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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)

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

2010

Open to Public Inspection

A	or the	2010 calendar year, or tax year beginning and endir	ng				
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres change	THE INTERNATIONAL RHINO FOUNDATION					
	Name change	Doing Business As		75-23	395006		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	1/suite	E Telephone number			
	Termin- ated	201 MAIN STREET 260	0	(817	<u>)390-4800</u>		
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	2,050,860.		
	Application			H(a) Is this a group re			
	pendin	F Name and address of principal officer SUSIE ELLIS		for affiliates?	Yes X No		
		SAME AS C ABOVE	_	H(b) Are all affiliates incl			
		mpt status X 501(c)(3)	527	1	list (see instructions)		
		e: ▶ WWW.RHINOS-IRF.ORG		H(c) Group exemption			
			_ Year	of formation: 1991 N	State of legal domicile: TX		
P	art I	Summary	<del>.</del> .	T WITH MODIN	la purioa		
e	1 1	Briefly describe the organization's mission or most significant activities SURVIVA	<u>, L C</u>	F THE WORLD	S RHINOS		
Activities & 600 nance	-	THROUGH CONSERVATION AND RESEARCH.					
ST.	2 (	Check this box  I if the organization discontinued its operations or disposed o	T more	1 1	sets.		
8	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	15		
کوی	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
<b>–</b> ĕ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0		
<b>≥</b> ₹	6	Total number of volunteers (estimate if necessary)		6	0.		
≥೪	/a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.		
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year		
Revenue		Contributions and grants (Part VIII, line 1h)		1,720,449.	2,050,682.		
	1 8	Program service revenue (Part VIII, line 2g)	-	0.	0.		
Ş iş		10 100	-	457.	178.		
3~	1 8 1	Rivestment income (Part VIII, celumn (A), lines 3, 4, and 7d)	-	0.	0.		
9	1 1	Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,720,906.	2,050,860.		
		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	+	272,367.	149,617.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Senefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0. 68,134.	<u> </u>		
ben	h.	Fotal fundraising expenses (Part IX, column (D), line 25) 101,190.	00,134.	01/201.			
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	1,258,816.	1,794,516.		
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,599,317.	2,028,337.		
		Revenue less expenses Subtract line 18 from line 12		121,589.	22,523.		
Jo.		toronde toda axportado "dabitado inito fo front into 12	Be	ginning of Current Year	End of Year		
ets	20	Fotal assets (Part X, line 16)		973,766.	1,000,294.		
ASS	21	Fotal liabilities (Part X, line 26)		18,201.	22,206.		
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		955,565.	978,088.		
	art II	Signature Block					
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of m	y knowledge and belief, it is		
true	e, correc	, and complete, Declaration of preparer (other than officer) is based on all information of which p	герагег	has any knowledge.			
		Mole The		5/16/20	211		
Sig	ın	Signature of officer		Dafe '			
He	re	SUSIE ELLIS, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	,	Date Check	PTIN		
Pai	d	CURTES MAXEIRES Centre Marguelle		5/13/2011 self-employe	d		
Pre	parer	Firm's name WHITLEY PENN LLP		Firm's EIN			
Use	Only	Firm's address 5420 LBJ FREEWAY, SUITE 1440					
		DALLAS, TX 75240		Phone no. 2	<u>14.393.9300</u>		
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
0320	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2010)		

Form **990** (2010)

			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	<u>X</u>	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<del>                                     </del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	^		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		х
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			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			<del> </del>
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			ļ
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	· · · · · · · · · · · · · · · · · · ·		]	i
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.7	
	Schedule D, Parts XI, XII, and XIII	12a	X	<del> </del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		122
U	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			†- <u></u>
.0	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	<u>L_</u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	[		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	
		Form	990	(2010)

	990 (2010) THE INTERNATIONAL RHINO FOUNDATION 75-239	<u>5006</u>	<u>Р</u>	age 4
Pai	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	l	X
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), liné 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23	Į	X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		<b>i</b>	
ZTU	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	044		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			177
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	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	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			<u>-</u> ـــ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	1	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	1	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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
٠.	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)?	35	<u> </u>	X
a		33	†	1
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	٦		
36		36		x
27	If "Yes," complete Schedule R, Part V, line 2	30	1	<del>  ^</del>
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	07		x
	and that is treated as a partitionip for rederal income tax purposes? If thes, complete scriedule n, hart vi	37		$\perp \Delta$

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

	990 (2010) THE INTERNATIONAL RHINO FOUNDATION 75-2395	<u>006</u>	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	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		<u>X</u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5а		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	_6a_		X_
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).	_		٠,,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		·
	to file Form 8282?	7c		<u> X</u>
d	• •	┨ _		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	000		Ì
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	90		<del> </del>
10	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
ь 11	Section 501(c)(12) organizations. Enter.	1	i	
''а	Gross income from members or shareholders	1		
b		1		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7.	L	L_
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>.</b>	Note. See the instructions for additional information the organization must report on Schedule O			
b	The state of the s			[
_	organization is licensed to issue qualified health plans			1
С	The the count of many and hand		<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2010) THE INTERNATIONAL RHINO FOUNDATION 75-2395006 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI **Section A. Governing Body and Management** No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year 15 b Enter the number of voting members included in line 1a, above, who are independent 1h 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? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 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 X governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c Х Does the organization have a written whistleblower policy? 13 13 X Does the organization have a written document retention and destruction policy? 14 14 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 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filled

,,	List the states with which a copy of this form 990 is required to be filed P
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 X Upon request

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 20 TOM WHITE - (817)390-8400

