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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012</b>		<b>D Employer identification number</b> 23-1969973	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PEREGRINE FUND INC  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 5668 W Flying Hawk Lane  City or town, state or country, and ZIP + 4 Boise, ID 83709		<b>E Telephone number</b>  (208) 362-3716
	<b>F</b> Name and address of principal officer J Peter Jenny 5668 W Flying Hawk Lane Boise, ID 83709		<b>G</b> Gross receipts \$ 8,846,607
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>J Website:</b> ▶ www.peregrinefund.org			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1975	<b>M</b> State of legal domicile PA

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities The Peregrine Fund has a mission to restore rare species of birds of prey through captive breeding and release, improving capacity for local conservation, conducting scientific research and environmental education, and conserving habitat    		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	30
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	28
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	75
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	140
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	4,933,136	4,971,293
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	316,626	222,179
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	256,165	394,741
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	91,763	85,225
		5,597,690	5,673,438
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	401,300	377,683
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	3,479,867	3,333,601
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>458,537</b> . . . . .		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	2,358,917	2,353,206
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	6,240,084	6,064,490
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-642,394	-391,052
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		19,259,441	20,453,748
<b>21</b> Total liabilities (Part X, line 26) . . . . .		124,294	169,342
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		19,135,147	20,284,406

Part II		Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	<div> <div></div> <div>Signature of officer</div> </div>		<div> <div>2013-01-31</div> <div>Date</div> </div>	
	<div> <div>J Peter Jenny President and CEO</div> <div>Type or print name and title</div> </div>			
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>	<div> <div>Date</div> </div>	<div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div>	<div> <div>Preparer's taxpayer identification number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div>			<div> <div>EIN</div> <div></div> </div>
				<div> <div>Phone no</div> <div></div> </div>

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 2,113,765 including grants of \$ 0 ) (Revenue \$ 0 )

Species Restoration - Two endangered species recovery programs are conducted within the U.S. The captive breeding facility in Boise, Idaho produces young birds for release to the wild to establish self-sustaining populations of these rare species. California Condor-by 1982, just 22 California Condors remained on Earth. Today there are 409 individual birds, more than half of them flying free in the wild. This year the 18 pairs held by The Peregrine Fund produced 21 fertile eggs. Fifteen hatched in Boise and the rest were sent to other facilities. Six captive-bred condors were transferred to the Arizona Vermilion Cliffs site for release to the wild and that population now includes 78 individuals. Cooperative programs with state agencies and hunting groups were expanded to encourage the use of lead-free ammunition in condor country. "Ingestion of Lead from Spent Ammunition: Implications for Wildlife and Humans" published in 2009 as a book and searchable CD, is still being referenced. Every condor continues to be trapped once or twice a year to be tested and, if necessary, treated for lead poisoning. Aplomado Falcon-this falcon was missing from its native habitat in the American Southwest by the 1950s due to changing land uses. The Peregrine Fund began raising Aplomado Falcons in captivity in the late 1980's and by 1993 a full-scale release program began in South Texas. Falcons are continuing to be re-introduced through innovative Safe Harbor agreements. This year surveys found 28 pairs of falcons in South Texas and a total of 48 young were produced. For the first time in seven years we released 35 young from two release sites in South Texas. In New Mexico we released 32 falcons from three release sites. No wild pairs were observed in West Texas or New Mexico. The loss of nesting pairs in New Mexico and West Texas can be attributed to the extreme drought conditions throughout the range of the releases.

4b

(Code ) (Expenses \$ 1,650,380 including grants of \$ 377,683 ) (Revenue \$ 90,830 )

