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DLN: 93493037013237

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

ntem	,	nue Servic	ne				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Inspection
A F	or the	2015 ca	lendar year, or tax year beginniı	ng 10-01-2015 , and ending 09-3	0-2016				
3 Ch	eck if ap	pplicable	C Name of organization PEREGRINE FUND INC				D Emp	loyer i	dentification number
☐ Ad	ddress cl	hange	TENEGRINE FOND INC				23-	19699	73
\square N	ame cha	ange	Doing business as						
	ntıal retu	ım	_						
Fi etum	nal /termina	ated		nail is not delivered to street address) Ro	om/suite		E Tele	phone nu	ımber
Man An	nended i	return	5668 W Flying Hawk Lane				(20	8)362	-3716
ГАр	plication	pending	City or town, state or province, cou Boise, ID 83709	ntry, and ZIP or foreign postal code					
			Boise, ID 63709				G Gros	s receipt	ts \$ 12,222,631
			F Name and address of princi	pal officer		H(a) [s this a gro	up retu	rn for
			Russell S Hoeflich 5668 W Flying Hawk Lane			9	subordinates	5?	☐ Yes 🗸
			Boise, ID 83709			/	No Are all suboi	rdinato	c
[Ta	x-exem	pt status	√ 501(c)(3)	(insert no) 4947(a)(1) or 52			ncluded?	umate	Yes No
				, , , , , , , , , , , , , , , , , , , ,		I	[f"No," atta	ch a lıs	t (see instructions)
, ,	ebsite	: P wwv	v peregrinefund org			H(c)	Group exem	ption n	umber >
(Fon	m of org	anızatıon	✓ Corporation Trust Associa	ation Other ►		L Year	of formation	1975	M State of legal domicile PA
Pa	rt I		mary						
			scribe the organization's mission						
		_		ore rare species of birds of prey th	_	•	_		se, improving capacity
a)	Tor	riocarco	onservation, conducting scienti	fic research and environmental edi	ucation,	, and co	onserving na	abitat	
<u>≥</u>	_								
Ĕ	_								
ě	2 C	heck th	ıs box ▶ ┌─ ıf the organization d	iscontinued its operations or dispo	osed of	more th	han 25% of	ıts net	assets
3			1						
ð ^	3 N	umber c	of voting members of the govern	ing body (Part VI, line 1a)				3	31
ě	4 N	umber o	of independent voting members (4	29			
ACTIVIDES & GOVERNANCE	5 T	otal nun	nber of individuals employed in (calendar year 2015 (Part V, line 2	2a) .			5	52
AC	6 T	otal nun	nber of volunteers (estimate if n	ecessary)				6	173
				art VIII, column (C), line 12 .				7a	0
	b Ne	et unrela	ited business taxable income fro	om Form 990-T, line 34				7b	(
							Prior Year	<u> </u>	Current Year
	8	Contri	butions and grants (Part VIII. I	ne 1h)			4.29	4,378	7,008,102
₫	9		ım service revenue (Part VIII, I	,			4,344	187,679	
ēn uð Að	10		,	n (A), lines 3, 4, and 7d)			41	503,831	
œ.	11		· ·	lines 5, 6d, 8c, 9c, 10c, and 11e		82,233			63,219
	12		, , , ,	. (must equal Part VIII, column (A					
	12	12)	aud mee e ameagn 11	(. ,,	4,966,571			7,762,831
	13	Grants	s and similar amounts paid (Part	: IX, column (A), lines 1-3)			36	9,166	349,826
	14	Benefi	ts paid to or for members (Part :	IX, column (A), line 4)		0			(
	15	Saları	es, other compensation, employ	ee benefits (Part IX, column (A), li	ines		3 1 2	2,944	3,620,863
Ses		5-10)					3,12	2,5 + +	3,020,000
£	16a	Profes	ssional fundraising fees (Part IX	, column (A), line 11e)				0	(
Expenses	b	Total fu	ndraısıng expenses (Part IX, column (D)), line 25) ▶ <mark>507,142</mark>					
_	17	O ther	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)			2,23	6,291	2,444,836
	18	Total	expenses Add lines 13-17 (mu	st equal Part IX, column (A), line	25)		5,72	8,401	6,415,525
	19	Reven	ue less expenses Subtract line	18 from line 12			-76	1,830	1,347,306
ે જે જ						Beginn	ing of Currer	nt Year	End of Year
Net Assets or Fund Balances		.	(D			<u> </u>			
Ass Ba	20		assets (Part X, line 16)				20,31		22,814,722
<u> </u>	21		liabilities (Part X, line 26)					5,963	352,289
	22		sets or fund balances Subtract	line 21 from line 20			20,14	3,353	22,462,433
	rt II		ature Block						
	rnona			amined this return, including acco					
				nplete Declaration of preparer (ot	ner thai	п опісе	r) is based o	on all ir	irormation of which
	nowled		nowledge						
	nowled	ge and t s any kr	nowledge 						
	nowled	s any kr					2017-02-0	5	
orepa	nowled arer ha	s any kr	nowledge sture of officer				2017-02-06 Date	5	
	nowled arer ha	s any kr						5	
Sigr	nowled arer ha	S any kr	ature of officer					5	
orepa Sigr	nowled arer ha	Sany kr	ature of officer ell Hoeflich President and CEO	Preparer's signature	Date	e		I PTIN	
Sigr	nowled arer ha 1 e	S any kr	ature of officer ell Hoeflich President and CEO or print name and title rint/Type preparer's name	Preparer's signature	Date	e	Date Check If self-employe	PTIN	
Sigr Here	nowled arer ha 1 e	Signa Russe Type	ature of officer ell Hoeflich President and CEO or print name and title	Preparer's signature	Date	е	Date Check If	PTIN	

