COMMUNITY SUPPORT TO ACHIEVE THEIR CONSERVATION GOALS. IN MANY CASES, THE CAMPAIGNS HAVE ESTABLISHED NEW PROTECTED AREAS, ENHANCED ENVIRONMENTAL LEGISLATION AND PROMOTED MORE SUSTAINABLE PRACTICES.

4b (Code) (Expenses \$ 911,871. including grants of \$ ) (Revenue \$ )

PUBLIC INFORMATION - RARE USED SOCIAL MARKETING AND PUBLIC EDUCATION TO INSPIRE MORE ENVIRONMENTALLY SUSTAINABLE BEHAVIORS TO MILLIONS OF PEOPLE THROUGHOUT THE DEVELOPING TROPICS (HOME TO MORE THAN 50% OF THE WORLD'S BIODIVERSITY) - INCLUDING EVERYTHING FROM CLASSROOM EDUCATION TO ADULT TRAINING TO FESTIVALS, POP SONGS, RADIO SHOWS, PRESS, LOBBYING, ADVERTISING, AND OTHER OUTREACH ACTIVITIES FOR ALL AGES.

4c (Code) (Expenses \$ 341,203. including grants of \$ ) (Revenue \$ )

FISHERIES FELLOWS- A PROGRAM TO TRAIN LOCAL FISHERMEN TO UTILIZE MORE SUSTAINABLE METHODS THAT TIE LONG-TERM ECONOMIC BENEFITS TO CONSERVATION.

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,731,841. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 7,318,616. (Must equal Part IX, Line 25, column (B))

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*

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*

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*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

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*

10 Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*

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*

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*

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the U.S.?  
 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*

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*

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*

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

19 Did the organization report more than \$15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*

20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

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*

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*

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*

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*  
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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*  
 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*

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*

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*

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13		X
14a	X	
14b	X	
15	X	
16	X	
17		X
18		X
19		X
20		X
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X

Form 990 (2008)

## 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:		
a 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	x
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	x
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? If "Yes," complete Schedule L, Part IV	28c	x
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	x
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x
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	x
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	x

Form 990 (2008)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		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	1a	23
1b	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	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	61
b	If at least one is reported on line 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 (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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	X
b	If "Yes," enter the name of the foreign country ► <u>MEXICO</u>  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
6a	Did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a	X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter N/A	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	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**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	23
b Enter the number of voting members that are independent	1b	23
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," 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	X

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► <b>WA, TX, VA, MD, NY, IL</b>
18 Section 6104 requires an organization to make its Forms 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.
<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request
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
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► <b>CATHERINE STEWART - 703-522-5070</b>
1840 WILSON BOULEVARD SUITE 204 ARLINGTON, VA 22201

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ANITA BEKENSTEIN									
TRUSTEE	2.50	X					0.	0.	0.
MELISSA SHACKELTON DANN									
TRUSTEE	2.50	X					0.	0.	0.
MARK DIMASSIMO									
TRUSTEE	2.50	X					0.	0.	0.
HANNELORE GRANTHAM									
TRUSTEE	2.50	X					0.	0.	0.
DAN HEATH									
TRUSTEE	2.50	X					0.	0.	0.
BARBARA HERNANDEZ									
TRUSTEE	2.50	X					0.	0.	0.
NANCY MACKINNON									
TRUSTEE	2.50	X					0.	0.	0.
DUNCAN M MCFARLAND									
TRUSTEE	2.50	X					0.	0.	0.
STEPHANIE MEEKS									
TRUSTEE	2.50	X					0.	0.	0.
VADIM NIKITINE									
TRUSTEE	2.50	X					0.	0.	0.
ANGUS PARKER									
TRUSTEE	2.50	X					0.	0.	0.
ROGER F PASQUIER									
TRUSTEE	2.50	X					0.	0.	0.
WILL H. REYNOLDS									
TRUSTEE	2.50	X					0.	0.	0.
ALEXANDRA ROME									
TRUSTEE	2.50	X					0.	0.	0.
ANNE MARTIN SIMMONS									
TRUSTEE	2.50	X					0.	0.	0.
RUTH YEOH									
TRUSTEE	2.50	X					0.	0.	0.
KENNETH BERLIN, ESQ.									
HONORARY TRUSTEE	2.50	X					0.	0.	0.

