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Form **990**

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

		of the Treasur nue Service	^y ▶ ĭ	The organization may have to i	use a copy of this r	eturn to satis	fy state rep	orting require	ments	Inspection
A	For th	ne 2009 ca	alendar	year, or tax year beginning	09/01	, 2009, aı	nd ending	08/31	1	, 20 10
ВО	Check if a	applicable	Please	C Name of organization PEREC	3RINE PROJECT			D	Employ	er identification number
_		change	use IRS label or	Doing Business As					06	1808761
	Name cl		print or type.	Number and street (or PO box if m.	all is not delivered to stre	et address)	Room/suite	E	Telepho	ne number
_	nitial re		See	2907 PORTAGE BAY WE		<u></u>		(530)	758-8884
П Т	fermina	ited	Specific Instruc-	City or town, state or country,	and ZIP + 4					
	4mende	ed return	tions.	DAVIS, CA 95616				1	Gross red	
	Application	on pending		me and address of principal officer		OMBE		H(a) Is this a gr	oup return	for affiliates? Yes No
	-		1	PORTAGE BAY WEST, DA		,				ncluded? LYes LNo
		empt status	s 🔽 5	501(c) (3) ◄ (insert no) ☐ 49	947(a)(1) or 527	<u></u>		1		list (see instructions)
	Websi		Corn	poration Trust Association	Other ►	1 Vear	of formation	2007 M		legal domicile CA
-	art I	Summ		JOFALIOTI C. TRUST C. ASSOCIATION C.	Other P	L Tear	Or IOMISERION	2007 111	Diale Of	regar dominate CA
. F 6				the organization's mission		ent potuition	ORGAN	IZATION PR	OVIDE	S
Activities & Governance	2	Check this	s box ►	AND EARLY ELEMENTAR' if the organization discontinue ing members of the governi	ed its operations or dis	sposed of more			3	9
eğ Ø	1			ependent voting members of			Line 1h)		4	7
vitie	1			of employees (Part V, line 2a	-	ody (i ait v	1, 11110 107		5	43
ct	i			of volunteers (estimate if neg					6	17
•				elated business revenue fro		nn (C), line	12		7a	0
				ousiness taxable income fro					7b	
							<u> </u>	Prior Year		Current Year
•				and grants (Part VIII, line 1h)					3380	9239
Revenue								39419		464135
ě	10	Investme	ivestment income (Part VIII, solumn (A), lines (3, 4, and 7d) ther revenue (Part VIII, column (A), lines (5, 6d, 8c, 9d, 10c, and 11e)							31
_	11	Other revenue (Part VIII, column (A) linds 51-60-8c, 9d, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Par VIII, column (A), line 12)							5596	473405
_	12	Total rev	enue-a	add lines & through 11 (must	equal Part-VIII, co	iumn (A), iine	3 12)	4(03173	473405
	13	Grants a	and sim	nilar ampents paid (Rat) 18,	column (A) Ines	1–3)				
s	14		Benefits paid to or for members (Part IX, column (A)2 he 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)							297486
use	15			compensation, employee bene ndraising fees (Part X) colum		nn (A), iines c)-10)			
Expenses	16a			g expenses (Part IX, column (,		
	~		-	s (Part IX, column (A), lines		n	<u></u>	<u> </u>		151147
	1		•	s. Add lines 13-17 (must eq			25)	3(68307	448633
				xpenses. Subtract line 18 from		(* 1),			34866	24772
5 0	3						Be	ginning of Curre	ent Year	End of Year
Assets o	20	Total as	sets (Pa	art X, line 16)					81178	124000
Ž.	21	Total lial	bilities ((Part X, line 26)					35221	49151
Zez E	22			und balances Subtract line	21 from line 20				<u>45957</u>	74849
P	art II			Block						
Sig He	ere	and beli	point is tri	of perjury, I declare that I have example, correct and complete Declaration of the Declar	ntion of preparer (other	Chairw	Cher self-	I information of Date Date Right If Pr	which pr	eparer has any knowledge Y Unactor dentifying number
_	parer's	s								
	e Only	Firmsn	iame (or) mployed),						<u> </u>	
	,		, and ZIP					Phone no	<u> </u>)