Form	990 (2015)					Page 2
Par	Statement of	of Program Servi	ce Accomplishn	1ents		
		ule O contains a resp	onse or note to an y	line in this Part II		
1	•	rganization's mission				
natur our p	al world and cultural he	eritage, and they assis Ivance the knowledge	t humans in unders of avian biology, eco	tanding their intero blogy, and conserv	n Raptors are among the cridependence with nature and ation through research, trainsity	the environment Through
_	D 111			1		
2	the prior Form 990 or If "Yes," describe the	990-EZ?		s during the year w	hich were not listed on	⊤Yes √No
3	Did the organization of			naes in how it conc	lucts any program	
	services? If "Yes," describe the					⊤Yes √No
4	expenses Section 50		organizations are r	equired to report t	e largest program services, he amount of grants and allo	
4a	(Code) (Expenses \$	1,200,285 includ	ling grants of \$	0) (Revenue \$	4,638)
	populations of this rare signifying free in the wild The Oregon Zoo Thirteen chick population now includes in condor country. Each y Propagation. In 2014, we techniques, but more so Currently the Peregnne Fof least concern as far as developing and publishing Falcons (Falco fascinuch Currently in the U.S., all working with cooperators breeding pairs and six lor	pecies By 1982, just 22 Ca is year the 14 pairs held by icks hatched in Boise Sever 78 individuals Cooperative ear we attempt to trap ever began a captive population to obtain skills and knowler und's World Center for Bird conservation status. Howe g techniques will no doubt I a) for potential future conser- Taita Falcons are of the sai to obtain more individuals the males and females). Fin	lifornia Condors remaine The Peregrine Fund pro a captive-bred condors w programs with state age ery condor to be tested a in of Eurasian Sparrowha ige in producing Accipite s of Prey houses seven ver, the genus Accipiter penefit any future specie ervation needs of this sp me genetic strain from a from Africa to diversify ally, we house a single I	d on Earth Today the duced 13 fertile eggs. ere transferred to the ere transferred to the render and, if necessary, treat wks (Accipiter nisus) to it in captivity which courasian Sparrowhawk has been produced miss of concern. We also ecies which, according handful of falcons broom captive population preeding pair of Northesere to the total control of the control o	omia Condors for release to the ware are approximately 460 individuand one additional fertile egg was Anzona Vermilion Cliffs site for relups were expanded to encourage ted for lead poisoning or any other or maintain personnel competency wild be applied to future conservat is (three breeding pairs and one lo nimally in captivity when compare continue to maintain a captive bre to Bird Life International, is a Glol uight to the U.S. from Africa in the The Peregrine Fund currently hour Aplomado Falcons (Falco femoral suitable offspring for release into the U.S.)	al birds, more than half of them transferred to Boise from the ease to the wild and that the use of lead-free ammunition maladies discovered. Raptor in captive propagation icon efforts within this genus are male). The Sparrowhawk is sed to other species of raptors, so deding population of Taita pally Threatened Species 1980's. We are currently uses 16 Taita Falcons (five ralis septentrionalise). In the
4b	by the organization This Training and support were beginning, 28 students he pairs of previously releas increase over 2015 in a ristes for nesting falcons it radio telemetry, and pub Argentina, Brazil, Chile, Bigraduate or post-graduat solidify conservation of gareas. We monitored rare worked with local community of the Philippine Eatelemetry studies on wild stabilizing populations aft power generation was collection of wilson Omithological Societics.	year, The Peregrine Fund of e provided to 38 students of ave graduated with PhD de ed young of the critically end of the provided and successful and endangered raptor spanning to develop new incongle Foundation for work in eagles Annual breeding per the catastrophic declines invened at the annual meetety and the American Omit	er 100 raptor species in vas involved in raptor re onducting graduate thes grees and 81 with MSc on dangered Ridgway's Ha a, Dominican Republic, a ptive-bred and wild-hat itere conducted to reduce e graduated with a PhD or conservation in Kenya and forests that were decies, assisted captive bene sources while protect cluding captive breeding opulation surveys of critirecorded due to the use and of the Raptor Resea chologists Union, among coudy to understand how	search, graduate studi is research projects ar legrees We began a s wk formed territories and 25 young were reliched Harpy Eagles we elshooting of this thread degree and one with a and understanding of cclared, in 2015, as pereeding of critically en- ting traditional customs and release of Philippi cally endangered Gypse of veterinary diclofer rich Foundation, and se others. The American I the Gyrfalcon respond.	349,826) (Revenue \$ ave benefitted from field research es, and conservation projects in 2 di doctoral and master's studies, a tudent project in Australia for the and eight pairs bred successfully ir eased Orange-breasted Falcon sur et tracked and observed in the for itened species. Nine graduate studin MSc degree. Seven students co- Eleonora's Falcon migration. In Ma- manently protected by three corr dangered species, supported 16 gis and practices. Financial, scientific in Eagles, public education, conse- is vultures were completed in India act in livestock. A symposium on teveral key presentations were giv- Kestrel Partnership was expanded is to impacts of climate change wa the wild.	O countnes on five continents ill in their native countries, since first time in 2016. This year, 12 in the wild representing a 100% inveys were conducted at 21 rests of Danen, Panama using dents were supported in inducted field studies for adagascar, work continued to immunity-based conservation raduate students' studies, and and technical support was ervation of critical habitat, and and Nepal that revealed he impact on raptors of winden at the annual meetings of the to understand the species.
	(Code) (Expenses \$	1,301,506 includ	ling grants of \$	0) (Revenue \$	179,041)
~	Education / Information - greater Treasure Valley, I systems, we provide info visitors at our Interpretive offer free of charge to all while meeting school cun Calendars, annual reports Fund's international juner viewed by thousands of webcams trained on Pere information, our online Gmaintained 480 participal research library, this year role of falconers in raptor	The Education Program at idaho, and beyond With a rmation for students and ine center Attendance at our students and teachers. The received in 2016 with a color of the center attended in 2016 with a color of the center at the	The Peregrine Fund's Wigrowing population, condividuals to make wise. October Fall Flights sho see programs have beer e hosted 4,002 students and other materials are ttracts more than 400 in website and social men Kestrels that show their theory presented acader ized data from over 100 is to more than 260 reserretetion. The website protection.	orld Center for Birds of plicated land use patt decisions and have a pws was over 3,800 pe of decisions and by educators, and reached another updated annually and aptor photos from entromation of the Peregrine Furmic ourting, nesting, armic species accounts a of different journals. Reterorious tools to becompation of the provides tools to becompated and the part of the provides tools to becompated and the part of the part of the part of the provides tools to becompated and the part of the part	f Prey provides cultural and educa ems, and the need to increase the positive impact on our environmen ople. We also continued our schood is and biologists to make science for 7,068 people through off-site edit made available to the public. Rajants in at least a dozen countries of sonline audience logged about not raising young each spring. For individual properties of published wor and bibliographies of published wor search matenals may be requested of charge. Visitors to the Archive ne a member, subscribe to e-news and nearly 4,000 followers on Trees.	tional opportunities to the public's awareness of natural to In FY2016 we hosted 39,893 ol-endorsed programs, which we poth accessible and exciting, ucational programming ptors at Risk, The Peregnne each year Accepted entines are 173,289 page views of our users seeking more technical ks on 333 diumal raptor species of from The Peregnne Fund's so of Falconry leam about the sletters, shop for raptor-related
	Other pre	one (December of Callan	dula O)			
4d	(Expenses \$	ces (Describe in Sche 0 incl	uding grants of \$		0) (Revenue \$	0)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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, VIII, VIII, IX, or X as applicable			
	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	1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b		No
	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	11 c		No
	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	I
е	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 and XII	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 and XII is optional	12 b		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, Parts I and IV	14 b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	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		No
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
<u>ь</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued		
Circumst of Recall Ca Scirculates (Contanaea)	Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

4:	Checkinst of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.	24a		No

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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33

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35a

35b

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Yes

Form 990 (2015)

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Page	!