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
DAVID HILL									
<u>HONORARY TRUSTEE</u>	2.50	X					0.	0.	0.
ROBERT S RIDGELY, PH.D									
<u>HONORARY TRUSTEE</u>	2.50	X					0.	0.	0.
BRETT JENKS									
<u>PRESIDENT &amp; CEO</u>	60.00		X				249,400.	0.	26,491.
DALE GALVIN									
<u>CHEIF OPERATING OFFICER</u>	60.00		X				176,982.	0.	25,891.
WENDY J. PAULSON									
<u>CHAIRMAN</u>	7.50		X				0.	0.	0.
EDITH MCBEAN									
<u>VICE CHAIR OF BOARD</u>	2.50		X				0.	0.	0.
JOSEPH ELLIS									
<u>SECRETARY OF BOARD</u>	2.50		X				0.	0.	0.
EDWARD SOULE									
<u>TREASURER OF BOARD</u>	2.50		X				0.	0.	0.
PAUL BUTLER									
<u>SENIOR VP, GLOBAL PROGRA</u>	60.00			X			127,814.	0.	15,377.
LAURIE WILKINSON									
<u>VP COMM &amp; MKTG</u>	60.00			X			124,771.	0.	13,171.
<b>1b Total</b>					►		<b>1,065,976.</b>	<b>0.</b>	<b>157,104.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 7

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  
 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
3	X
4	X
5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CIVIC ACTIONS, 2625 ALCATRAZ AVENUE, SUITE 320, BERKELEY, CA 94705	WEBSITE CONTRACTOR	259,604.
UNIVERSITY OF TEXAS AT EL PASO, 500 WEST UNIVERSITY AVENUE, EL PASO, TX 79902	MASTER'S DEGREE PROGRAM FEES	220,568.
BENEFIT MALL, 4851 LBJ FREEWAY, SUITE 100, DALLAS, TX 75244	HEALTH INSURANCE	216,271.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 3

Form 990 (2008)

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	90,970			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,579,764			
	g Noncash contributions included in lines 1a-1f \$		470,046			
	h Total. Add lines 1a-1f		► 19,670,734			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code 900099	143,719	143,719		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		► 143,719			
	3 Investment income (including dividends, interest, and other similar amounts)		► 283,160			283,160
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6 a Gross Rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		►				
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses	6,644,173					
c Gain or (loss)	6,642,742					
d Net gain or (loss)	1,431					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events	►					
9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►				
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		► 20,099,044	145,150	0	283,160	

