

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE PEREGRINE FUND, INC.		D Employer identification number 23-1969973
	Doing business as		E Telephone number (208) 362-3716
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 13,369,371.
	5668 W FLYING HAWK LANE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BOISE, ID 83709		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CHRIS PARISH SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PEREGRINEFUND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1975 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	69
	6 Total number of volunteers (estimate if necessary)	6	197
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,585,093.	Current Year 9,160,440.
	9 Program service revenue (Part VIII, line 2g)	331,429.	264,666.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,928,546.	1,051,950.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,467.	48,403.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,948,535.	10,525,459.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	445,766.	436,843.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,445,622.	5,066,258.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	797,015.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,342,693.	3,791,216.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,234,081.	9,294,317.
19 Revenue less expenses. Subtract line 18 from line 12	2,714,454.	1,231,142.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 29,195,081.	End of Year 27,550,309.
	21 Total liabilities (Part X, line 26)	755,260.	1,076,524.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,439,821.	26,473,785.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	CHRIS PARISH, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>Richard J. Locastro</i>	Date 2/14/2023	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. 301-951-9090	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO CHANGE THE FUTURE FOR NATURE AND HUMANITY BY CONSERVING BIRDS OF PREY WORLDWIDE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,206,408. including grants of \$) (Revenue \$) RECOVERING THE CALIFORNIA CONDOR IN ARIZONA AND UTAH: CALIFORNIA CONDORS REMAIN CRITICALLY ENDANGERED, AND THE PEREGRINE FUND MANAGES ONE OF THE LARGEST CAPTIVE POPULATIONS IN THE WORLD AT ITS HEADQUARTERS IN BOISE, IDAHO. ONLY 22 INDIVIDUALS EXISTED IN 1982, BUT THROUGH CAPTIVE BREEDING AND RELEASE OF CONDORS TO THE WILD, THERE ARE MORE THAN 500 IN THE WORLD TODAY. TO DATE, WE HAVE RELEASED 238 CONDORS, CONFIRMED 56 WILD-HATCHED YOUNG, AND WITH CONTINUED RELEASES AND CLOSE MANAGEMENT, WE ARE HOLDING STEADY IN OVERALL RESTORATION EFFORTS AND MAKING ANNUAL PROGRESS. A MILESTONE EVENT OCCURRED IN FALL 2019 WHEN THE 1,000TH NESTLING WAS HATCHED. THIS BIRD ALSO BECAME THE FIRST NESTLING TO FLEDGE SUCCESSFULLY FROM ITS NEST AT ZION NATIONAL PARK. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 1,054,202. including grants of \$ 393,423.) (Revenue \$) MADAGASCAR: DUE TO AN IMMENSE DIVERSITY OF ENDEMIC SPECIES AND RAPID RATES OF HABITAT LOSS, MADAGASCAR IS ONE OF THE WORLD'S HIGHEST CONSERVATION PRIORITIES. THE PEREGRINE FUND'S MADAGASCAR PROGRAM HAS REDISCOVERED 3 ENDANGERED SPECIES, CREATED FOUR NATIONAL PROTECTED AREAS (PA) TOTALING 189,036 HECTARES (467,118 ACRES), ASSISTED 29 LOCAL COMMUNITY ASSOCIATIONS SURROUNDING THE PAS AND HAS PROVIDED FINANCIAL SUPPORT, TRAINING AND EDUCATIONS FOR TWO POST-DOCTORATE DEGREES, 10 DOCTORAL DEGREES, 69 MASTER OF SCIENCE-EQUIVALENT DEGREES AND 21 BACHELOR OF SCIENCE DEGREES TO MALAGASY UNIVERSITY STUDENTS. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 587,804. including grants of \$) (Revenue \$ 395,918.) EDUCATION AT THE PEREGRINE FUND'S WORLD CENTER FOR BIRDS OF PREY: EDUCATION IS A CORNERSTONE OF OUR CONSERVATION PHILOSOPHY AT THE PEREGRINE FUND AND THE WORLD CENTER FOR BIRDS OF PREY IS THE CENTRAL HUB OF EDUCATION ACTIVITY. A KNOWLEDGEABLE AND INSPIRED CITIZENRY IS KEY TO SOLVING MYRIAD ENVIRONMENTAL ISSUES. BIRDS OF PREY ARE INHERENTLY INTERESTING TO ANY AUDIENCE, AND THROUGH OUR UNIQUE PROGRAMMING PEOPLE LEARN TO VALUE RAPTORS AND THE LANDSCAPES UPON WHICH THEY RELY. CONSTRUCTION WAS AGAIN DISRUPTIVE TO OUR SUMMER OPERATIONS IN FY22, BUT DESPITE THIS, ENGAGEMENT CONTINUES TO INCREASE POST PANDEMIC. THROUGH OUR FREE SCHOOL FIELD-TRIP PROGRAMMING, WE DIRECTLY INTERFACE WITH MORE THAN 5,000 CHILDREN ANNUALLY, POSITIVELY TRANSFORMING ATTITUDES, BEHAVIOR, AND VALUES. (CONTINUED ON SCH. O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,432,952. including grants of \$ 43,420.) (Revenue \$)