Conservation Programs - Since founding in 1970, about 105 raptor species in at least 66 countries have benefitted from field research and hands-on recovery efforts by the organization. This year The Peregrine Fund was involved in raptor research, graduate studies, and conservation projects in 22 countries on four continents. Training and support were provided to 12 students conducting graduate thesis research projects and doctoral and master's studies, all in their native countries, since beginning, 76 students have graduated with PhD or MSc degrees. Ten young of the critically endangered Ridgway's Hawk were successfully fledged into the wild in the Dominican Republic in an experimental assisted dispersal project. Four Orange-breasted Falcon chicks, hatched in captivity, were released into the wild in Belize, and surveys were conducted for nesting falcons in Belize and Guatemala. Captive-bred and wild-hatched Harpy Eagles were tracked and observed in the forests of Darien, Panama using radio telemetry, and public educational campaigns were conducted to reduce shooting of this threatened species. Five graduate students were supported in Peru, Argentina, Brazil, Ecuador, Chile, and Costa Rica, and two graduated with MSc degrees. Nearly 50 delegates from southern and eastern Africa met in Kenya to solve conservation needs of Africa's endangered vultures, a Vulture Specialist Group for Africa was formed. Two students graduated with PhD degrees benefitting vulture conservation in Kenya. In Madagascar, work continued to set aside globally significant wetlands and forests, monitor rare and endangered raptor species, assist captive breeding of critically endangered species, support six graduate students' studies, and work with local communities to develop an ecotourism program while protecting traditional customs and practices. Financial and technical support was given to the Philippine Eagle Foundation for work including captive breeding and release of Philippine Eagles, public education, conservation of critical habitat, and telemetry studies on wild eagles. Annual breeding population surveys of critically endangered Gyps vultures were completed in India, Pakistan, and Nepal that tentatively revealed a reduction in the rate of population decline due to the use of veterinary diclofenac. Projects in Cambodia studied the toxicology of Grey-headed Fish Eagles on Lake Tonle Sap, and in Indonesia published a book on the endangered Javan Hawk-eagle. Initial surveys on Simeulue Island, Indonesia were conducted for Crested Serpent Eagles. New projects were begun on the American Kestrel to understand the species' decline on a continental scale, and on the Gyrfalcon to respond to impacts of climate change on this Arctic species.

4c

(Code ) (Expenses \$ 1,271,713 including grants of \$ 0 ) (Revenue \$ 200,801 )

Education / Information - Education dispels misunderstandings about birds of prey and increases their chances for long-term survival. This year 36,100 people were reached through on-site and off-site programs. The Velma Morrison Interpretive Center in Boise, Idaho is the centerpiece of the education effort. During fiscal year 2012, a 300 person outdoor seating area, Raptor Ridge, was created to showcase the annual flight show demonstrations. A world-class library provides journal articles to scientists and field researchers all over the world free of charge. This year staff supplied PDF copies of 1,022 articles in response to 379 requests from scientists in 32 countries. The online Global Raptor Information Network makes encyclopedic information about birds of prey available to anyone with access to the internet. This year content was added to several of the accounts of 333 raptor species and the network received over 100,000 visits, and in surplus of 1,000,000 hits. The organization created a calendar, annual report, news releases, brochures and other materials intended for the public. A webcam trained on a nesting pair of Peregrine Falcons in downtown Boise received nearly 350,000 page views during the nesting season. New Kestrel webcams were set up this year resulting in over 500,000 page views. The organization has 12,682 fans among its 5 Facebook pages. The Archives of Falconry constructed a Legacy Circle to recognize active major donors.

4d













Other program services (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e

Total program service expenses \$ 5,035,858

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	<b>Section 501(c)(3) organizations.</b> 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	No
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 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
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	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
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	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 	16	Yes
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	No
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	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a21
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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. .	2a75
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aNo
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.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	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?	6aNo
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).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	30	
	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	28	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Did the organization have members or stockholders? . . . . .	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶AK , AL , AR , AZ , CA , CT , DC , FL , GA , ID , IL , KS , KY , MA , MD , ME , MI , MN , MO , NC , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TX , UT , VA , WA , WI , WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ The Peregrine Fund Inc 5668 W Flying Hawk Lane Boise, ID 83709 (208) 362-3716