76102 STE 2600, FORT WORTH, ТX 201 MAIN.

Form 990 (2010	١١

#### THE INTERNATIONAL RHINO FOUNDATION

75-2395006

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

X Check this box if neither the organization	ation nor any related	orga	anıza	ation	cor	nper	nsat	ted any current officer, o	irector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	heck	all 1	hat	app	ly)	compensation	compensation	amount of
	week	į						from	from related	other
	(describe	a a				pa		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	tee	ustee			ensat		(W·2/1099·MISC)	(44-2/1099-141130)	organization
	organizations	individual trustee or director	institutional trustee		Key employee	Highest compensated employee		(** 2) 1000 111100)		and related
	ın Schedule	l Mag	trituti	Officer	y em	ploye	Former			organizations
	O)	Ĕ	Ë	Б	Ke	훈등	요			
LEE M BASS										_
DIRECTOR/TREASURER	2.00	X	_	X		_		0.	0.	0.
JOHN LUKAS									_	
DIRECTOR/PRESIDENT	4.00	Х		X				0.	0.	0.
DON FARST										
DIRECTOR/SECRETARY	2.00	Х		Х			<u> </u>	0.	0.	0.
RICK BARONGI										
DIRECTOR/VP AFRICAN PROG.	2.00	X		X			ļ	0.	0.	0.
MICHAEL FOURAKER						İ				
DIRECTOR	0.30	X	-			_	_	0.	0.	0.
TERRI ROTH					1				_	
DIRECTOR/VP ASIAN PROG	2.00	X	_	X			<u> </u>	0.	0.	0.
PETER HALL	0.00									
DIRECTOR	0.30	X					<u> </u>	0.	0.	0.
EVAN BLUMER	0.20									,
DIRECTOR	0.30	X	<u> </u>	<u> </u>	ļ		H	0.	0.	0.
RANDY RIECHES	2 00	,,				1				_
DIRECTOR	2.00	X						0.	0.	0.
BILL WARREN	2 00	٠,								_
DIRECTOR	2.00	I.V.		-		├		0.	0.	0.
PATRICK R. CONDY	0.20	٠,					1	0.	0.	_
DIRECTOR	0.30	A	-	<u> </u>	<u> </u>		-	0.	0.	0.
DIANE LEDDER	2 00	-	İ					0.	0.	0.
DIRECTOR	2.00	^		<del>                                     </del>	_	├		· ·	U •	0.
MATTHEW HOHNE	0.30	<b>ا</b> پ				İ	ļ	0.	0.	0.
DIRECTOR	0.30	^	<u> </u>		-	├	$\vdash$	<u> </u>	<u> </u>	<u>.</u>
CAMERON KERR	0.30	v						0.	0.	0.
DIRECTOR	0.30	₽	$\vdash$			$\vdash$	$\vdash$	<u> </u>	0.	0.
OLIVIER PAGAN	0.30	v		ŀ		ł		0.	0.	0.
DIRECTOR	0.30	^	$\vdash$	$\vdash$		$\vdash$	-	<del></del>		0.
			$\vdash$				T			
		1		,	1				<del></del>	

(A) Name and title    Average   hours per week (describe hours for related organizations in Schedule O)   Part of the torganization shoets to Part VII, Section A d Total (add lines to and 1c)	Par	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
hours for related organizations in Schedule   O   O   O   O   O    1												(F)			
the corpanzation (W.2/1099-MISC)  1b Sub-total (W.2/1099-MISC)  1c Total from continuation sheets to Part VII, Section A do Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization line 1a² If "Yes," complete Schedule J for such person  3 Did the organization is any former officer, director or trustee, key employee, or highest compensation from the organization and related organization is received in a 1a² If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensation from any unrelated organization. (A)  Name and business address  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN		Name and title								Reportable	Reportable	,	Es	tımate	d
Compensation   Comp				(c	heck	all	that	app	ly)	4	,				of
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² // 1² / 1² / 1² / 1² / 1² / 1² / 1²				Ē								- 1			
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² // 1² / 1² / 1² / 1² / 1² / 1² / 1²			1 '	direct				L.			•			•	
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² // 1² / 1² / 1² / 1² / 1² / 1² / 1²				90	stee			lsate		_	(VV-2/1099-MI	3C)			
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² // 1² / 1² / 1² / 1² / 1² / 1² / 1²			1	trust	를		)ee	E E		(VV-2/1099-IVIISC)					
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² // 1² / 1² / 1² / 1² / 1² / 1² / 1²				dua	E F	<u> </u>	윹	oyee st	<u>=</u>						
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization     Yes			0)	횰	Instit	ŧ	ě.	들들	퉏				0.9.		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes			•	H			$\vdash$	$\vdash$		-		$\neg$			
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes															
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes				-	-	-		-	-						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes				-	_		_	<u> </u>	_						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes									L						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes															
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes	1b Sub-total 0 •								0.			0.			
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  Yes  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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN									0.			0.			
THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN  Yes  Oblid 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  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Oblid 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  The such 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  The such individual for services predered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  (A)  (B)  (C)  Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN								•		0.		0.			0.
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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN		Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportab	ie			
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN		compensation from the organization												Yes	No
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN		line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN	4				_						the organization	'			
rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Name and business address  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN	_											1	4		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) (B) (C) Name and business address  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN	5								relat	ted organization or indiv	idual for services	3	_		x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A) (B) (C) (C) (Description of services Compensation THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN	Sect		ipiete Scriedui	e J i	or se	ucn	pers	son					5		
(A) (B) (C) Name and business address Description of services Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN		Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racte	ors t	that received more than	\$100,000 of cor	npens	ation	from	
Name and business address Description of services Compensation  THE HOWARD GILMAN FOUNDATION/WHITE OAK PLAN			-							(B)		Γ		<u> </u>	
		Name and business								Description of s	services	С			n
581705 WHITE OAK ROAD, YULEE, FL 32097-9807EXECUTIVE DIRECTOR 135,00															
	<u>581</u>	.705 WHITE OAK ROAD, Y	JLEE, F	<u>.</u>	320	9'	7 – 9	98	07	EXECUTIVE DI	RECTOR	<u> </u>	13	5,0	00.
	<del></del>	<del>** </del>							$\dashv$						
			<del></del>						$\dashv$						
		<del></del>				•		-	$\perp$			<u> </u>			
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1	2		_	ot li	mite	a to		_	stec	above) who received n	nore than				