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Par	t III	Statement of Pr	ogram Service /	Accomplishments		*	
1	ORG/	describe the orga NIZATION PROVI G CHILDREN IN N	DES A NEIGHBO		L AND EARLY ELE	MENTARY SCHOOL F	OR
2	the pr	or Form 990 or 99	00-EZ?		during the year wh	nich were not listed on	☐ Yes ☑ No
3				Schedule O make significant char	nges in how it cond	lucts, any program	☐ Yes ☑ No
4	Descr Section	n 501(c)(3) and 50	rpose achievemen 1(c)(4) organization	ts for each of the orga	i)(1) trusts are requi	rgest program services red to report the amou rvice reported.	
4a	(Code	501C(3)) (Expe	enses \$ 3	64569 including grant	s of \$ Y EDUCATION TO) (Revenue \$ LOCAL CHILDREN	464135)
4b	(Code	·) (Expo	enses \$	including grant	ts of \$) (Revenue \$)
4c	(Code	.) (Exp	enses \$	including gran	ts of \$) (Revenue \$)
	(Expe	program services. nses \$ program service	including gra) (Revenue \$)	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		~
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 similar funds or 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		V
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	√	1 880
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	1		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			3
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	. 23	***	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		~
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			c A X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	V	V
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		Ť
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		~
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		~
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		7
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		٧
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
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		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	À-		,));
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<i>v</i>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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		~
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		~
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		~
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		~
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		,

Par	t 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	8		1
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	40		
_	gaming (gambling) winnings to prize winners?	1c	1.86	٠,
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	**************************************	, q 3- '	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	٧	,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	John .		. 3
	instructions)			,)
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			- (
	this return?	3a 3b		~
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
40	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		1
b	If "Yes," enter the name of the foreign country: ▶	2.5 2.5 2.5 2.5 2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3	٠.	,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			الأسما
_	and Financial Accounts	في من		
	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?	<u>5a</u> 5b		7
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	- 55		
U	Prohibited Tax Shelter Transaction?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		~
	organization solicit any contributions that were not tax deductible?	i		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			4 * * *
	and services provided to the payor?	7a		~
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year		Right I	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		/
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		<i>V</i>
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	19		-
- 11	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	_	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	· Age.	* ** ***	*
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
_	organization, have excess business holdings at any time during the year?	8	,	
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	3.	. 87.	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			73
11	Section 501(c)(12) organizations. Enter:	1. 54	,	
	Gross income from members or shareholders	9.78.00		~ ************************************
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		\$ (*).	,
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Voc." onter the amount of tax exempt interest required or accorded during the year.	(13.0	-	ļ,

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

Sec	tion A. Governing Body and Management			
	1 1 -		Yes	No
1a	Enter the number of voting members of the governing body		*	
b	Enter the number of voting members that are independent 1b 7	,		\ \{\lambda
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			48:
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customanly performed by or under the direct	_		.,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3_		<u>/</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		'	
	of the governing body?	7a		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	12	2.5°1	
	the year by the following.	3	*	
а	The governing body?	8a	-	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>		
	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Hev	enue Code.)		1	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		~
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?	10b	 	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	م ا	١.	
	form?	11	· -	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	14	<u> </u>	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	•	
14	Does the organization have a written document retention and destruction policy?	14	~	7 3
15	Did the process for determining compensation of the following persons include a review and approval by	` ` `	•	37.7
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	- more amount of may any product or the argument	15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u> :```</u>	<u> </u>	
	with a taxable entity during the year?	16a	ļ	₹ ₹
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		<u> </u>	
_	the organization's exempt status with respect to such arrangements?	16b		<u></u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CALIFORNIA			
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.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 reconganization. ▶ ELENA WHITCOMBE, 2907 PORTAGE BAY WEST, DAVIS, CA 95616	rds c	f the	

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

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

Check this box if the organization did not		any o	curr			cer, d	irec	II		
(A)	(B)	· ' '						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LORACE HAMMOND	40			.,	v			15,750.00	0	0
ACADEMIC DIRECTOR ELENA WHITCOMBE	20	-		~				2,917.00	0	0
EXECUTIVE DIRECTOR		1		~	~			2,317.00		
SANDY WHITCOMBE TREASURER	1	-		,				0	0	0
SU-FEI KUOK EXECUTIVE COMMITTEE MEMBER	1	,						2,075.00	0	0
SVENJA KADEGGE EXECUTIVE COMMITTEE MEMBER	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						0	0	0
KIM LONGWORTH	10			v				0	0	0
SECRETARY ALADRIAN MACK	1	-	 					0	0	0
TANYA NODA	2	-						0	0	0
EXECUTIVE COMMITTEE MEMBER KRISTINA PEREA GILMORE EXECUTIVE COMMITTEE MEMBER	40	~			,			13,734.50	0	0