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	469,587	0	67,866

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **3**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	91,721				
	b	Membership dues . . . . .	1b	334,800				
	c	Fundraising events . . . . .	1c	0				
	d	Related organizations . . . .	1d	0				
	e	Government grants (contributions)	1e	1,072,915				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,471,857				
	g	Noncash contributions included in lines 1a-1f \$ 468,403						
	h	Total. Add lines 1a-1f . . . . .						4,971,293
Program Service Revenue			Business Code					
	2a	Visitor Center admissions	712100	131,349	131,349	0	0	
	b	Wind Energy study - bird mortality	813312	48,900	48,900	0	0	
	c	Wildlife education-consulting	813312	41,930	41,930	0	0	
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f . . . . .			222,179			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			223,747	0	0	223,747
	4	Income from investment of tax-exempt bond proceeds . . .			0	0	0	0
	5	Royalties . . . . .			100	0	0	100
	6a	(i) Real		(ii) Personal				
		1,650		0				
		0		0				
		1,650		0				
	d	Net rental income or (loss) . . . . .			1,650	0	0	1,650
	7a	(i) Securities		(ii) Other				
		3,262,930		5,311				
		3,097,247		0				
		165,683		5,311				
	d	Net gain or (loss) . . . . .			170,994	0	0	170,994
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a	27,282						
	b	Less direct expenses . . . . .		11,654				
	c	Net income or (loss) from fundraising events . . .			15,628		0	15,628
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a							
	b	Less direct expenses . . . . .						
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .						
a	118,092							
b	Less cost of goods sold . . . . .		64,268					
c	Net income or (loss) from sales of inventory . . .			53,824	53,824	0	0	
Miscellaneous Revenue		Business Code						
11a	Rebates and Refunds		900099	14,023	0	0	14,023	
b								
c								
d	All other revenue . . . . .			0	0	0	0	
e	Total. Add lines 11a-11d . . . . .			14,023				
12	Total revenue. See Instructions . . . . .			5,673,438	276,003	0	426,142	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	29,140	29,140		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	8,773	8,773		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	339,770	339,770		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	379,549	242,627	104,458	32,464
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	72,072	72,072	0	0
7	Other salaries and wages	2,174,028	1,814,272	134,290	225,466
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	177,082	141,106	13,429	22,547
9	Other employee benefits	338,952	287,866	26,856	24,230
10	Payroll taxes	191,918	159,390	15,205	17,323
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	22,530	6,530	16,000	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	67,757	0	67,757	0
g	Other	41,003	40,060	0	943
12	Advertising and promotion	12,141	12,141	0	0
13	Office expenses	139,399	97,772	12,895	28,732
14	Information technology	112,155	86,744	7,907	17,504
15	Royalties	0	0	0	0
16	Occupancy	252,626	244,176	5,688	2,762
17	Travel	459,936	385,558	22,516	51,862
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	108,791	4,810	103,463	518
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	318,551	310,052	5,073	3,426
23	Insurance	49,146	37,320	10,981	845
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 )				
a	Maintenance	43,962	42,502	1,232	228
b	Feed for birds	195,452	195,452	0	0
c	Tools and Supplies	286,928	275,823	6,731	4,374
d	Dues, Fees and Books	120,900	110,150	3,777	6,973
e					
f	All other expenses	121,929	91,752	11,837	18,340
25	Total functional expenses. Add lines 1 through 24f	6,064,490	5,035,858	570,095	458,537
26	Joint costs. Check here <input checked="" type="checkbox"/> if 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	44,326	22,163	0	22,163

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			177,573	1	101,694
	2	Savings and temporary cash investments . . . . .			1,144,689	2	769,404
	3	Pledges and grants receivable, net . . . . .			711,238	3	1,052,823
	4	Accounts receivable, net . . . . .			3,680	4	36,696
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			62,594	8	33,170
	9	Prepaid expenses and deferred charges . . . . .			62,805	9	61,351
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	9,642,542			
	b	Less: accumulated depreciation . . . . .	10b	4,946,928	4,825,453	10c	4,695,614
	11	Investments—publicly traded securities . . . . .			9,964,306	11	11,375,393
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			2,307,103	15	2,327,603
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			19,259,441	16	20,453,748	
Liabilities	17	Accounts payable and accrued expenses . . . . .			114,727	17	169,342
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			9,567	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			0	25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			124,294	26	169,342
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			17,732,890	27	18,617,030
	28	Temporarily restricted net assets . . . . .			1,402,257	28	1,667,376
	29	Permanently restricted net assets . . . . .			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			19,135,147	33	20,284,406
34	Total liabilities and net assets/fund balances . . . . .			19,259,441	34	20,453,748	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,673,438
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,064,490
3	Revenue less expenses Subtract line 2 from line 1	3	-391,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,135,147
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,540,311
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	20,284,406

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization PEREGRINE FUND INC	Employer identification number 23-1969973
--	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,178,545	6,134,091	3,765,513	4,933,136	4,971,293	24,982,578
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	5,178,545	6,134,091	3,765,513	4,933,136	4,971,293	24,982,578
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,770,000
6 Public Support. Subtract line 5 from line 4						17,212,578