Form **990** (2010)

		otatement of flever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	490,553. 1560129.	2050682.			513, or 514
Program Service Revenue	2 a b c d e f	All other program service reve		Business Code				
Other Revenue	3 4 5	Investment income (including other similar amounts) income from investment of tax Royalties		<b>&gt;</b>	178.			178.
	С	Rental income or (loss)	(i) Real	(ii) Personal				
	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(II) Other			.,	
	d		of	<b>&gt;</b>	:			
	с 9 а	Less direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	b draising events ctivities See a	<b>&gt;</b>				
	с 10 а	Less direct expenses  Net income or (loss) from gam  Gross sales of inventory, less and allowances  Less. cost of goods sold	-					
		Net income or (loss) from sale Miscellaneous Revenu	ie	Business Code				
	d	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		<b>&gt;</b>	2050860.	0.	0.	178.

## 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)

	All other organizations must com	-			
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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			1	
	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	149,617.	149,617.		-
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		1.7		
9	Other employee benefits				• • • • • • • • • • • • • • • • • • • •
10	Payroll taxes				
11	Fees for services (non-employees)			†	
а	Management				
b	Legal				
С	Accounting	17,604.		17,604.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	84,204.			84,204.
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	26,925.		26,925.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		<del></del>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
_	SUMATRAN RHINO PROTECTI	474,042.	474,042.		
	ZIMBABWE RHINO CONSERVA	445,562.	445,562.		1=
b	INDONESIA JAVAN RHINO C	258,616.	258,616.		
G	INDONESIA SUMATRAN RHIN	210,805.	210,805.		
d	PROGRAM DIRECTOR FEES	135,000.	210,000.	135,000.	
e •	All other expenses SEE SCH O	225,962.	180,768.		16,986.
	• ———	2,028,337.	1,719,410.		101,190
25	Total functional expenses Add lines 1 through 24f	4,040,331.	1,113,410.	401,1310	101,130
26	Joint costs Check here  ff following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Par	tΧ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-	82,126.	1	104,183.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		66,500.	3	240,858.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees Com	plete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing			
		employers and sponsoring organizations of section 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a				
	b	Less. accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities	820,448.	11	652,556.	
	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	4,692.	15	2,697.	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	973,766.	16	1,000,294.
	17	Accounts payable and accrued expenses		18,201.	17	22,206.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV			21	<del></del>
Liabilities	22	Payables to current and former officers, directors, trust				
jab		highest compensated employees, and disqualified pers	ons Complete Part II			
-		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thin	•		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D		10 201	25	22.206
	26	Total liabilities. Add lines 17 through 25	<b>.</b>	18,201.	26	22,206.
		Organizations that follow SFAS 117, check here	X and complete			
ces		lines 27 through 29, and lines 33 and 34.		202,690.	07	334,284.
au	27	Unrestricted net assets	752,875.	27	643,804.	
Ba	28	Temporarily restricted net assets	132,013.	29	043,004.	
Ę	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check his			29	
Ē		,	ere 🕨 📖 and			
S.	20	complete lines 30 through 34.			30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment	at fund		31	
t As	31	Retained earnings, endowment, accumulated income,			32	
Š	32	Total net assets or fund balances	or other fullus	955,565.	33	978,088.
	33			973,766.	34	1,000,294.
	34	Total liabilities and net assets/fund balances		1 2,100.	J-4	1,000,494.

Form **990** (2010)

Form	990 (2010) THE INTERNATIONAL RHINO FOUNDATION	<u> /5-239</u>	5006	Pag	<u> 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	-			$\square$
1	Total revenue (must equal Part VIII, column (A), line 12)	11	2,050	0,8	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,028		
3	Revenue less expenses Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,5	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	978	8,0	88.
	t XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	ed on a			
	separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	2010)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open to Public Inspection