## 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 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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	477,900	477,900		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	478,763	37,733	330,674	110,356
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,391,046	2,754,248	258,534	378,264
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	172,974	142,961	10,372	19,641
9 Other employee benefits	272,990	217,058	23,765	32,167
10 Payroll taxes	313,870	229,233	45,334	39,303
11 Fees for services (non-employees)				
a Management				
b Legal	15,134	13,555	1,089	490
c Accounting	35,976	32,222	2,590	1,164
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,996			2,996
f Investment management fees				
g Other				
12 Advertising and promotion	6,255	5,602	450	203
13 Office expenses	272,361	225,015	11,885	35,461
14 Information technology				
15 Royalties				
16 Occupancy	208,034	136,376	39,086	32,572
17 Travel	939,829	879,951	12,739	47,139
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,798	65,351	946	3,501
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	530,546	467,316	63,230	
23 Insurance	27,177	11,159	12,768	3,250
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CONSULTING FEES &amp; PROFE</u>	916,503	820,880	65,973	29,650
b <u>EQUIPMENT</u>	186,863	169,933	7,395	9,535
c <u>PROFESSIONAL DEVELOPMEN</u>	82,187	61,891	9,956	10,340
d <u>MISCELLANEOUS</u>	11,886	4,302	7,394	190
e <u>ALLOCATION OF ADMINISTR</u>	0	562,854	<629,101>	66,247
f All other expenses	7,799	3,076	4,440	283
25 Total functional expenses. Add lines 1 through 24f	8,420,887	7,318,616	279,519	822,752
26 Joint Costs. Check here ► <input type="checkbox"/> if 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				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	29,836	1	48,491
	2 Savings and temporary cash investments	3,808,632	2	6,938,900
	3 Pledges and grants receivable, net	6,609,833	3	14,642,784
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	436,390	8	391,453
	9 Prepaid expenses and deferred charges	85,220	9	70,322
	10a Land, buildings, and equipment: cost basis	10a 861,419		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 408,301	10c 309,708	10c 453,118
	11 Investments - publicly traded securities	6,222,222	11	6,754,657
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	135,537	15	158,803
	16 Total assets. Add lines 1 through 15 (must equal line 34)	17,637,378	16	29,458,528
Liabilities	17 Accounts payable and accrued expenses	823,673	17	686,647
	18 Grants payable		18	
	19 Deferred revenue	250,000	19	250,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	63,921	25	68,829
	26 Total liabilities. Add lines 17 through 25	1,137,594	26	1,005,476
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,180,557	27	6,627,071
	28 Temporarily restricted net assets	10,319,227	28	21,825,981
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,499,784	33	28,453,052
	34 Total liabilities and net assets/fund balances	17,637,378	34	29,458,528

## Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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?

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?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		x
2b	x	
2c	x	
3a		x
3b		

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

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.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

RARE

Employer identification number

23-7380563

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated	d <input type="checkbox"/> Type III - Other
-----------------------------------	------------------------------------	---	---
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h  Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar 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 include any "unusual grants")	5,751,495	5,394,887	6,449,874	12,078,793	19,639,580	49,314,629
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	5,751,495	5,394,887	6,449,874	12,078,793	19,639,580	49,314,629
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						49,314,629

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,751,495	5,394,887	6,449,874	12,078,793	19,639,580	49,314,629
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,636	97,052	110,839	277,229	283,160	778,916
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	337	1,330				1,667
11 Total support. Add lines 7 through 10						50,095,212
12 Gross receipts from related activities, etc (see instructions)				12		1,848,942
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.44	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.95	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar 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 include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> 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.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

**19a 33 1/3% support 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 ►

**b 33 1/3% support 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 ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

RARE

Employer identification number

23-7380563

**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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor 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?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 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 of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06

3 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 ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount 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 section 170(h)(4)(B)(ii)?  Yes  No

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 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 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 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

Yes	No
3a(i)	
3a(ii)	
3b	

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other			861,419	408,301
<b>Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))</b>				453,118

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
<b>Total</b> (Col (b) should equal Form 990 Part X, col (B), line 12.) ►		

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

**Total** (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)**

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
<b>DEFERRED COMPENSATION LIABILITY</b>	<b>68,829</b>	

In Part XIV, provide the text of the footnote to the organization's:

68.829

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48  
822052

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,099,044
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,420,887
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	11,678,157
4	Net unrealized gains (losses) on investments	4	275,111
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	275,111
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	11,953,268

## **Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	21,037,670.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	275,111.
b	Donated services and use of facilities	2b	663,515.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	938,626.
3	Subtract line 2e from line 1	3	20,099,044.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	20,099,044.

### **Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	9,084,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	663,515.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	663,515.
3	Subtract line 2e from line 1	3	8,420,887.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	8,420,887.