Part V	Statements	Regarding	Other T	RS Filinas	and Tax	Compliance
	Statements	ncgurumg	Other I	No i iiiigs	una ruz	Compilation

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		,			
		Check if Schedule o contains a response of note to any line in this	rait v		• •	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	26		1.05	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did th	L ne organization comply with backup withholding rules for reportable payments to	o vendo	ors and reportable			
٠		ng (gambling) winnings to prize winners?	• •	· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	52			
h	•	s return			2b	Yes	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the ye	ear [?]	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on ın Sc	chedule O	3b		
4a	Atan	y time during the calendar year, did the organization have an interest in, or a si	ignature	e or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		No
h		int)?					140
ь	If "Ye	es," enter the name of the foreign country	k and E	Inancial Accounts			
	(FBAF	· · · · · · · · · · · · · · · · · · ·	K alla i	maneral Accounts			
5a	Wast	he organization a party to a prohibited tax shelter transaction at any time durin	ng the t	ax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		i	5b		No
С	If "Ye	es," to line 5a or 5b, did the organization file Form 8886-T?					
_		o, to mic ou or ob, and the organization more annious of the contract of the c			5 c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		Νo
h	_	ization solicit any contributions that were not tax deductible as charitable cont is," did the organization include with every solicitation an express statement the		ŀ			
		not tax deductible?		· · · ·	6 b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contributi		partly for goods and	7a		Νo
h		ces provided to the payor? .s.," did the organization notify the donor of the value of the goods or services pi		12	7b		
		ne organization sell, exchange, or otherwise dispose of tangible personal proper			70		
•		orm 8282?	• • •		7 c		Νo
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d				
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	ersona	al benefit contract?			
					7e		No
		ne organization, during the year, pay premiums, directly or indirectly, on a perso		ŀ	7 f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the o	rganıza	ation file Form 8899 as	7g		
h	•	organization received a contribution of cars, boats, airplanes, or other vehicles	s, did th	he organization file a	- 3		
		1098-C?	٠		7h		
8		soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	cinacc	holdings at any time			
		g the year?		· · · · ·	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966	,		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		rson?	9b		
10		on 501(c)(7) organizations. Enter	F =	-			
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilit				1		
		on 501(c)(12) organizations. Enter s income from members or shareholders	11a				
		s income from other sources (Do not net amounts due or paid to other sources	110				
		st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lieu	ı of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year		12 b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	e organization licensed to issue qualified health plans in more than one state? N	lote. Se	ee the instructions for			
_		onal information the organization must report on Schedule O	ı		13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		L ne organization receive any payments for indoor tanning services during the tax			14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•	•	14b		

orm	990 (2015)					Page	
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,	
	Check if Schedule O contains a response or note to any line in this Part VI					[
Se	ction A. Governing Body and Management				1		
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	29				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No	
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 pow more members of the governing body?			7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b		No	
8	Did the organization contemporaneously document the meetings held or written active year by the following ${\sf var}$	ons u	ndertaken during the				
а	The governing body?			8 a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No	
Se	ction B. Policies (This Section B requests information about policies not	requ	red by the Internal R	even	ue Cod	e.)	
					Yes	No	
100	Did the organization have local chapters, branches, or affiliates?			100		No	

10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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? . . . Yes 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 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 16a Nο

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,HI,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

16b

- 9 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 during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion :han d on is	one both ecto	box, anı	heck unless officer stee)		(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
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

art VII	Section A. Officers, D	irectors, Trustees,	Key Employees,	and Highest (Compensated E	mployees (continued)	
---------	------------------------	---------------------	----------------	---------------	---------------	----------------------	--

									1	
(A) Name and Title	(B) A verage hours per week (list any hours	er more than one box, unless st person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1033 MISC)	related organizations
See Additional Data Table										
1b Sub-Total						. *				
d Total (add lines 1b and 1c) .	<u> </u>					<u></u>		444,373	0	79,027
2 Total number of individuals (inc	cluding but not l	limited t	o tho	se I	ısted	abov	e) wł	no received more th	ian ——	

- \$100,000 of reportable compensation from the organization \triangleright 3

on line 1a? If "Yes," complete Schedule J for such individual

(A)

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

0,000 of	
anızatıon's tax vear	

(B)

Yes

Yes

3

No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization Report compensation for the calendar year ending with or within the org.

Name and business address	Description of services	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 >

(C)

Form 99		015)						Page 9
Part V	/##1	Statement o						
		Check If Schedu	ule O contains a respons	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a	51,437				
Grants mounts	ь	Membership du	es 1b	429,925				
Ę, G	С	Fundraising eve	ents 1 c	0				
ifts ar /	d	Related organiz	ations 1d	0				
s, G	e	Government grants	s (contributions) 1e	854,338				
tributions, Gifts, Grants Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	5,672,402				
ibur	g	Noncash contribution	ons included in lines	63,527				
Contributions, Gifts, and Other Similar A	h	1a-1f \$ Total. Add lines	s 1a-1f	• • •	7,008,102			
				Business Code				
in in	2a	Admissions		712100	174,503	174,503	ı	0
₹ >	ь	Funds to repair Sno	ow Cat	813312	4,638	4,638	ı	0 0
MC e	c	Build Aplomado Ne		813312	4,000	4,000		0 0
**	d	Raptor Photo Cont		813312	1,699	1,699		0
Program Service Revenue	e f	Education & Consu	im service revenue	813312	2,839	2,839		0 0
₽o₽						0	'	0
			s 2a-2f		187,679			
		and other simila	aramounts)		224,086	0		0 224,086
	4		tment of tax-exempt bond p	· · · .	0	0		0 0
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	.,	, ,				
	ь	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,651,377	3,500				
	ь	Less cost or other basis and	4,375,132	0				
		sales expenses Gain or (loss)	276,245	3,500				
	c d	Net gain or (los	<u> </u>	· ·	279,745	0	i	0 279,745
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding 0 reported on line 1c) e 18					
Other			a penses b					
	9a		loss) from fundraising errom gaming activities e 19	vents >				
	l		penses b	itios				
				ities ▶				
	10a	Gross sales of returns and allo		136,242				
	b c		oods sold b [loss) from sales of inve	84,668 ntory ►	51,574	51,574	1	0 0
	4.4	Miscellaneous		Business Code 900099	11,645	0		0 11,645
	11a b	Rebates & Refu	nas	900099	11,045	0		11,045
	C			+	+			
	d	A II other reven	ue		0	0		0 0
	e	Total. Add lines	s 11a-11d	🕨	11,645			
	12	Total revenue.	See Instructions	•	7,762,831	239,253		0 515,476
		_			.,. 52,031	200,200		1 313, 170

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Form 990 (2015) Page **10** 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) Check if Schedule O contains a response or note to any line in this Part IX . (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 39,950 39,950 Grants and other assistance to domestic individuals See Part IV, line 22 66,268 66,268 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 243,608 243,608 and 16 Benefits paid to or for members n 0 Compensation of current officers, directors, trustees, and 460,914 272,439 134,523 53,952 key employees . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 4,048 4,048 0 0 Other salaries and wages 2,412,431 1,945,240 218,443 248,748 Pension plan accruals and contributions (include section 401(k) 189.365 156.928 11.601 20.836 and 403(b) employer contributions) 273,098 Other employee benefits . 332.150 31.032 28.020 Pavroll taxes 221,955 178,931 21,285 21,739 Fees for services (non-employees) Management . 0 0 0 11,851 11,851 Ω 0 Legal . . 23,100 8,220 14,880 0 Accounting 0 Ω Ω n Lobbying . Professional fundraising services See Part IV, line 17 Ω 0 n 0 Investment management fees . . . 79.380 79.380 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 187.391 175.141 12,250 Advertising and promotion . 7,534 6,384 O 1,150 132,266 88,413 8,876 34,977 Office expenses . .