Name of the organization

THE INTERNATIONAL RHINO FOUNDATION 75-2395006

Part I	Reason f	for Public Chari	ty Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions.			
he organ	zation is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	only one b	ox )				
1 🔲	A church, cor	vention of churches	s, or association of churc	ches descr	ibed in se	ction 170(	b)(1)(A)(i).	•			
2 🗌	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E.)							
з 🔲	A hospital or	a cooperative hospit	tal service organization o	lescnbed (	n section	170(b)(1)(	A)(iii).				
4	A medical res	earch organization o	perated in conjunction	with a hosi	oital descr	ibed in se	ction 170(	b)(1)(A)(iii	i). Enter th	ie hospital's name,	
	city, and state	9									
5 🔲	An organization	on operated for the I	benefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	describe	d ın	
	section 170(	(b)(1)(A)(iv). (Comple	ete Part II)								
6 🔲			ent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).				
7 X			eives a substantial part o					r from the	general p	ublic described in	
	_	b)(1)(A)(vi). (Comple	•			•					
8 🔲			ection 170(b)(1)(A)(vi). (	Complete	Part II )						
9 🗔	-		eives (1) more than 33 1			om contril	outions, m	embershii	o fees. and	d gross receipts from	
• —	-	-	nctions - subject to certa								
			axable income (less sect								
		509(a)(2). (Complete			.,			, o. g			
10			perated exclusively to tes	st for publi	c safety S	ee sectio	n 509(a)(4	۵.			
	-	•	perated exclusively for th	-	-			-	v out the r	ourposes of one or	
			itions described in section								
			organization and comple		•		, 555 555		-,(-,: -:::		
	a Type I	· · · · ·	¬ -		e III - Func		egrated		дΠ	Type III - Other	
•	• •		• •					more disc		* *	
е	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		=	ten determination from t						λ(α)(1) <b>σ</b> 1 σ	000000	
•	_	rganization, check th			it it io a ry	po 1, 1 ypc	п, от турс	,			
_		-	organization accepted ar	w aift or co	antribution	from any	of the follo	wing ner	eone?		
g			rectly controls, either al							Yes No	
			upported organization?	one or tog	ediei widi	persons u	escribed i	ii (ii) aiia (	iii) belev,	11g(i)	
	=									11g(ii)	
			n described in (i) above?		<b>.</b> 2						
			person described in (i) o							11g(iii)	
h	Provide the to	ollowing information	about the supported org	ganization	(8)						
			(iii) Type of	kind to the c	raanization	(w) Did you	notify the	(vi) ls	the	/ 11) A	
	of supported	I I UI UI UI UI UI UI UI UI UI II UI UI		(iv) Is the organization (v) Di			organization in col.   Organization in c			(vii) Amount of	
org	anization		(described on lines 1-9	in col. (i) listed in your governing document?		(i) of your		l (i) organız U.S	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(See management)	163	110	163	140	103	1.10		
	:										
				-						·	
								[			
				-					<del>                                     </del>		
					]						
							_	<del> </del>	+ +		
								1			
		-		<del> </del>		_			+ +		
				-				-	<del> </del>		
otal											
			1	•		1					

Schedule A (Form 990 or 990-EZ) 2010 THE INTERNATIONAL RHINO FOUNDATION 75-2395006 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1,785,890.	1,618,375.	1,965,042.	1,720,449.	2,050,682.	9,140,438.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		İ				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	j					
4	Total, Add lines 1 through 3	1,785,890.	1,618,375.	1,965,042.	1,720,449.	2,050,682.	9,140,438.
	The portion of total contributions	2,.00,000.	2,020,0.00			-,,	.,,
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					İ	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	ŀ					
	column (f)	ŀ					701,030.
6	Public support. Subtract line 5 from line 4						8 439 408
	ction B. Total Support	1		L		,	0,432,400.
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	1,785,890.	1,618,375.	1,965,042.	1,720,449.	2,050,682.	9,140,438,
-	Gross income from interest,	1,703,050.	1,010,5/5.	1,003,042.	1,720,445.	2,030,002.	3,140,430,
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	55,395.	54,580.	10,378.	457.	178.	120,988.
۵	Net income from unrelated business	33,333.	34,500.	10,370.		1,0.	120,3001
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			<del></del>			
10	•					i	
	or loss from the sale of capital						
44	assets (Explain in Part IV)						0 261 426
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga inatriatio				12	9,261,426.
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	L V vear as a section		
13	organization, check this box and stop	-	mst, second, triid	a, rourer, or mer ta	x year as a section	1301(0)(3)	
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2010 (I	··· <del>·</del>		olumn (fi)		14	91.12 %
	Public support percentage from 2009		-	<i>VII</i>		15	90.27 %
	33 1/3% support test - 2010.If the o	· ·	*	line 13, and line 14	ں 4 is 33 1/3% or m	· ·	
	stop here. The organization qualifies	•				,	<b>▶</b> X
h	33 1/3% support test - 2009.If the o		•	ne 13 or 16a, and h	ine 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qual					J. 1,100 J. 1	▶ 🗀
179	10% -facts-and-circumstances tes	•	• •		13 16a or 16b a	nd line 14 is 10%	or more
176	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"			•	•	t iv now the organ	<b>▶</b> □
L	10% -facts-and-circumstances tes	•	•		_	7a and line 15 is 1	<b>-</b> 10% or
0	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				•		<b>`</b> ▶□
10	=						
18	Private foundation. If the organization	n did not check a	oox organe 13, 168	a, 100, 17a, 01 17b	, check this box a	na see instruction	<u> </u>

#### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 bus- ness under section 513						<u> </u>
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	•					<del>  </del>	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and				<u> </u>		
	3 received from disqualified persons	·					
ŀ	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
<u>Se</u>	ction B. Total Support	···					
Cale	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						-
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,		
ı	b Unrelated business taxable income		1	1	1		}
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b			<del></del>	<del></del>	ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)				1	1	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
_	check this box and stop here						
_	ction C. Computation of Pub					<del>, , =</del>	
	Public support percentage for 2010 (	• • • • • • • • • • • • • • • • • • • •	-	column (f))		15	%
_	Public support percentage from 2009					16	%
Se	ction D. Computation of Inve				···	T	
17	, ,			ne 13, column (f))		17	
18	, ,	•	*			18	%
19:	a 33 1/3% support tests - 2010. If the						17 is not
	more than 33 1/3%, check this box a	=					
ı	b 33 1/3% support tests - 2009. If the	-					
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization		-				
	rivate roundations in the organizable	m and mot officer a	. 20 <u>7 on mic 14, 18</u>	u, or roughtieck t	DON WIN SEE II	, ou dought	