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,178,545	6,134,091	3,765,513	4,933,136	4,971,293	24,982,578
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	345,862	238,694	214,570	211,155	223,847	1,234,128
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	900	300	800	0	2,000
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	0	0	0	0		0
11 Total support (Add lines 7 through 10)						26,218,706

12 Gross receipts from related activities, etc (See instructions )

121,801,109

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	65 650 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	59 086 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Name of the organization  
PEREGRINE FUND INC

Employer identification number  
23-1969973

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ 20,500

(ii)

Assets included in Form 990, Part X

▶ \$ 2,327,603

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ 0

b

Assets included in Form 990, Part X

▶ \$ 0

Part III

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

3

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

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☒

Scholarly research

e

☒

Other Raptor education

c

☒

Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	10,002,833	9,743,990	9,166,024	9,790,739	
b Contributions . . . . .	36,373	215,191	98,092	61,228	
c Investment earnings or losses . . . . .	1,929,953	575,954	954,129	-128,676	
d Grants or scholarships . . . . .	13,204	0	0	0	
e Other expenditures for facilities and programs . . . . .	500,000	465,400	413,300	500,000	
f Administrative expenses . . . . .	67,757	66,902	60,955	57,267	
g End of year balance . . . . .	11,388,198	10,002,833	9,743,990	9,166,024	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 1 00 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	1,513,000		1,513,000
b Buildings . . . . .	0	4,479,728	2,337,925	2,141,803
c Leasehold improvements . . . . .	0	833,352	675,330	158,022
d Equipment . . . . .	0	1,217,682	1,064,567	153,115
e Other . . . . .	0	1,598,780	869,106	729,674
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				4,695,614



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,673,438
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,064,490
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-391,052
4	Net unrealized gains (losses) on investments	4	1,540,311
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	1,540,311
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,149,259

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	7,278,861
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,540,311
b	Donated services and use of facilities . . . . .	2b	132,658
c	Recoveries of prior year grants . . . . .	2c	0
d	Other (Describe in Part XIV) . . . . .	2d	211
e	Add lines 2a through 2d . . . . .	2e	1,673,180
3	Subtract line 2e from line 1 . . . . .	3	5,605,681
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	67,757
b	Other (Describe in Part XIV) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	67,757
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	5,673,438

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	6,129,602
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	132,658
b	Prior year adjustments . . . . .	2b	0
c	Other losses . . . . .	2c	0
d	Other (Describe in Part XIV) . . . . .	2d	211
e	Add lines 2a through 2d . . . . .	2e	132,869
3	Subtract line 2e from line 1 . . . . .	3	5,996,733
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	67,757
b	Other (Describe in Part XIV) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	67,757
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	6,064,490

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Archives of Falconry functions within The Peregrine Fund's educational as well as its research programs included in the mission statement. The worldwide cultural heritage of falconry extends back over 4,000 years. It was that sport's history and interaction with raptors that led modern practitioners to found and establish The Peregrine Fund to restore endangered populations of birds of prey, starting with the Peregrine Falcon. Their successes in rescuing that and subsequent species have been due in large part to the intimate insight and personal understanding derived from their relationships with these birds through their practice of falconry. While such falconers' interactions and relationships have been documented for hundreds of years, this valuable history was being lost due to the absence of any focused effort to preserve records of falconers and their key roles in raptor conservation. For a quarter of a century The Archives of Falconry, founded by The Peregrine Fund and unique in the world, has been devoted to the preservation of that historical record.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The Board of Directors established the endowment fund and the related payout policy that allows The Peregrine Fund to use a portion of the endowment balance each year towards operating expenses including both supporting services and program services as needed. The Board of Directors set up the William A Burnham Memorial Fund as part of the endowment, which provides for grants to be paid based upon the recommendation of the memorial fund's committee members.
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Loss on investments included under expenses on the audited financial statements.
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Loss on investments included in expenses on audited financial statements.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
PEREGRINE FUND INC