Conferences, conventions, and meetings .

Depreciation, depletion, and amortization

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Information technology .

Royalties . .

Occupancy .

Interest . . .

Schedule O)

Maintenance

Feed for Birds

Payments to affiliates .

Small Tools and Supplies

Dues, Fees and Books

All other expenses

Payments of travel or entertainment expenses for any federal, state, or local public officials

Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on

69,934 83,836

110.009

167,192

561,300

51.434

300,073

383,905

81,770

78,420

25,650

6,415,525

0

O

O

0

78,510 115,441 115,441

79.532

158,949

481,176

0

C

O

0

8.618

298,788

55,629

374,428

65,972

56,765

12.825

5,244,327

3,048 2,278 0 6,893 2,584 6,901 8,897 11,555 10,100

664,056

7.068

5,717

34,307

42.029

0

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702

13,566

23.409

2,526

45,817

0

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0

0

583

739

507,142

787

12.825

Form 990 (2015)

Par	t X	Balance Sheet					1 age 44
		Check if Schedule O contains a response or note to any lin	e in this	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1 65,485	1	157,243
	2	Savings and temporary cash investments			662,287	2	702,880
	3	Pledges and grants receivable, net			161,799	3	909,313
	4	Accounts receivable, net			41,042	4	130,266
	5	Loans and other receivables from current and former offic	ers, dır	ectors, trustees,			
		key employees, and highest compensated employees Co					
		Schedule L			0	5	0
	_	lana and ather vaccus bloc from ather discustified naves	/	dafinad undar	0	5	0
ts	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see instead of Schedule L	c)(3)(B) ection), and 5 01 (c)(9)			
Assets					0	6	0
As	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			58,894	8	45,255
	9	Prepaid expenses and deferred charges			64,971	9	87,366
	10a	Land, buildings, and equipment cost or other basis	40-	9,774,074			
	ь	Complete Part VI of Schedule D	10a 10b	5,697,754	4,181,156	10c	4,076,320
		Less accumulated depreciation		* *	12,343,730	11	14,057,127
	11 12	Investments—publicly traded securities			12,343,730		14,037,127
	13	Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 .			0	12 13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			2,639,952	15	2,648,952
	16	Total assets.Add lines 1 through 15 (must equal line 34)			20,319,316	16	22.814.722
	17	Accounts payable and accrued expenses			175,963	17	341,364
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	10,925
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV o			0	21	0
Si	22	Loans and other payables to current and former officers,					
bilities		key employees, highest compensated employees, and dis					
<u>.</u>		persons Complete Part II of Schedule L			0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third	parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third pa	rties .		0	24	0
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	d third parties,			
		· · · · · · · · · · · · · · · · · · · ·			0	25	
	26	Total liabilities.Add lines 17 through 25			175,963	26	352,289
		Organizations that follow SFAS 117 (ASC 958), check he	re ▶ 「	and complete			
Ses		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			19, 186, 547	27	20,493,798
Bal	28	Temporarily restricted net assets	• •		856,806	28	1,868,635
뒫	29	Permanently restricted net assets			100,000	29	100,000
Ξ		Organizations that do not follow SFAS 117 (ASC 958), ch	 ack har	e ▶ □and			,
Net Assets or Fund Balances		complete lines 30 through 34.	icca iiei	CF allu			
ţ	30	Capital stock or trust principal, or current funds				30	
5 S E	31	Paid-in or capital surplus, or land, building or equipment	fund .			31	
Ā	32	Retained earnings, endowment, accumulated income, or o	ther fur	nds		32	
Sei	33	Total net assets or fund balances			20,143,353	33	22,462,433
	34	Total liabilities and net assets/fund balances			20.319.316	34	22.814.722

7,762,831

6,415,525

1,347,306

20,143,353

22,462,433

No

Νo

971,774

Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI							. [

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments

Donated services and use of facilities .

Investment expenses Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

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7

8

9

10

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes

Yes Form 990 (2015) **Software ID:** 15000352

Software Version: v1.00

EIN: 23-1969973

Name: PEREGRINE FUND INC

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
Lee M Bass Director	1 0	x						0	0	(
Robert B Berry Director	1 0	x						0	0	C			
Harry L Bettis Director	1 0	×						0	0	(
P Dee Boersma PhD Director	1 0	x						0	0	C			
Tom J Cade PhD Founding Chairman	0	×						0	0	C			
Virginia H Carter Director	0	×						0	0	C			
Robert J Collins Director	0	×						0	0	C			
Robert S Comstock Director	0	×						0	0	C			
Scott A Crozier Director	0	×						0	0	(
Ralph H Duggins Director	0	X						0	0	(

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Dire ntrac	cto: ctor	rs,T s	.ru!	stee	s, K	(ey Employee	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Pos m unles	sition iore t ss pe	(C) than ersoi cer tor/t	not one on is and trust	tee)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization		
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		and related organizations
Caroline A Forgason Director	0	x						0	0	0
James H Enderson Director	0	х						0	0	0
Mark R Fuller Director	0	х						0	0	C
Victor L Gonzalez Director	0	x						0	0	C
Karen J Hixon Director	0	×						0	0	C
Grainger Hunt Director	0	х						0	0	C
Jay L Johnson	1	х						0	0	C
Director	0	'		'	1 '	1 '	1 1	1	1	1

1

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Robert Wood Johnson IV

Ambrose K Monell

Director

Director

Lynn Loacker Director

Form 990. Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ıru	stee	S, F	cey Employe	es, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Ian Newton D Phil D Sc FRS	1	x						0	0	
Director	0	^							0	0
Calen B Offield	1	x							n	
Dırector	0	^						ľ	0	
Lucia Liu Severinghaus PhD	1									
Director	0	X						0	0	C
Catherine A Stevens	1									
		x						0	0	C
Director	0									
R Beauregard Tumer	1	×						0	0	
Dırector	0	^						٠ 		
James D Weaver	1									
Director		X						0	0	C
	0									
Carl E Navarre	'	l			1			_	_	_

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Director

Chairman

Treasurer

Vice-Chairman

Steven P Thompson

Carter R Montgomery

Patricia B Manigault

.....