#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

D-	THE INTERNATIONAL			do on A		<u>75-2395</u>	
Pai			r Other Similar Fun	ias or A	ccounts	Complete if	the
	organization answered "Yes" to Form 990, Part IV, lin		<del></del>				
		(a) Do	nor advised funds	(	o) Funds a	and other acco	unts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (dunng year)					<del></del>	
4	Aggregate value at end of year					<del></del>	
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in donor ad	ivised fun	ds		
	are the organization's property, subject to the organization's	s exclusive lega	al control?			Yes	∟ No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of	or donor advis	or, or for any other purpo	se confer	rıng		
	impermissible private benefit?			-		Yes	No_
Pai				0, Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organizat	-					
	Preservation of land for public use (e.g., recreation or	education)	Preservation of an	historical	y importar	nt land area	
	Protection of natural habitat		Preservation of a c	ertified hi	storic stru	cture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	lified conservat	tion contribution in the fo	rm of a co	nservation	n easement on	the last
	day of the tax year				г <del></del>		
					Hel	<u>ld at the End of t</u>	he Tax Year
a	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		<del></del>
C	Number of conservation easements on a certified historic str		• •		2c		<del></del>
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic stru	ucture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eleased, exting	uished, or terminated by	the organ	ızatıon du	ring the tax	
	year ▶	_					
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe		ing, inspection, handling	of			
_	violations, and enforcement of the conservation easements					Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting					<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the	requirements of section 1	1 /U(n)(4)(E	<del>(</del> )(1)		
_	and section 170(h)(4)(B)(ii)?					Yes	L∐ No
9	In Part XIV, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organization	ation s financia	i statements that describ	es me orç	janization	s accounting i	or
Pa	conservation easements t III   Organizations Maintaining Collections o	of Art Histo	orical Treasures or	Other	Similar	Assets	-
<u>. u</u>	Complete if the organization answered "Yes" to Form			Othion	J	A35013.	
10	If the organization elected, as permitted under SFAS 116 (A)			atement a	nd balance	sheet works	of art
''a	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descri			erance or	public ser	vice, provide,	in rant Aiv,
h	If the organization elected, as permitted under SFAS 116 (A)			ant and h	alance ch	eet works of a	t historical
b	treasures, or other similar assets held for public exhibition, e						
		education, or n	esearch in furtherance of	public se	vice, prov	ide the following	ng amounts
	relating to these items (i) Revenues included in Form 990, Part VIII, line 1				<b>•</b> •		
	••		•		- Ψ_		
2	(ii) Assets included in Form 990, Part X	nacurae or cal	or cimilar accets for fine-	noial coic			
2	If the organization received or held works of art, historical tre			ıcıaı yallı,	provide		
_	the following amounts required to be reported under SFAS	1 10 (ASC 938)	relating to these items.		• •		
a	Revenues included in Form 990, Part VIII, line 1				<b>~</b> ~		
b	Assets included in Form 990, Part X				▶ ३_		

		<u>ERNATIONAL</u>								Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tre	easures, c	or Othe	<u>r Simila</u>	<u>ar Asse</u>	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	at are a sig	gnificant (	use of its	collection	items
	(check all that apply).									
a	Public exhibition	d	ι 🗀 ι	oan or excl	hange progra	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exen	npt purpo	se in Pari	XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran					"Yes" to I	Form 990	Part IV,	ine 9, or	
	reported an amount on Form 990, Par			Ū						
1a	Is the organization an agent, trustee, custod		lary for o	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	□ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able.				_	J 100	
•	Too, explain the arrangement in Fart Are	and complete the re	morring t						Amount	
_	Beginning balance						1c		7 anount	
c	Additions during the year						1d			
đ							1			
e	Distributions during the year						1e	<del></del>		
7	Ending balance	000 Dt V I	010				1f	<u> </u>	7 <sub>V</sub>	No
2a	Did the organization include an amount on F		21?						Yes	L NO
Pai	If "Yes," explain the arrangement in Part XIV <b>t V</b> Endowment Funds. Complete i			"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OOO Dod	IV less 44				
rai	Elidowillett Fullds. Complete					$\overline{}$			( ) [a	ree - b - els
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	( <b>d)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance		<u> </u>							
þ	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				<u> </u>					
g	End of year balance									
2	Provide the estimated percentage of the year	ar end balance held a	as.							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administ	ered for th	ne organiz	ation	_	
	by·									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	dule R?					3b	
_4	Describe in Part XIV the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990	), Part X	, line 10						
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
	·	basis (investi			(other)	1	reciation			
1a	Land				·					
	Buildings					l		-		
c	Leasehold improvements									
Ч	Equipment				•					<del>,</del>
	Other									
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10(c) )	•		<b>&gt;</b>		0.