Pa	Section A. Officers, Directors, Tru		/ Emp	loy			d Higi	hest			(continu		
	(A)	(B)		(C)	AL-4	-1.3	(D)	(E)		(F)	_
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MIS	SC)	Estimate amount of other impensate from the organization and relate rganization	of tion e on ed
					ļ						-		
												v	
													 -
					-								
			-										
1b	Total							•	34,476.50		0		0
2	Total number of individuals (including but reportable compensation from the organiz		to th	ose	list	ed a	above	e) wł	no received mo	ore than \$10	0,000 ır		,
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest c	ompensated	3) V
4	For any individual listed on line 1a, is the the organization and related organizations individual												· **
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes," com	com olete	pen Sch	satı nedu	on ile c	from : I for s	any auch	unrelated org	anization for	5	**	~
	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	epe	ende	ent (contra	acto		d more than			
	(A) Name and business ad	dress							(B) Description of s	ervices		(C) pensation	1
NO	NE							ļ			·-····································		
								\vdash					
								1					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Oilli J	•	<u> </u>				T			
Part	VIII	Statement of Rev	renue		Т	(A) otal 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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contril All other contributions, gifts, g and similar amounts not include Noncash contributions include Total. Add lines 1a–1f	putions) 1 prants, 1 ded above 1	la		9239	**************************************		
			, , , , , , , , , , , , , , , , , , ,	Business Cod	ie	4			
Program Service Revenue	2a b c d			501(c)3		464135	464135		
rogr	f g	All other program service Total. Add lines 2a-2f	ce revenue		>	464135	<u> </u>	A	· (4 , g).
	3	Investment income (incother similar amounts) Income from investment of	_	1	d	31	31		
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(II) Personal	*	2.	-		
	1	Gross amount from sales of assets other than inventory	(i) Securities					\$ ~ * *	
		Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			>				
r Revenue	8a	Gross income from events (not including \$ of contributions reporte See Part IV, line 18			.*		***	, \$\frac{1}{2}	
Other		Less: direct expenses		b					
0	9a	Net income or (loss) from Gross income from gam See Part IV, line 19				**	*	,	**
		Less: direct expenses Net income or (loss) from	om gaming a	b				-	
	10a b	Gross sales of inverturns and allowances Less: cost of goods so	entory, less	s a b	***	** *	` *	· · ·	
	С	Net income or (loss) from	m sales of in		▶				
	11a b	1	enue	Business Co	ue				
	d		1d	<u> </u>					
	12	Total revenue. See in			<u>▶ </u>	473405	464166	<u> </u>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col				(C), and (D).
	not include amounts reported on lines 6b, 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				<u>.</u> ,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u> </u>	* 1
5	Compensation of current officers, directors, trustees, and key employees	34477	2075	32402	
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	227807	207264	20543	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	8502	7466	1036	
10	Payroll taxes	26700	19366	7334	<u> </u>
11	Fees for services (non-employees):				
а	Management				
b	Legal	0.550		2550	
С	Accounting	3550		3550	
d	Lobbying			482 , , , , , , , , , , , , , ,	
e	Professional fundraising services See Part IV, line 17			May June 11 to 12	
f	Investment management fees	100		100	
-	Other	8482		8482	
12	Advertising and promotion	5862		5862	
13 14	Office expenses	503	<u>.</u>	503	
15	Information technology Royalties				
16	Occupancy	46000	46000		
17	Travel	,			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11107	8330	2777	
23	Insurance	12145	10670	1475	
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)	** **			.
а	CLEANING	12311	12311		
b	UTILITIES	4069	4069		
С	PROGRAM SUPPLIES	33561	33561		
ď	MISCELLANEOUS	13457	13457		
е	ļ.				
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	448633	364569	84064	
26	Joint costs. Check here ▶ ☐ 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				

Pai	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
İ	1	Cash-non-interest-bearing	39444	1	68064
	2	Savings and temporary cash investments	10002	2	10017
	3	Pledges and grants receivable, net		_3_	
	4	Accounts receivable, net	0	4	4029
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			, est
- }		Schedule L	X	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	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3149	8	6419
ĕ۱	9	Prepaid expenses and deferred charges		9	3111
	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
ļ	b	Less: accumulated depreciation 10b	30786	10c	30445
- 1	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV. line 11		12	
	13	Investments—program-related. See Part IV, line 11	1215	13	1215
	14	Intangible assets		14	700
1	15	Other assets. See Part IV, line 11		15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	84596	16	124000
	17	Accounts payable and accrued expenses	2462		42
	18	Grants payable		18	
	19	Deferred revenue	32759	19	49109
	20	Tax-exempt bond liabilities		20	
တ္ဆ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
-1		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 to unrelated third parties		24	
ı	25	Other liabilities. Complete Part X of Schedule D		25	
	<u> 26</u>	Total liabilities. Add lines 17 through 25	35221	26	49151
Fund Balances		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	······
밀	29	Permanently restricted net assets		29	
o F		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.	-	بي دي	****
ts	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds	49375	32	74849
-		Total net assets or fund balances		33	
Ne t	33	Total fiet assets of fulld palarices			

Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-51	100
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
b		2b_		1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			ĺ
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			2
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
_	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			4 × 1
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		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047
2009
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number 1808761 **PEREGRINE PROJECT** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % 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 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. c Type III-Functionally integrated a 🗌 Type I **b** Type II e Sy 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11<u>g(i)</u> and (iii) below, the governing body of the supported organization? |11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col (i) listed in your the organization in organization in col. support (described on lines 1-9 above or IRC section governing document? cal (i) of your (i) organized in the support? (see instructions)) U S.2 Yes

. .

THE WOLLD WE

Sect	tion A. Public Support							
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")					:		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	Z., ''	;- · · · ₩	O- Kasa		O markers		
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	£	ŝ.	. 71		,		
	tion B. Total Support	_ ~		г			r	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		_					
11	Total support. Add lines 7 through 10	£		<u> </u>	~	7, 2		
12	Gross receipts from related activities, et-	c (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop h	ere		nd, third, fourtl	h, or fifth tax y	ear as a section	on 501(c)(3)	
Sec	tion C. Computation of Public St				-	-	_	
14	Public support percentage for 2009 (line			1, column (f))		14	m	
15	Public support percentage from 2008 Sc					15		
16a		ization did not	check the box	on line 13, and	line 14 is 331/3 (% or more, che	ck this box	
	and stop here. The organization qualifie							
	33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test — 2009. 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							
b	10%-facts-and-circumstances test—200 more, and if the organization meets the organization meets the "facts-and-circums"	"facts-and-circun tances" test The	nstances" test, organization qu	check this box alifies as a publ	and stop here icly supported or	Explain in Part rganization	IV how the	
18	Private foundation. If the organization di	d not check a bo	ox on line 13, 16	Sa, 16b, 17a, or	17b, check this	box and see ins	structions 🕨	

Schedule A (Form 990 or 990-EZ) 2009

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.)

Saci	tion A. Public Support	TO DON OF						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
Va	icridal year (or risear year beginning in)	(4) 2000	(2) 2000	(0) 200.	(4) 2000	(0) 2000	()	
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							
6	Total. Add lines 1 through 5						+	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b				200.7			
8	Public support (Subtract line 7c from line 6.)		e seige il	Parties Val	district.	War.	A	
$\overline{}$	tion B. Total Support	1 1 2005	# > 0000	4.3.0007	(4) 0000	(-) 0000	(O Total	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b 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.)						504(-)(0)	
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, four	th, or fifth tax y	ear as a sec	tion 501(c)(3) ▶ □	
Sec	ction C. Computation of Public Su					т : г		
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15	<u> </u>	
16	Public support percentage from 2008					16	%_	
Sec	tion D. Computation of Investme					T 4= T		
17	Investment income percentage for 200				column (f))	17	<u>%</u> %	
18	Investment income percentage from 2					18		
19a	33% % support tests—2009. If the org	anization did r	ot check the b	ox on line 14,	and line 15 is i	more than 33	/3 %, and line	
b	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization > 1.33½% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization > 1.							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.							

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D	_
rage	-

Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization
PEREGRINE PROJECT

(Form 990)

Employer identification number 06 1808761

F1.	LOKINE I KOCCOT			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	V	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	* · ·	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain If you need more space, use Schedule O (Form 990) ORGANIZATION CLEARLY STATES IT DOES NOT DISCRIMINATE IN ALL SCHOOL BROCHURES AND WRITTEN MATERIALS RELATING TO ADMISSIONS	3		22 (% 21) 2 (4) 2 (4) 2 (4)
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	** 4a	**************************************	464 4
	nondiscriminatory basis?	4b	~	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	4c 4d	<i>∨ ×</i>	* ·
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a	* · · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * *
b	Admissions policies?	5b		~
С	Employment of faculty or administrative staff?	5c		~
d	Scholarships or other financial assistance?	5d		~
е	Educational policies?	5e		~
f	Use of facilities?	5f		~
g	Athletic programs?	5g		~
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	5h		*
		* * * * * * * * * * * * * * * * * * *	*	* *
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	 	~
	Has the organization's right to such aid ever been revoked or suspended?	6b	 	-
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		, .	*
	of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O	-	<u> </u>	1