Employer identification number  
23-1969973

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes  No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
East Asia and the Pacific	0	0	Grantmaking		33,200
East Asia and the Pacific	0	0	Program Services	Conservation	8,232
Central America and the Caribbean	0	0	Grantmaking		229,730
Central America and the Caribbean	0	0	Program Services	Conservation	111,892
South America	0	0	Grantmaking	Conservation	34,881
South America	1	1	Program Services	Conservation	93,991
Sub-Saharan Africa	0	0	Grantmaking		20,855
Sub-Saharan Africa	2	29	Program Services	Conservation	397,766
South Asia	0	0	Grantmaking		3,400
South Asia	0	0	Program Services	Conservation	8,097
North America (including Canada and Mexico, but not the United States)	0	0	Grantmaking		10,000
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3	30			952,044

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia and the Pacific	Conservation	22,700	wire transfer	0		
			South America	Research	7,000	wire transfer	0		
			Central America and the Caribbean	Conservation	18,702	wire transfer	0		

2

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

5

3

Enter total number of other organizations or entities . . . . .

0

Part IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Book-Javan Hawk-Eagle	East Asia and the Pacific	1	5,000	wire transfer	0		
Study-Harpy Eagle	Central America and the Caribbean	2	130,503	wire transfer	0		
Study-Crowned Eagle	South America	2	13,500	wire transfer	0		
Travel grant-NOC	South America	3	2,794	wire transfer	0		
Study-raptor assessment	South America	1	7,000	wire transfer	0		
Study-Andean Condor	South America	1	7,000	wire transfer	0		
Student support	Sub-Saharan Africa	1	2,594	cash payment	0		
Study-bush meat trade	Sub-Saharan Africa	1	3,791	wire transfer	0		
Study-African fish eagle	Sub-Saharan Africa	2	5,470	cash payment	0		
Study-Martial Eagles	Sub-Saharan Africa	1	3,000	cash payment	0		
Monitor-Harpy Eagle	Central America and the Caribbean	1	78,112	wire transfer	0		
Monitor-Gyrfalcon	North America (including Canada and Mexico, but not the United States)	1	10,000	wire transfer	0		
Study-vulture	South Asia	1	3,400	wire transfer	0		



**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 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

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

☒

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

☒

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

☒

No

**Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2011**

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
PEREGRINE FUND INC

Employer identification number  
23-1969973

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1  Archives book auction (event type)	(b) Event #2  (event type)	(c) Other Events  (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	27,282		27,282
	2	Less Charitable contributions . . . .	0		0
	3	Gross income (line 1 minus line 2) . . . .	27,282		27,282
Direct Expenses	4	Cash prizes . . . .	0		0
	5	Non-cash prizes . . .	0		0
	6	Rent/facility costs . . .	0		0
	7	Food and beverages . . .	0	0	0
	8	Entertainment . . . .	0	0	0
	9	Other direct expenses .	11,654		11,654
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶			
					15,628

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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 charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Name of the organization  
PEREGRINE FUND INC

Employer identification number  
23-1969973

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Earthspan Inc5235 Georgies Lane Chincoteague,VA 23336	91-1662610	501(c)3	10,000	0			To collect blood samples from Peregrine Falcons on Padre Island to test for presence of Polycyclic Aromatic Hydrocarbon (PAH)
(2) Curators of the University of Missouri341 Woods Hall One University Boulevard St Louis,MO 631214400	46-6003859	501(c)3	19,140	0			To study the ecology and demography of the Galapagos Hawk

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

2

3

Enter total number of other organizations listed in the line 1 table . . . . .

0

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Study-Grey-headed fish eagles	1	5,500	0		

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Grantees are required to submit a written progress report at least every 6 months which is reviewed and accepted by the staff member in charge of the program The recipient of the grant is under supervision and training by a Peregrine Fund project director who will visit most grant recipients in-country to provide training, support, monitoring and evaluation of progress