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	e Highest compensat	(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
Samuel Gary Jr Secretary	1	X		x		स्व	0	0	C
J Peter Jenny President	40 00	x		х			199,685	0	29,994
Russell S Hoeflich President	40	x		×			0	0	C
Rıchard T Watson PhD Vice-President	40	х		×			133,035	0	20,429
•	40			I —	I —				

28,604

Geoffrey Pampush

Development Director

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A**

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-004 Open to Public Inspection

DLN: 93493037013237

Employer identification number

23-1969973

Treasury Internal Revenue Service Name of the organization PEREGRINE FUND INC

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

www.irs.gov/form990.

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

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

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

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

gain or loss from the sale of capital assets (Explain in Part

Total support. Add lines 7

VI)

11

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	4,971,293	4,053,706	4,933,239	4,294,378	7,008,102	25,260,718
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
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	4,971,293	4,053,706	4,933,239	4,294,378	7,008,102	25,260,718
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)						9,005,256
6 Public support. Subtract line 5 from line 4						16,255,462
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
7 A mounts from line 4	4,971,293	4,053,706	4,933,239	4,294,378	7,008,102	25,260,718
8 Gross income from interest,						

(or fiscal year beginning in) ▶	X -7	\- /	V-7		\-7	(-7
7 A mounts from line 4	4,971,293	4,053,706	4,933,239	4,294,378	7,008,102	25,260,718
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	223,847	223,734	198,789	210,913	224,111	1,081,394
Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include						

- 26,342,112 through 10 Gross receipts from related activities, etc (see instructions) 12 1,895,213 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,
- check this box and stop here

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 Schedule A, Part II, line 14	15	68 608 %
14	Public support percentage for 2015 (fine 6, column (1) divided by fine 11, column (1))	14	61 /09 %

- 16a 33 1/3% support test 2015. 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 - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
- box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
- organization b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
- supported organization 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	ı					
	not include any "unusual grants")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is form	or the organization	n'e firet eacond	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and stop here	or the organization	on a mac, accond,	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · -	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> - </u>	(5)		
17	Investment income percentage for 2				nn (f))	17	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2015. If the	_					
	more than 33 1/3%, check this box						▶ [
D	33 1/3% support tests—2014. If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu SEC	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V)

	It of Part I, complete Sections A and C If you checked IIC of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u cnec	кеатт	аогра
Se	ection A. All Supporting Organizations			
	,, ,		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?	4 c		
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
h	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		····	····
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		ı	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) (2015

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SCHEDULE D (Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

DLN: 93493037013237

Employer identification number Name of the organization PEREGRINE FUND INC 23-1969973 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

In Part XIII, 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

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

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

- If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1

(B)(i) and section 170(h)(4)(B)(ii)?

- 2,648,952 (ii) Assets included in Form 990, Part X
- 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 (ASC 958) relating to these items
- - Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of	Art, His	toric	al Tre	asures, or	Other Similar A	ssets		
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other re	cords, ch	neck ar	y of the	e following tha	t are a significant us	se of its		
а		Public exhibition		d	Г	Loan o	r exchange pro	ograms			
b	√	Scholarly research		e	√	Other	Raptor Educa	tion			
c	✓ Preservation for future generations										
4	Provi Part	ide a description of the organization XIII	's collections and ex	kplaın hov	v they	further	the organizatio	on's exempt purpose	e in		
5		ng the year, did the organization sol ts to be sold to raise funds rather th							s √ No		
Pai	rt IV	Escrow and Custodial Arra Complete if the organization		n Form	990 E	art IV	line 9 or re	<u>'</u>			
		Part X, line 21.	answered les o	11 1 011111	550, F	aitiv	, iiile 5, 01 10	eported an amou	it on rollin 550,		
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	ermediary	for cor	ntributi	ons or other as	ssets not	s No		
b	Τf	"Yes," explain the arrangement in P	Part VIII and comple	te the fol	lowing	table		Δn	nount		
c		ginning balance	art XIII and comple	ite the for	lowing	table	1	c	iount.		
d		Iditions during the year					<u> </u>	d			
e		stributions during the year					<u> </u>	e			
f		ding balance					1				
2a		he organization include an amount o	on Form 990, Part X.	. line 21.	for esc	row or o	ـــــا custodial acco	unt liability? 🗆 🗸	s No		
								•	·		
b		es," explain the arrangement in Par									
Ра	rt V	Endowment Funds. Comple						· · · · · · · · · · · · · · · · · · ·			
	Beau	nning of year balance	(a)Current year 12,312,618	(b) Prio 1	.3,629,7)Two years back 12,707,650	(d)Three years back 11,388,198	(e)Four years back 10,002,833		
b	_	ributions	1,028,680		16,9	_	62,281	154,085	36,373		
c	Net i losse	nvestment earnings, gains, and	1,471,297		-584,5	53	1,531,453	1,748,679	1,929,953		
d	Gran	ts or scholarships	10,000		21,5	07	14,800	10,000	13,204		
е		r expenditures for facilities programs 	646,000		645,5	04	574,000	500,000	500,000		
f	Adm	inistrative expenses	79,380		82,5	19	82,805	73,312	67,757		
g	End o	of year balance	14,077,215	1	.2,312,6	18	13,629,779	12,707,650	11,388,198		
2	Provi	ı Ide the estımated percentage of the	current year end ba	lance (lın	e 1 g, c	olumn	(a)) held as	•			
а		d designated or quasi-endowment ▶		•	5,		. ,,				
b		anent endowment ► 0 71 %									
c	Temp	oorarily restricted endowment >	0 %								
3a		percentages on lines 2a, 2b, and 2c here endowment funds not in the po			that ar	e held a	and administer	ed for the			
	_	nization by						_ <u></u>	Yes No		
		nrelated organizations				•			a(i) No a(ii) No		
b		es" on 3a(II), are the related organi		uıred on S	 Schedu	le R?			3b		
4	Desc	ribe in Part XIII the intended uses	of the organization's	endowm	ent fun	ds			<u> </u>		
Pai	rt VI	Land, Buildings, and Equip		_			=				
		Complete if the organization Description of property	answered 'Yes' to	Form 9	90, Pa (a)		line 11a.See	Form 990, Part >			
		Description of property		Co		ner basıs			(w)book value		
1 a	Land					(1,513	,000	1,513,000		
b	Buildir	ngs		· ·		(4,633	,103 2,837,3	75 1,795,728		
		hold improvements		·				.518 732,4	<u> </u>		
d	Equipr	ment		.		(1,196	,383 985,4	80 210,903		

448,620

4,076,320

1,142,450

. . >

1,591,070

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII	Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the orga	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
	(a) Description of security or category		(b)Book value	(c)Method of valuation
(1)Financia	(including name of security) Il derivatives			Cost or end-of-year market value
	-held equity interests			
(3) 0 ther				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related.			
	Complete if the organization answered '	Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				,
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization		n Form 990, Part IV, line 1	
(1) Collect	(a) Descriptions - Archives of Falconry	otion		(b) Book value 2,648,952
(1) 00000	· · · · · · · · · · · · · · · · · · ·			2/0/0/502
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)		▶ 2,648,952
Part X	Other Liabilities. Complete if the organ	nization answer	ed 'Yes' on Form 990, P	art IV, line 11e or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) Book valu	le l	
Federal inc	ome taxes			
		1		
Total (Calum	nn (b) must equal Form 990, Part X, col (B) line 25)			