## 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 IV, 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.

**Schedule F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

Employer identification number

RARE

23-7380563

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	PROGRAM SERVICES		308,732.
EAST ASIA AND THE PACIFIC	1	11	PROGRAM SERVICES		2,676,801.
NORTH AMERICA	2	49	PROGRAM SERVICES		1,195,844.
SOUTH AMERICA	0	0	PROGRAM SERVICES		624,086.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES		234,733.
<b>Totals</b>	<b>► 3</b>	<b>60</b>			<b>5,040,196.</b>

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Schedule F (Form 990) 2008

832071  
12-18-08

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	12,650	ACH WIRE PAYMENT	0		
		PARAGUAY		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	10,000	ACH WIRE PAYMENT	0		
		CAMEROON		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	10,000	ACH WIRE PAYMENT	0		
		BELIZE		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	20,000	ACH WIRE PAYMENT	0		
		PERU		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	10,000	ACH WIRE PAYMENT	0		
		EST. JAVA, INDONESIA		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	18,000	ACH WIRE PAYMENT	0		
		CHINA		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	8,900	ACH WIRE PAYMENT	0		
		INDONESIA		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	13,800	ACH WIRE PAYMENT	0		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

1  
24

**Part III 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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CORE FUNDS	MEXICO	1	5,000	ACH WIRE PAYMENT	0		
ALUMNI FUND GRANT	INDONESIA	1	10,000	ACH WIRE PAYMENT	0		
CORE FUNDS	INDONESIA	2	12,430	ACH WIRE PAYMENT	0		

## Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

**SCHEDULE F, PART I, LINE 2: SITE VISITS; FREQUENT CORRESPONDENCE (EMAILS)**

**PHONE): MONTHLY FINANCIAL AND NARRATIVE REPORTS; EXAMINATION OF INVOICES**

**AND EXPENSES**

## Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1 (a) Name of organization  1 (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	BELIZE	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	15,000	ACH WIRE PAYMENT	0		
	BORNEO, INDONESIA	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	10,000	ACH WIRE PAYMENT	0		
	OCEANIA	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	15,000	ACH WIRE PAYMENT	0		
	PERU	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	14,900	ACH WIRE PAYMENT	0		
	GABON	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	10,000	ACH WIRE PAYMENT	0		
	YUNNAN PROVINCE, CHINA	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	18,000	ACH WIRE PAYMENT	0		
	MEXICO	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	5,000	ACH WIRE PAYMENT	0		
	MEXICO	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	19,937	ACH WIRE PAYMENT	0		
	MEXICO	IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	7,500	ACH WIRE PAYMENT	0		

## Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	MEXICO			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	25,000.	ACH WIRE PAYMENT	0.		
	ARGENTINA			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	5,000.	ACH WIRE PAYMENT	0.		
	YUNNAN PROVINCE, CHINA			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	18,000.	ACH WIRE PAYMENT	0.		
	INDONESIA			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	8,000.	ACH WIRE PAYMENT	0.		
	INDONESIA			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	5,000.	ACH WIRE PAYMENT	0.		
	INDONESIA			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	8,210.	ACH WIRE PAYMENT	0.		
	MAURITIUS			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	8,000.	ACH WIRE PAYMENT	0.		
	PALAU			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	15,000.	ACH WIRE PAYMENT	0.		
					10,000.	ACH WIRE PAYMENT	0.		

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)**

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	5,000	ACH WIRE PAYMENT	0		
	ARGENTINA		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	5,000	ACH WIRE PAYMENT	0		
	ST. LUCIA		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	5,000	ACH WIRE PAYMENT	0		
	INDONESIA		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	17,000	ACH WIRE PAYMENT	0		
	MEXICO		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	5,000	ACH WIRE PAYMENT	0		
	DR CONGO		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	9,320	ACH WIRE PAYMENT	0		
	YUNNAN PROVINCE, CHINA		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	18,000	ACH WIRE PAYMENT	0		
	GUAM		IMPLEMENTATION OF CONSERVATION SOLUTIONS AND RELATED PROGRAM EXPENSES.	30,000	ACH WIRE PAYMENT	0		
	BAHAMAS							

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

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

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

RARE

Employer identification number

23-7380563

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?

- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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)(i)-(iii) 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 compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRETT JENKS	(i) 210,250	29,400	9,750		13,000	13,491	275,891
	(ii) 0	0	0		0	0	0
DALE GALVIN	(i) 147,182	17,400	12,400		12,400	13,491	202,873
	(ii) 0	0	0		0	0	0
NIGEL SIZER	(i) 126,884	10,964	15,500		14,443	13,453	181,244
	(ii) 0	0	0		0	0	0
	(iii) 0	0	0		0	0	0
	(iv) 0	0	0		0	0	0
	(v) 0	0	0		0	0	0
	(vi) 0	0	0		0	0	0
	(vii) 0	0	0		0	0	0
	(viii) 0	0	0		0	0	0
	(ix) 0	0	0		0	0	0
	(x) 0	0	0		0	0	0
	(xi) 0	0	0		0	0	0
	(xii) 0	0	0		0	0	0
	(xiii) 0	0	0		0	0	0
	(xiv) 0	0	0		0	0	0
	(xv) 0	0	0		0	0	0
	(xvi) 0	0	0		0	0	0
	(xvii) 0	0	0		0	0	0
	(xviii) 0	0	0		0	0	0
	(xix) 0	0	0		0	0	0
	(xx) 0	0	0		0	0	0
	(xxi) 0	0	0		0	0	0
	(xxii) 0	0	0		0	0	0
	(xxiii) 0	0	0		0	0	0
	(xxiv) 0	0	0		0	0	0
	(xxv) 0	0	0		0	0	0
	(xxvi) 0	0	0		0	0	0
	(xxvii) 0	0	0		0	0	0
	(xxviii) 0	0	0		0	0	0
	(xxix) 0	0	0		0	0	0
	(xxx) 0	0	0		0	0	0
	(xxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0		0	0	0
	(xxxii) 0	0	0		0	0	0
	(xxxiii) 0	0	0		0	0	0
	(xxxiv) 0	0	0		0	0	0
	(xxxv) 0	0	0		0	0	0
	(xxxvi) 0	0	0		0	0	0
	(xxxvii) 0	0	0		0	0	0
	(xxxviii) 0	0	0		0	0	0
	(xxxix) 0	0	0		0	0	0
	(xxxxi) 0	0	0	</td			

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.

PART I LINE 1A: NIGEL SIZER THE VP OF THE ASIA PACIFIC PROGRAM IS PROVIDED

A HOUSING ALLOWANCE WHICH IS REPORTED TO HIM AS COMPENSATION.

Schedule J (Form 990) 2008

**SCHEDULE J-2**  
**(Form 990)**

## Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**Name of the Organization**

RARE

**Employer Identification number**

23-7380563

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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

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**Schedule J-2 (Form 990) 2008**

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

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

RARE

Employer identification number

23-7380563

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	295,173	FMV ON DATE OF RECEIPT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>FACILITIES</u> )	X	22	107,000	FAIR MARKET VALUE OF D
26 Other ► ( <u>TRAVEL</u> )	X	11	57,873	FAIR MARKET VALUE OF D
27 Other ► ( <u>COMPUTERS</u> )	X	4	10,000	FAIR MARKET VALUE OF D
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment		29	0	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				30a X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				31 X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a X
b If "Yes," describe in Part II.				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

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

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► 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.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