Schedule D (Form 990) 2010

Part VII I	Investments - Other Securities. See	e Form 990, Part X, line	12		
(a)	Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuatest or end-of-year mark	
(1) Financial	derivatives				
	eld equity interests				
(3) Other _					
(A)					
(B)					
(C)					
(D)		· · · · · · · · · · · · · · · · · · ·			
(E)		···			
<u>(F)</u>					
(G)					
(H)					
(I)				<del></del>	
Total. (Col (b)	must equal Form 990, Part X, col (B) line 12.)				
Part VIII	Investments - Program Related. Se	ee Form 990, Part X, line	e 13		<del> </del>
(a	a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mark	
(1)					
(2)					
(3)				<del> </del>	
(4)					
(5)					
(6)					
(7)					
(8)		. <u>-</u>			
(9)					
(10)					
Total. (Col (b)	must equal Form 990, Part X, col (B) line 13.)	<b>.</b>			
Partix	Other Assets. See Form 990, Part X, line	15 Description		·	(b) Book value
/4\	(a)	Description			(b) BOOK VAIGE
(1)					
(2)		<u></u>			<del></del>
(4)					·
(5)					
(6)					
(7)					
(8)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
(9)		<del></del>			
(10)		<del></del>	······		
	nn (b) must equal Form 990, Part X, col (B) line	: 15.)		<b>•</b>	
	Other Liabilities. See Form 990, Part X,		-	<u> </u>	
1.	(a) Description of liability		(b) Amount		
	ral income taxes				
(2)			-	]	
(3)		-		]	
(4)					
(5)				]	
(6)				]	
(7)				_	
(8)				]	
(9)				]	
(10)				]	
(11)				]	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line (740) Footnote in Part XIV, provide the text of the footnote to (740)	25.)			
2. FIN 48 (ASC	740) FOOTROTE IN PART XIV, provide the text of the footnote to	tne organization's financial sta	tements that reports the organ	ezation's liability for uncertain	in tax positions under

	rt XI Reconciliation of Change in Net Assets from Form 990 to		noial S	75-2395006 Page 4
<b>-</b>		Audited Filla		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,050,860.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,028,337.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	22,523.
4	Net unrealized gains (losses) on investments		4	
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 through 8	- 1 0	9	<u>0.</u> 22,523.
10 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 are t XII   Reconciliation of Revenue per Audited Financial Statements.		enue ne	
1	Total revenue, gains, and other support per audited financial statements	Jillo Willi Hov	ondo po	1 2,050,860.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1 2,050,000:
² a	Net unrealized gains on investments	2a		
h	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	2d		
e	Add lines 2a through 2d			2e 0.
3	Subtract line 2e from line 1			3 2,050,860.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			27337333
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	3.5		4c 0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 2,050,860.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses	
1	Total expenses and losses per audited financial statements			1 2,028,337.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		]
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d			2e 0.
3	Subtract line 2e from line 1			3 2,028,337.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		ļ
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	_4b		
С	Add lines 4a and 4b			4c 0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5 2,028,337.
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I			
X, lın	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	plete this part to p	rovide an	y additional information
		<del></del>	**	
			<del></del>	

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization **Employer identification number** 75-2395006 THE INTERNATIONAL RHINO FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" Part I 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 X Yes No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (a) Region (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, expénditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in region in region in region 3 a Sub-total 0 0. b Total from continuation sheets to Part I 0 0. c Totals (add lines 3a and 3b)

THE INTERNATIONAL RHINO FOUNDATION

75-2395006

Schedule F (Form 990) 2010

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

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Page 2

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

Part II can be du	Part II can be duplicated if additional space is needed.	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)
		STNGAPORE	SUPPORT FOR RHINO	1000	10 000 WIRE TRANSFER	c		
			ANTIPOACHING SUPPORT					
		•••	FOR ORANG WILDLIFE					
		INDIA	SANCTUARY	18,517,	WIRE TRANSFER	0.		
			SUPPORT FOR LARGE					
			MAMMAL					
_			CONSERVATIONIST					
		INDIA	POSITION	7,200.	WIRE TRANSFER	0		
-			INDIAN RHINO VISION					
<del>-</del> -			2020 - 2010					
		INDIA	TRANSLOCATIONS	58,500.	WIRE TRANSFER	0		
			POPULATION GENETIC					
			MONITORING OF INDIAN					
			RHINOS IN ASSAM: AN					
		INDIA	EVALUATION OF GENETIC	35,900	35,900, WIRE TRANSFER	0,		
			SUPPORT FOR THE					
			AFRICAN RHINO					
		SOUTH AFRICA	SPECIALIST GROUP.	6,000.	6,000,WIRE TRANSFER	0.		
-			SUPPORT FOR THE ASIAN					
			RHINO SPECIALIST					
11		INDIA	GROUP.	1,000	WIRE TRANSFER	0		
		:		•				
			FAST WATER MOBILITY					
			IN R.G. ORANG					
-		INDIA	NATIONAL PARK, ASSAM.	12,500,	12,500,WIRE TRANSFER	0		
	•							

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

Enter total number of other organizations or entities

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Schedule F (Form 990) 2010

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Page 3

75-2395006

THE INTERNATIONAL RHINO FOUNDATION

Schedule F (Form 990) 2010

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

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2010
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

	ile F (Form 990) 2010 THE INTERNATIONAL RHINO FOUNDATION	75-2395006	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. L Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to	Yes	X No
	Certain Foreign Corporations (see Instructions for Form 5471)	L Yes	IAJ NO
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain		
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 THE INTERNATIONAL RHINO FOUNDATION	75-2395006 Page 5
Part V   Supplemental Information	
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, Ii	ine 3, column (f) (accounting method),
Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated n	
Also complete this part to provide any additional information	
PART II, COLUMN (D):	
REGION: INDIA	
(D) PURPOSE OF GRANT: POPULATION GENETIC MONITORING OF I	NDIAN RHINOS IN
ASSAM: AN EVALUATION OF GENETIC DIVERSITY AND POPULATION	DIFFERENTIATION
THROUGH NON-INVASIVE SAMPLING.	
SCHEDULE F, PART I, LINE 2:	
THE ORGANIZATION REQUIRES GRANT RECIPIENTS TO SUBMIT REP	ORTS ON THE USE
OF GRANT FUNDS.	
or didn't roubs.	
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#### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