1

8,673,993

Schedule D (Form 990) 2015

1

t unrealized gains (losses) of nated services and use of factoveries of prior year grants ther (Describe in Part XIII) of lines 2a through 2d	cilities	ne 12, but 090, Part V equal Forr r Auditer ered 'Yes	not on line 'III, line 7b n 990, Part d Financi	1 	12) atem			2e 3	990,542 7,683,451
coveries of prior year grants her (Describe in Part XIII) d lines 2a through 2d btract line 2e from line 1 . nounts included on Form 990 vestment expenses not includer (Describe in Part XIII) d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of Ex Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	Ac.(This must ization answer and ited finances and ited finances not on Form 9	ne 12, but 990, Part V equal Forr r Auditer ered 'Yes	not on line 'III, line 7b n 990, Part d Financi	1 	2c 2d		79,380	3 4c	7,683,451
ther (Describe in Part XIII) d lines 2a through 2d btract line 2e from line 1 . hounts included on Form 990 vestment expenses not includer (Describe in Part XIII) d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of Ex Complete if the organ tal expenses and losses per hounts included on line 1 but nated services and use of fa	Ac.(This must penses per sation answard) and the finances remarks and the finances remarks and the finances remarks and the finances remarks and the finances remarks and the finances remarks and the finances remarks and the finances remarks and the finances remarks and the finances remarks and the finances remarks are the finances remarks and the finances remarks are the finances remarks and the finances remarks are the finances remarks and the finances remarks are the finances remarks and the finances remarks are t	ne 12, but 990, Part V equal Forr r Audite ered 'Yes	not on line III, line 7b n 990, Part d Financi	1 	2d		79,380	3 4c	7,683,451
d lines 2a through 2d btract line 2e from line 1 nounts included on Form 990 (restment expenses not includer (Describe in Part XIII) d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of ExComplete if the organital expenses and losses per nounts included on line 1 but nated services and use of face	Ac.(This must penses pe	ne 12, but 090, Part V equal Forr r Audite ered 'Yes	not on line 'III, line 7b n 990, Part d Financi	1 	4a 4b		79,380	3 4c	7,683,451
btract line 2e from line 1 . nounts included on Form 990 vestment expenses not includer (Describe in Part XIII) d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of Ex Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	Ac.(This must penses pe	ne 12, but 290, Part V equal Forr r Audite ered 'Yes	not on line 'III, line 7b n 990, Part d Financi ' on Form	1 	4b 12)		0	3 4c	7,683,451
nounts included on Form 990 vestment expenses not included on Part XIII) d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of Ex Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	y, Part VIII, Indeed on Form 9	ne 12, but 290, Part V equal Forr r Auditer ered 'Yes	not on line 'III, line 7b n 990, Part d Financi ' on Form	1 	4b 12)		0	4c	
her (Describe in Part XIII) d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of Ex Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	ded on Form 9 4c.(This must rpenses per reaction answer audited finance root on Form 9	990, Part V equal Forr r Audite ered 'Yes	III, line 7b n 990, Part d Financi	I, line ial Sta 990,	4b 12)		0		
her (Describe in Part XIII) d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of Ex Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	4c.(This must penses pe	equal Forr r Audite ered 'Yes	n 990, Part d Financi ' on Form	I, line ial Sta 990,	4b 12)		0		
d lines 4a and 4b tal revenue Add lines 3 and Reconciliation of ExComplete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of face	4c.(This must penses per ization answ audited finance not on Form 9	equal Form r Audite ered 'Yes	 n 990, Part d Financi ' on Form	I, line i al St a 990,	12) atem		-		
Reconciliation of Ex Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	4c.(This must spenses per ization answ audited finance not on Form 9	equal Forn r Audite ered 'Yes cial statem	n 990, Part d Financi ' on Form	I, line ial Sta 990,	12) atem				
Reconciliation of Ex Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	penses per ization answ audited finance not on Form 9	r Audite ered 'Yes cial statem	d Financi ' on Form	i al St a 990,	atem				79,380
Complete if the organ tal expenses and losses per nounts included on line 1 but nated services and use of fa	ization answ audited financ not on Form 9	ered 'Yes	on Form	990,				5	7,762,831
tal expenses and losses per nounts included on line 1 but nated services and use of fa	audited finance not on Form 9	cial statem			D~ v+ T1			s per	Return.
nounts included on line 1 but nated services and use of fa	not on Form 9		ents				•	1 .	T
nated services and use of fa				•				1	6,354,913
	cilities	•	•		1 -	I			
oryearadjustments				•	2a		18,768		
					2b		0		
herlosses					2c		0		
her (Describe in Part XIII)					2d		0		
d lines 2a through 2d							•	2e	18,768
btract line 2e from line 1 .					•		•	3	6,336,145
nounts included on Form 990	•	•				ì			
· •		-	-						
her (Describe in Part XIII)					4b		0		
					-		•	4 c	79,380
tal expenses Add lines 3 ar	d 4c. (This mu	ist equal Fo	orm 990, Pa	art I, lı	ne 18)		5	6,415,525
Supplemental Info	ormation								
ne descriptions required for	Part II, lines 3								ide any additional
Return Reference			Explana	ation					
), Part III, Line 4	programs incl over 4,000 ye practitioners prey, starting have been dur relationships relationships the absence of	luded in the ears It was to found ar with the P e in large p with these have been of any focus	e mission stanting that sport of establish eregrine Falart to the industrial birds throunded to the documente sed effort to	tateme t's histo The P Icon T ntimate gh the o prese	nt The ory and eregrir heir su e insigh ir pract undred rve rec	e worldwide of interaction of the Fund to reduce the Fund to reduce the Fund for the Fundament of the Fundam	cultural heri n with raptors estore endar rescuing tha nal understa nry While su this valuable oners and th	tage o s that ngered at and anding ich fali e histo neir ke	f falconry extends back led modern populations of birds of subsequent species derived from their coners' interactions and ry was being lost due to y roles in raptor
t t	restment expenses not includer (Describe in Part XIII) d lines 4a and 4b	restment expenses not included on Form Siner (Describe in Part XIII)	restment expenses not included on Form 990, Part Viner (Describe in Part XIII)	restment expenses not included on Form 990, Part VIII, line 7th part (Describe in Part XIII)	restment expenses not included on Form 990, Part VIII, line 7b. Ther (Describe in Part XIII)	restment expenses not included on Form 990, Part VIII, line 7b	restment expenses not included on Form 990, Part VIII, line 7b	restment expenses not included on Form 990, Part VIII, line 7b	ner (Describe in Part XIII)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . .

Schedule D (Form 990) 2015		Page 5								
Part XIII Supplemental Information (continued)										
Return Reference	Explanation									

efile GRAPHIC pri	nt - DO NOT PR	OCESS	As Filed Dat	ta -	DLN:	93493037013237	
SCHEDULE F (Form 990)	Statem	ent of	Activities C	Outside the Unit	ed States	OMB No 1545-0047	
Department of the Treasury Internal Revenue Service		•	Part IV, line : ► Attach to	n answered "Yes" to Form L4b, 15, or 16. o Form 990. nd its instructions is at <i>w</i>		2015 Open to Public Inspection	
Name of the organizatio PEREGRINE FUND INC					Employer ident 23-1969973	ification number	
				ne United States. orm 990, Part IV, line	14b.		
and other assist used to award th For grantmaker assistance outsi	ance, the grante ne grants or assis s. Describe in Pa de the United Sta	es'eligibil stance? rt V the oi ates	ity for the grar ganization's p	s to substantiate the ofts or assistance, and often or assistance, and often of the	the selection criteria	√ Yes No ts and other	
(a) Region		Number of fices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region	
(1) See Add'l Data			region	regiony			
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuto Part I c Totals (add lines		3		•	No 50082W Sched	1,301,357 ule F (Form 990) 2015	

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		North America (including Canada and Mexico, but not the United States)	Gyrfalcon Population Study	10,000	Wire Transfer	0		
(2)		Sub-Saharan Africa	A frican Raptor Database	5,169	Wire Transfer	0		
(3)								
(4)								
			ed above that are re			ountry, recognized a	ıs	1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(a) Type of grant or	(b) Region	(c) Number of	(d) A mount of	(e) Manner of cash	(f) A mount of	(g) Description	(h) Method of
assistance		recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
,	East Asia and the Pacific	1		Wire Transfer	0		
(2) Kazakhstan Raptors	East Asia and the Pacific	1	<u> </u>	Wire Transfer	0		
(3) Andean Condor Survey	South America	6	25,500	Wire Transfer	0		
(4) Crowned Solitary Eagle	South America	1	5,000	Wire Transfer	0		
Eagle	South America	2	12,000	Wire Transfer	0		
3	South America	1	3,000	Wire Transfer	0		
(7) A plomado Falcons	Central America and the Caribbean	1	2,000	Wire Transfer	0		
(8) Madagascar Student	Sub-Saharan Africa	1	3,742	Cash	0		
	Central America and the Caribbean	1		Wire Transfer	0		
,	North America (including Canada and Mexico, but not the United States)	1		Wire Transfer	0		
(11) Abyssian Owl	Sub-Saharan Africa	1	2,478	Wire Transfer	0		
(12) Kenyan Raptor Survey	Sub-Saharan Africa	1	1,773	Wire Transfer	0		
(13) Uganda Raptor Survey	Sub-Saharan Africa	1	1,484	Wire Transfer	0	- 1	
(14) Crowned Eagles	Sub-Saharan Africa	1	3,966	Cash	0	- 1	
A frica	Sub-Saharan Africa	1	495	Cash	0		
(16) African Raptor Database	,Sub-Saharan Africa	1	5,169	Wire Transfer	0		
	Europe (including Iceland and Greenland)	1	5,000	Wire Transfer	0		
(18)	,			<u> </u>			

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation			
Schedule F, Part I, Line 2	Grantees are required to submit a w ritten progress report at least every 6 months w hich is review ed 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 w ho will visit most grant recipients in-country to provide training, support, monitoring and evaluation of progress.			

Additional Data

Central America and the

Central America and the

Carıbbean

Caribbean

Software ID: 15000352

Software Version: v1.00

EIN: 23-1969973

Name: PEREGRINE FUND INC

Grantmaking

Conservation

166,000

258,418

Form 990 Schedule F Part I - Activities Outside The United States

0

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Conservation	1,043

Grantmaking

Program Services

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) South America Grantmaking Grantmaking 35,500 South America Program Services Conservation 132,820

lGrantmakınd

lGrantmakınd

19.108

Form 990 Schedule F Part I - Activities Outside The United States

Sub-Saharan Africa

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Sub-Saharan Africa Program Services 625,434 IConservation. South Asia IProgram Services Conservation 18,770 North America (including Grantmaking Grantmakınd 10,000

Form 990 Schedule F Part I - Activities Outside The United States

Canada and Mexico, but not

the United States)

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) North America (including Program Services 18,264 |Conservation Canada and Mexico, but not the United States) Fast Asia and the Pacific 11,000 lGrantmakınd lGrantmakınd

Grantmaking

Grantmaking

5,000

Form 990 Schedule F Part I - Activities Outside The United States

Europe (including Iceland

and Greenland)

Schedule I
(Form 990)

Grants and C
Governments
Complete if the organiza

Treasury

Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493037013237

Open to Public Inspection

Employer identification number

PEREGRINE FUND INC						23-1969973	23-1969973		
Part I General Informati	on on Grants an	d Assistance							
	award the grants or a zation's procedures tance to Domestic O	ssistance? for monitoring the use	of grant funds in the Urestic Governments. Com	nited States		ctance, and orm 990, Part IV, line 2:	✓ Yes N		
that received more than (a) Name and address of organization	(b) EIN	(c) IRC section If applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of gran or assistance		
or government				assistance	(book, FMV, appraisal, other)				
See Additional Data Table									
2 Enter total number of section	 501(c)(3) and goveri	nment organizations li	sted in the line 1 table .			▶	3		
3 Enter total number of other org	ganizations listed in t	the line 1 table	<u></u>	<u> </u>	<u></u> .	<u> ▶ </u> <u> </u>	0		
For Paperwork Reduction Act Notice, s	ee the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015		

Schedule I (Form 990) 2015

Part III can be duplicated if addit		inplete il tile organization	Tanswered Tes On For	m 990, Fait IV, fine 22
(a)Type of grant or assistance	(b)Number of	(c)A mount of	(d)A mount of	(e)Method of valuation (book

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Golden Eagle Territory Occupancy and Reproduction in the vicinity of the Altamont Pass Wind Resource Area	3	43,268	0		
Study of Ecological Determinants of Philornis Fly Infestations in Ridgway's (2) Hawks in Dominican Republic	1	16,000	0		
Part IV Supplemental Informat	ion. Provide the infor	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.