RARE

Employer identification number

23-7380563

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

TO CONSERVE IMPERILED SPECIES AND ECOSYSTEMS AROUND THE WORLD BY

INSPIRING PEOPLE TO CARE ABOUT AND PROTECT NATURE. IN THE FACE OF A

GLOBAL EXTINCTION CRISIS, CLIMATE CHANGE, DWINDLING FISH STOCKS, AND

DISAPPEARING FORESTS, RARE IS CHANGING BEHAVIORS AT THE LOCAL LEVEL BY

TEACHING COMMUNITY LEADERS HOW TO RELATE TO NATURE IN A NON-DESTRUCTIVE

MANNER AND PROVIDING ALTERNATIVES TO CURRENT PRACTICES.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

THE EXISTING PRIDE SOCIAL MARKETING CAMPAIGN WAS EXPANDED TO INCLUDE

THE IDENTIFICATION AND FACILITATION OF SOLUTIONS TO ENVIRONMENTAL

CONSERVATION BARRIERS. THIS COULD INCLUDE ECONOMIC BARRIERS, EQUIPMENT

ALTERNATIVES SUCH AS FUEL-EFFICIENT STOVES, AND CULTURAL OR TRADITIONAL

METHODS.

**FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:**

RARE IS NO LONGER INITIATING DIRECT LONG-TERM ENTERPRISE DEVELOPMENT AS

A STAND ALONE ALTERNATIVE TO THE SOCIAL MARKETING PRIDE CAMPAIGN. WHEN

IDENTIFIED AS A BARRIER TO BEHAVIOR CHANGE, THE PRIDE PROGRAM WORKS

WITH COMMUNITY LEADERS ON ECONOMIC ALTERNATIVES TO CURRENT PRACTICES,

THESE ACTIVITIES ARE INCORPORATED INTO THE OVERALL CAMPAIGN STRATEGY TO

ENSURE MAXIMUM IMPACT.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► 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.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

RARE

Employer identification number

23-7380563

EXPENSES \$ 2731841. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD MEMBERS WERE GIVEN A COPY

OF THE RETURN TO REVIEW AND APPROVE.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, STAFF AND BOARD MEMBERS

ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT INDICATING

THE CAPACITY IN WHICH YOU ARE SERVING THE ORGANIZATION, ANY AFFILIATIONS

WITH RARE'S BUSINESS PARTNERS, OR ANY BENEFIT GAINED THROUGH A RARE

BUSINESS TRANSACTION. DETAILED INFORMATION ON ANY SUCH POTENTIAL CONFLICT

MUST BE FULLY DISCLOSED ON THE FORM.

FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY, RARE STAFF COMPILES DATA

FROM CURRENT MARKET COMPENSATION SURVEYS AND OTHER RELEVANT RESEARCH IN

ADDITION TO A SELF EVALUATION OF THE CEO AND COO TO BE SUBMITTED TO THE

FINANCE AND HR COMMITTEE FOR REVIEW. THE FINANCE AND HR COMMITTEE, BASED

ON THE INFORMATION RECEIVED, RECOMMENDS COMPENSATION ADJUSTMENTS FOR THE

CEO AND COO TO THE FULL BOARD OF TRUSTEES FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: RARE MAKES IT'S GOVERNING DOCUMENTS

AND CONFLICT OF INTEREST POLICY STATEMENT AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 2C

AUDIT COMMITTEE ASSUMES OVERSIGHT OF AUDIT. THE PROCESS HAS NOT CHANGED

FROM THE PRIOR YEAR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II- Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization  <b>RARE</b>	Employer identification number  <b>23-7380563</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1840 WILSON BOULEVARD, NO. 204</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>ARLINGTON, VA 22201</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

- The books are in the care of ► **1840 WILSON BOULEVARD SUITE 204 - ARLINGTON, VA 22201**  
Telephone No. ► **703-522-5070** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.
- I request an additional 3-month extension of time until **AUGUST 15, 2010**
- For calendar year , or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO COMPLETE THE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <input type="text"/>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ <input type="text"/>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <input type="text"/> <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Ray A Stevens* Title ► *CPA*

Date ► **5-4-10**

Form 8868 (Rev. 4-2009)