**Open To Public** Inspection

Employer identification number

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

75-2395006 THE INTERNATIONAL RHINO FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants Mail solicitations Internet and email solicitations f X Solicitation of government grants b Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or entity (fundraiser) from activity fundraiser or control of organization listed in col. (i) MARGARET MEYER MOORE - 2804 Yes No 5TH STREET, ARLINGTON, VA CONSULTING X 84,204 <84,204.> <84,204.> Total 84 204 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing TX

	edu art l	le G (Form 990 or 990-EZ) 2010 THE IN Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answered	d "Yes" to Form 990, Part	IV, line 18, or reported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col (c))
Revenue						
æ	1	Gross receipts				
	2	Less. Chantable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
Oirect Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				<u> </u>
	10	,			<b>&gt;</b>	
P	irt l			2000 Part IV June 10 or r	oported more than	
Ŀ. <b>`</b>	41 6	\$15,000 on Form 990-EZ, line 6a	answered les to form	1930, 1 art 14, iiile 19, 01 1	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1	Gross revenue				
	-	GIOSS Teveride				<del></del>
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	( )
	8	Net gaming income summary. Combine line	1, column d, and line 7		<u> </u>	
		iter the state(s) in which the organization opera	ates gaming activities			
		the organization licensed to operate gaming ac				Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
	_			-		

Sch	edule G (Form 990 or 990-EZ) 2010 THE INTERNATIONAL RHINO FOUNDATION 75-2	<u> 395006</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer chantable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
a	a The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ▶		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party		
	Name		
	Address ▶		
16	Gaming manager information.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions		
6	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?	res	NO
t	a Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year  \$\infty  \text{Supplemental Information.} Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v) and	Dort III
	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
er.	ישטאלום כי סאסת ד וואס סס ווומשטים אים שמאט בי שמאט בי שווומשטי	oc.	
<u>sc</u>	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	(5:	
<u>(I</u>	) NAME OF FUNDRAISER: MARGARET MEYER MOORE		
<u>(</u> ]	) ADDRESS OF FUNDRAISER: 2804 S. 5TH STREET, ARLINGTON, VA 22	2204	<del>.</del>

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE INTERNATIONAL RHINO FOUNDATION

Employer identification number 75-2395006

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE, WHICH HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS, REVIEWED A COPY OF THE FORM 990 AND RELATED SCHEDULES PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE CONFLICTS OF INTEREST. THIS POLICY IS REGULARLY AND CONSISTENTLY MONITORED BY THE PROGRAM DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL EXPENSES: CHYULU HILLS: 63,756. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 63,756. TOTAL EXPENSES MALAYSIA RHINO PROTECTION UNITS: 48,400. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 48,400. TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2010)  Name of the organization	Page 2  Employer identification number
THE INTERNATIONAL RHINO FOUNDATION	
PROGRAM SERVICE EXPENSES	33,989.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,989.
FUNDRAISING & ADVERTISING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	16,986.
TOTAL EXPENSES	16,986.
PROGRAM DEVELOPMENT SERVICES:	
PROGRAM SERVICE EXPENSES	15,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,000.
EMPLOYER REIMBURSED PAYROLL TAXES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,903.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,903.
RHINO CONSERVATION MEDICINE PROGRAM:	
PROGRAM SERVICE EXPENSES	11,248.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,248.
032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)

FORM 990, PART XI, LINE 2C

Schedule O (Form 990 or 990-EZ) (2010) Page 2															
Name	of the o	ganızatı		INTE	RNATI	ONAL	RHI	NO FOU	NDATI	ON			Employer id		tion number 06
THE	BOA	RD O	F DIRE	CTORS	, ASS	UMES	RESI	PONSIE	BILITY	FOR	THE	SEL	ECTION	OF Z	AN
<u>IN</u> I	EPEN	DENT	ACCOU	NTANT	TO A	UDIT	THE	ORGAN	IZAT	ON'S	FINA	NCI	AL		
STA	TEME	NTS.						<del></del>							
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75-2395006

#### **International Rhino Foundation**

### Form 990, Part III: Statement of Program Service Accomplishments 2010

### Organizational Overview:

In 1989, in response to alarming poaching rates of black rhinos in Zimbabwe, a group of concerned individuals and institutions founded the International Black Rhino Foundation to assist in the conservation of black rhinos through efforts in the wild and in captivity. In part because of the International Black Rhino Foundation's support, poaching was virtually eliminated and Zimbabwe's black rhino population began to stabilize.

In 1993, recognizing that the escalating crisis facing all five rhino species was not receiving the attention it deserved, the International Black Rhino Foundation expanded its mission and became the International Rhino Foundation (IRF). For the last 18 years, IRF has funded and operated rhino conservation programs in Africa and Asia, focusing expertise and resources in areas where rhinos are most in need of protection, and where conservation efforts will have the most significant impact.

Since its founding, IRF has provided funding for scientific research that enhances the ability to manage rhinoceros populations both in the wild and in captivity. IRF also works with conservation centers and zoos to provide linkages between captive and wild populations of rhinos, with the ultimate objective of helping captive populations become a truly integral part of conservation strategies for rhinos.

At the heart of IRF's vision is the belief that these magnificent species should endure for future generations, and that protecting rhinos ensures the survival of many other species that share their habitat, including people.