Part IV	Supplemental 1	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
D - t D - f		Fundamental

Explanation

Return Reference 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 Schedule I, Part I, Line 2 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

Additional Data

(a) Name and address of

(b) FIN

Software ID: 15000352 **Software Version:** v1.00

EIN: 23-1969973

Name: PEREGRINE FUND INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization or government	(B) EIN	if applicable	grant	` '	(book, FMV, appraisal, other)	non-cash assistance	or assistance
EarthSpan 7353 Mussel Lane Chincoteague, VA 23336	91-1662610	501(c)3	17,000	0			Peregrine Blood Samples on Padre Island, TX
Macal Raptor Center and Avian Sanctuary PO Box 840011 St Augustine,FL 32080	81-2187309	501(c)3	15,000	0			Environmental Education
Univ of North Texas Dept of Biological Sciences 1155 Union Circle 310559 Denton, TX 76203	75-6002149	501(c)3	6,450	0			A plomodo Falcon Genetics

(d) A mount of cash (e) A mount of non- (f) Method of valuation

Schedule J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

DLN: 93493037013237 OMB No 1545-0047

2015

reas	easury						blic n
Na	temal Revenue Service						
PER	EGRINE FUND INC			23-1969973			
Pa	rt I Questi	ons Regarding Compensation		23 1303373			
						Yes	No
1a				ny of the following to or for a person listed on Form ide any relevant information regarding these items			
	First-clas	s or charter travel	~	Housing allowance or residence for personal use			
	▼ Travel for	companions		Payments for business use of personal residence			
	Tax idemi	nification and gross-up payments		Health or social club dues or initiation fees			
	Discretion	nary spending account		Personal services (e g , maid, chauffeur, chef)			
b				on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b		No
2	_	•		ing or allowing expenses incurred by all irector, regarding the items checked in line 1a?	2	Yes	
3	organization's	CEO/Executive Director Check all that	apply	used to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	✓ Compensa	ation committee	Г	Written employment contract			
	<u></u>	ent compensation consultant	Ė	Compensation survey or study	İ	İ	İ
	. Form 990	of other organizations	~	Approval by the board or compensation committee	j	j	Ì
4	During the year or a related org		rt V I I	I, Section A , line 1a with respect to the filing organiza	ation		
а	Receive a seve	rance payment or change-of-control pa	ymeni	t?	4a	Yes	
b	Participate in, o	or receive payment from, a supplementa	Inone	qualified retirement plan?	4b		Νo
c	Participate in,	or receive payment from, an equity-base	ed cor	mpensation arrangement?	4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item in Part III			
5	For persons lis	, 501(c)(4), and 501(c)(29) organizatio ted on Form 990, Part VII, Section A, li contingent on the revenues of		ist complete lines 5-9. I, did the organization pay or accrue any			
а	The organization	on?			5a		Νo
b	Any related org	janization?			5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A, li contingent on the net earnings of	ne 1a	i, did the organization pay or accrue any			
а	The organization	on?			6a		Νo
b	Any related org	ganization?			6 b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A, li lescribed in lines 5 and 6? If "Yes," des		i, did the organization provide any non-fixed in Part III	7		No
8		ints reported on Form 990, Part VII, pai nitial contract exception described in R		accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe			

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

Schedule J (Form 990) 2015

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 J Peter JennyPresident	(i)	199,685	0	0	12,155	18,353	230,193	0
		0						

(ii)

2 Richard T Watson PhD 133.035

12,358 8,585 153,978

Vice-President

Schedule J (Form 990) 2015

and approved by the Board of Directors

Schedule J (Form 990) 2015

Schedule J, Part I, Line 3

Schedule J, Part I, Line 1b

determined to be a bona fide business expense after discussion between the President, Accountant and Bookkeeper Housing Allowance - is per a written agreement negotiated and approved by the Board of Directors Prior to the meeting of the Compensation Committee, the President provides the Chairperson of the committee with an evaluation of the officers under him

Page 3

Schedule J (Form 990) 2015

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 lanswer 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. Members of the Compensation Committee verify that compensation for officers of The Peregrine Fund is in line

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

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 received a housing allowance that is included on the W-2 as taxable income as per the salary agreement negotiated

Companion Travel - there is no written agreement regarding reimbursement of spousal travel expenses. Spousal travel is only paid for when it is

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SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

complete if the organizations answered these on Form 990, Part 1V, lines 29 or 30

► Attach to Form 990.

 \blacktriangleright Information about Schedule M (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$

DLN: 93493037013237OMB No 1545-0047

2015

Open to Public Inspection

lan	nai Revenue Service ne of the organization EGRINE FUND INC				Emplo	yer identificat	ion nu	mber	
CK	EGRINE FOND INC				23-19	69973			
Pä	art I Types of Property								
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	no	(d Method of de oncash contrib	etermı	_	ts
1	Art—Works of art	Х	2	5,300	FV at	acquisition			
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications	Х		23,450	FV at	acquisition			
5	Clothing and household goods								
6	Cars and other vehicles								
7	'								
	Intellectual property		_						
	Securities—Publicly traded .	X	7	172,898	Marke	et Value			
	Securities—Closely held stock .				-				
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
	Collectibles								
	Food inventory				-				
	Drugs and medical supplies .				-				
	Taxidermy				-				
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts				-				
25	O ther ▶ ()	See Additional Data							
26	O ther ▶ ()								
27	O ther ▶ ()								
28	O ther ▶ ()								
29	Number of Forms 8283 received for which the organization comple				29				T
30-	During the year did the erection	tion ross	a by contribution and are	rty reported in Dort I lines	1 +b	urah 20 +b=+		Yes	No
306	During the year, did the organiza					-			
	it must hold for at least three ye				irea to	be used			ነ
	for exempt purposes for the enti						30a		Νo
ł	If "Yes," describe the arrangeme	ent in Part 1	II						ļ
	Does the organization have a gif	·		•			31	Yes	
3 28	Does the organization hire or us contributions?	· ·	ies or related organizations	to solicit, process, or sell	попсая	511			l
					•		32a		Νo
	If "Yes," describe in Part II		un column (a) for a time of	proporty for which column	(-)	booked			l
33	If the organization did not report	. an amount	. iii column (c) for a type of	property for which column	(a) IS C	пескеа,			

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

Additional Data

Software ID: 15000352

Software Version: v1.00

EIN: 23-1969973

Name: PEREGRINE FUND INC

Part	I, Ty	pes of	
Prop	erty,	Lines	25-28

3	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ► (Archival Records)	X	9	800	FV at acquisition
Other►(Supplies / Displays)	X	21	2,764	FV at acquisition
Other►(Equipment)	X	6	8,123	FV at acquisition
Other ▶ (Feed for birds)	X	14	19,115	FV at acquisition
Other ▶ (Bırd for Education <u>Prog</u> ram)	X	1	1,500	FV at acquisition
O ther ▶ (Gift shop - items for resale)	X	2	280	FV at acquisition
Other ► (Miscellaneous)	X	2	2,195	FV at acquisition

SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue

PEREGRINE FUND INC

Supplemental Information to Form 990 or 990-EZ

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

As Filed Data -

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

DLN: 93493037013237

Name of the organization

Treasury

Employer identification number

23-1969973

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The form 990 is prepared in-house by the Accountant It is then review ed by the President, Vice-President, and Director of Operations. The draft 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.
Form 990, Part VI, Section B, Line 12c	Each director, principal officer, and member of a committee with governing board-designate dipowers annually signs a statement which affirms they have received a copy of the Conflicit 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 feder all tax exemption it must engage primarily in activities which accomplish one or more of it sit stax-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 mana gement organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable pur poses and do not result in inurement, impermissible private benefit, or in an excess benefit transaction.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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. Members of the Compensation Committee verify that compensation for officers of The Peregrine Fund is in line.
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 Haw k Lane, Boise, ID 83709. Form 990 and audited financial statements are also available on the wiebsite wild will pregrinefund org