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
PEREGRINE FUND INC

Employer identification number  
23-1969973

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		



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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) J Peter Jenny	(i)	197,175	0	0	12,155	19,885	229,215	0
	(ii)	0	0	0	0	0	0	0
(2) Richard T Watson PhD	(i)	134,177	0	0	11,422	5,897	151,496	0
	(ii)	0	0	0	0	0	0	0
(3) Geoffrey Pampush	(i)	138,235	0	0	12,820	8,284	159,339	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Companion Travel - on occasion, travel expenses are paid for the President's spouse when it is for a bona fide business purpose. This occurs when an additional person is needed when traveling with a bird and an employee or other volunteer is not available, or when the spouse is participating in development activities and is an integral part of the meetings held, serving as a volunteer development staff member. Because these are bona fide business expenses, it is not a taxable benefit to the President. If neither of those cases applies, spousal travel is not paid for by The Peregrine Fund. Housing Allowance - the President receives a housing allowance that is included on his W-2 as taxable income as per the salary agreement negotiated and approved by the Board of Directors.
SchJ_P01_S00_L01b	Schedule J, Part I, Line 1b	Companion Travel - there is no written agreement regarding reimbursement of spousal travel expenses. Spousal travel is only paid for when it is determined to be a bona fide business expense after discussion between the President, Administrator and Accountant. Housing Allowance - is per a written agreement negotiated and approved by the Board of Directors.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Prior to the meeting of the Compensation Committee, the President provides the Chairperson of the committee with an evaluation of the officers under him and a summary of his own activities for the year. The President at that time recommends compensation for the vice president and makes recommendations for the committee to consider for himself. When the committee meets, the President is in attendance at the beginning of the meeting to answer questions and provide a verbal report of the activities and accomplishments of himself and the vice president during the previous year. He is then excused and the Compensation Committee meets to decide on compensation to propose to the entire Board for the officers. During the meeting of the full Board, at the conclusion of the regular business the Board goes into a closed session to consider the report of the Compensation Committee. A vote is taken and thus the salaries of officers are established for the upcoming year. The Chairperson of the Compensation Committee provides written minutes of the meeting for the files. When the President makes his recommendations he takes into consideration (1) job performance during the previous year, (2) professional qualifications, (3) experience, (4) cost of living increase/decrease, (5) compensation provided by comparable organizations, and (6) the overall budget for the upcoming year and whether increases in compensation are possible. For 20+ years a company named Towers Perrin in Rosslyn, Virginia, has conducted a Compensation Survey of Management Positions in Not-for-Profit Organizations. The Peregrine Fund participates in this survey, as does virtually every non-profit organization with a recognizable name. Each year the results are published in a book which is sold. We do not purchase the book each year as the cost is rather excessive, but we purchase it periodically to compare the levels of our compensation with other multi-national organizations with budgets on a level with ours. When the book is purchased, they send a complimentary analysis of one position with the national average for the position, taking care to rate similar sized organizations against other similar sized organizations. Members of the Compensation Committee also verify that compensation for officers of The Peregrine Fund is in line. Occasionally one of the Directors has his staff research comparable compensation information.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
PEREGRINE FUND INC

Employer identification number  
  
23-1969973

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ► \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Brian Mutch	Family of Ruth Mutch, board director	72,072	salary & benefits		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
PEREGRINE FUND INC

Employer identification number  
23-1969973

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .	X	21	21,650	FV at acquisition
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		74,043	FV at acquisition
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	5	146,423	Market Value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( Archival records ) . . . . .	X	12	1,752	FV at acquisition
26 Other ► ( Supplies / displays ) . . . . .	X	27	28,875	FV at acquisition
27 Other ► ( Equipment ) . . . . .	X	7	16,360	FV at acquisition
28 Other ► ( Feed for birds ) . . . . .	X	19	86,343	FV at acquisition
Other ► ( Meeting expense ) . . . . .	X	5	53,759	FV at acquisition
Other ► ( Utilities- propagation facility ) . . . . .	X	2	22,198	FV at acquisition
Other ► ( Travel ) . . . . .	X	6	15,775	FV at acquisition
Other ► ( Misc ) . . . . .	X	3	1,225	FV at acquisition

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part III**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