#### Summary of 2010 Programs and Projects:

Zimbabwe Rhino Conservation – The IRF-supported Lowveld Rhino Trust manages rhino monitoring and anti-poaching units in Zimbabwe. Its rhino operations team anesthetized and treated 82 black and 17 white rhinos in 2010. Treatments ranged from wire snare removal and pre-emptive horn removal to reduce the risk of poaching, to translocations of animals from high-risk poaching areas to safer conservancies. When poaching reached a 15-year high in 2009, the Trust undertook 53 emergency translocations in 2009. In 2010, with poaching assaults increasingly thwarted because of proactive translocation and management, only eight animals needed to be moved in 2011.

India Rhino Conservation – IRF provided support for implementing *Indian Rhino Vision 2020*, a collaborative effort among the government of Assam (India), WWF -India, and IRF with the goal of increasing the population of Indian rhinos to 3,000 by the year 2020 and translocating animals in order spread the population out more evenly over at least seven national parks. Four rhinos were translocated at the end of 2010 from Pabitora Wildlife Sanctuary to Manas National Park, with more translocations taking place in 2011. The success of this program is heavily

dependent on both government and community support and involvement. IRF and partners are working with local community organizations and government as well as park authorities to implement the IRV 2020 recommendations.

4 14 V

Indonesian Rhino Conservation – IRF supports three major rhino conservation initiatives: *Rhino Protection Units* (RPUs) rigorously patrol forests to destroy snares and traps (the main made of poaching for these species) and apprehend poachers. By gathering intelligence from local communities, RPUs also proactively prevent poaching attempts before they take place. RPUs have been very effective in protecting the rhino from poachers - only five Sumatran rhinos have been lost to poachers since the inception of the program, and no Javan rhinos have been killed. By virtue of the RPUs' consistent presence and patrolling, other species, such as Sumatran tigers and elephants also benefit, as does the ecosystem as a whole. Eight patrol units operate in Bukit Barisan Selatan National Park in Sumatra, one of the highest priority areas for Sumatran megafauna. Approximately 60-85 Sumatran rhino (the second largest population in the world) inhabit the Park, along with 40-50 Sumatran tigers and around 500 Asian elephants. Five patrol units operate in Way Kambas National Park, which has a resident population of 40+ Sumatran rhino (the third largest population of Sumatran rhinos) and is also the site of the Sumatran Rhino Sanctuary. Four RPUs protect Javan rhinos in Ujung Kulon National Park, where the only viable population of the species exists (estimated between 38 and 44 animals).

The Sumatran Rhino Sanctuary (SRS) encompasses 100 hectares (247 acres) for propagation, research and education, and received its first rhino in 1998. Until recently, the Sanctuary held only one pair of animals, which were not reproductively sound. The SRS is now home to five animals and is staffed by two full-time Indonesian veterinarians, ten keepers, and several administrative and support staff. Over the years, a number of circumstantial, medical, and management problems have been addressed and overcome. As a result, within the last decade, the husbandry and captive propagation of Sumatran rhinos has passed from its infancy to its adolescence. The IRF has been steadfastly working to address these issues with the expertise of numerous veterinarians and reproductive biologists.

Javan Rhino Conservation - Ujung Kulon National Park is home to the only remaining viable population of Javan rhinos in the world – no more than 44 animals. IRF works closely with Yayasan Badak Indonesia (YABI), its implementing partner in Indonesia, WWF-Indonesia and the local, provincial, and national government towards the species' conservation. In 2010, IRF and partners launched the Javan Rhino Study and Conservation Area (JRSCA) within Ujung Kulon National Park (UK) with the idea that improving the habitat in the Gunung Honje area (the eastern part of the park) will draw more rhinos and thus enable the population to expand. There are already several rhinos in the area. The JRSCA was launched in June 2010 and work has begun to clear the site for an electric fence and adjacent patrol road, construct small bridges and an electric fence, habitat management such as clearing and planting rhino food plants and providing for a water supply and saltlick, construct new guard posts, hire guards and other staff, and socialize the project with local communities. The JRSCA will be used as a study and conservation area to enable learning more about the population in UK. It also should lead to an increase in the population, which would eventually allow translocating a subset of the UK animals to a suitable second site, still to be identified, as an 'insurance' population.

Technical Assistance – IRF provided funding to other rhino-focused groups, including support for the Chairman and Scientific Officer of the IUCN/SSC African Rhino Specialist Group, Chairman of the IUCN/SSC Asian Rhino Specialist Group, the Rhino Resource Center (a central repository for rhino information), and funding for a Large Mammal Conservationist for the Wildlife and Areas Welfare Trust in India.

Research - As part of its commitment to rhino conservation research, IRF issued a request for pre-proposals, and invited 11 of the 30 pre-proposals received to submit a full proposal for funding consideration in 2009. Pre-proposals and proposals were reviewed by independent outside researchers and five were selected for grant awards, with a total of \$240,325 awarded. The projects are: Radio frequency identification system for monitoring wild rhino populations (\$25,000); Pan-African physiogeography and evolutionary history of the black rhinoceros (\$53,945); Population genetic monitoring of Indian rhino in Assam: an evaluation of genetic diversity and population differentiation through non-invasive sampling (\$55,100); Effects of acid-base, electrolyte, energy and cardiorespiratory imbalances during capture and confinement on boma adaptation in white rhinos (\$36,280); and Genetic estimates of Javan and Sumatran rhino population size and sex radio using fecal samples - building on recent progress (\$70,000). Most of these projects are two years in duration and will be completed in 2011.