PEREGRINE FUND INC

Employer identification number

23-1969973

Identifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Board members Paxson Offield and Calen Offield are father and son
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The form 990 is prepared in-house by the Accountant. It is then reviewed by the Administrator before being sent to the President and Vice-President for review. After these reviews are completed, the public disclosure version of the 990 is e-mailed or sent by US Postal Service to all board members who are given an opportunity to comment before the return is filed with the IRS.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Each director, principal officer, and member of a committee with governing board-designated powers annually signs a statement which affirms they have received a copy of the Conflict of Interest Policy, have read and understand the policy, have agreed to comply with the policy, and understand The Peregrine Fund is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. To ensure The Peregrine Fund operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews are conducted. The reviews include whether compensation arrangements and benefits are reasonable based on competent survey information and the result of arm's length bargaining and whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit, or in an excess benefit transaction.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Prior to the meeting of the Compensation Committee, the President provides the Chairperson of the committee with an evaluation of the officers under him and a summary of his own activities for the year. The President at that time recommends compensation for the vice president and makes recommendations for the committee to consider for himself. When the committee meets, the President is in attendance at the beginning of the meeting to answer questions and provide a verbal report of the activities and accomplishments of himself and the vice president during the previous year. He is then excused and the Compensation Committee meets to decide on compensation to propose to the entire Board for the officers. During the meeting of the full Board, at the conclusion of the regular business the Board goes into a closed session to consider the report of the Compensation Committee. A vote is taken and thus the salaries of officers are established for the upcoming year. The Chairperson of the Compensation Committee provides written minutes of the meeting for the files. When the President makes his recommendations he takes into consideration (1) job performance during the previous year, (2) professional qualifications, (3) experience, (4) cost of living increase/decrease, (5) compensation provided by comparable organizations, and (6) the overall budget for the upcoming year and whether increases in compensation are possible. For 20+ years a company named Towers Perrin in Rosslyn, Virginia, has conducted a Compensation Survey of Management Positions in Not-for-Profit Organizations. The Peregrine Fund participates in this survey, as does virtually every non-profit organization with a recognizable name. Each year the results are published in a book which is sold. We do not purchase the book each year as the cost is rather excessive, but we purchase it periodically to compare the levels of our compensation with other multi-national organizations with budgets on a level with ours. When the book is purchased, they send a complimentary analysis of one position with the national average for the position, taking care to rate similar sized organizations against other similar sized organizations. Members of the Compensation Committee also verify that compensation for officers of The Peregrine Fund is in line. Occasionally one of the Directors has his staff research comparable compensation information.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents, conflict of interest policy and financial statements are available to the public upon request. Requests should be submitted to The Peregrine Fund, Administrative Office, 5668 W Flying Hawk Lane, Boise, ID 83709. Form 990 and audited financial statements are also available on the website <a href="http://www.peregrinefund.org">www.peregrinefund.org</a> .
F990_P11_S00_L05	Form 990, Part XI, Line 5	Net unrealized gain on investments

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 23-1969973

Name: PEREGRINE FUND INC

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert B Berry Director	1	X						0	0	0
Harry L Bettis Director	1	X						0	0	0
P Dee Boersma PhD Director	1	X						0	0	0
Frank M Bond Director	1	X						0	0	0
Tom J Cade PhD Founding Chairman	1	X						0	0	0
Virginia H Carter Director	1	X						0	0	0
Robert S Comstock Director	1	X						0	0	0
Dr William E Cornatzer Director	1	X						0	0	0
Derek J Craighead Director	1	X						0	0	0
Scott A Crozier Director	1	X						0	0	0
James H Enderson PhD Director	1	X						0	0	0
Caroline A Forgason Director	1	X						0	0	0
Karen J Hixon Director	1	X						0	0	0
Robert Wood Johnson IV Director	1	X						0	0	0
Jacabo Lacs Director	1	X						0	0	0
Ambrose K Monell Director	1	X						0	0	0
Carter R Montgomery Director	1	X						0	0	0
Velma V Morrison Director	1	X						0	0	0
Ruth O Mutch Director	1	X						0	0	0
Ian Newton D Phil D Sc FRS Director	1	X						0	0	0
Calen B Ofield Director	1	X						0	0	0
Paxson H Ofield Director	1	X						0	0	0
Lucia Liu Severinghaus PhD Director	1	X						0	0	0
Steven P Thompson Director	1	X						0	0	0
R Beauregard Turner Director	1	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Russell R Wasendorf Sr Director	1	X						0	0	0
James D Weaver Director	1	X						0	0	0
Lee M Bass Director	1	X						0	0	0
Carl E Navarre Chairman	1	X		X				0	0	0
Patricia B Manigault Treasurer	1	X		X				0	0	0
Samuel Gary Jr Secretary	1	X		X				0	0	0
J Peter Jenny President	40	X		X				197,175	0	31,393
Richard T Watson PhD Vice-President	40	X		X				134,177	0	16,673
Geoffrey Pampush Development Director	40					X		138,235	0	19,800