4e Total program service expenses 7,281,366.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 33; 1b Enter the number of voting members included on line 1a... 32; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CRAIG A. LOCHNER - (208)362-3716 5668 W FLYING HAWK LANE, BOISE, ID 83709

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD WATSON PRESIDENT & CEO (UNTIL 8/21)	40.00	X		X			211,545.	0.	33,850.	
(2) GEOFFREY PAMPUSH SR. VP POLICY & PHILANTHROPY	40.00				X		149,249.	0.	26,371.	
(3) CHRIS PARISH PRESIDENT & CEO (FROM 10/21)	40.00	X		X			111,462.	0.	19,148.	
(4) DALE HALE INTERIM PRES. (8/21-10/21)	40.00			X			55,693.	0.	0.	
(5) CARTER MONTGOMERY CHAIRMAN	1.00	X		X			0.	0.	0.	
(6) SCOTT CROZIER VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(7) TIM WILCOMB TREASURER	1.00	X		X			0.	0.	0.	
(8) SAM GARY JR. SECRETARY	1.00	X		X			0.	0.	0.	
(9) LEE BASS CHAIRMAN EMERITUS	1.00	X					0.	0.	0.	
(10) ROBERT BERRY DIRECTOR	1.00	X					0.	0.	0.	
(11) HARRY BETTIS DIRECTOR	1.00	X					0.	0.	0.	
(12) L. MICHAEL BOGERT DIRECTOR	1.00	X					0.	0.	0.	
(13) ANNE BROWN DIRECTOR (FROM 5/22)	1.00	X					0.	0.	0.	
(14) VIRGINIA CARTER DIRECTOR	1.00	X					0.	0.	0.	
(15) ROBERT COMSTOCK DIRECTOR	1.00	X					0.	0.	0.	
(16) CAROLINE FORGASON DIRECTOR	1.00	X					0.	0.	0.	
(17) KAREN HIXON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GRAINGER HUNT DIRECTOR	1.00	X						0.	0.	0.
(19) J. PETER JENNY DIRECTOR (FROM 11/21)	1.00	X						0.	0.	0.
(20) JAY L. JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(21) DIRK KEMPTHORNE DIRECTOR	1.00	X						0.	0.	0.
(22) THERESE LAWLESS DIRECTOR	1.00	X						0.	0.	0.
(23) STEVE LAWRENCE DIRECTOR	1.00	X						0.	0.	0.
(24) CAROLYNN LOACKER DIRECTOR	1.00	X						0.	0.	0.
(25) HELEN MACDONALD DIRECTOR	1.00	X						0.	0.	0.
(26) WILLIAM MCGEE DIRECTOR (FROM 5/22)	1.00	X						0.	0.	0.
1b Subtotal								527,949.	0.	79,369.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								527,949.	0.	79,369.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JORDAN-WILCOMB CONSTRUCTION 406 S 6TH STREET, BOISE, ID 83702	CONSTRUCTION SERVICES	291,700.
MATTESON SCULPTURE 1117 OVERHULSE RD. NW, OLYMPIA, WA 98502	DEVELOPMENT & PRODUCTION OF BRONZE	159,934.
MISSION CRITICAL EVENTS, INC. 800 W MAIN ST., STE. 1460, BOISE, ID 83702	FUNDRAISING FOR EDUCATION CENTER	151,530.
WAGENINGEN UNIVERSITY 6708 PB, WAGENINGEN, NETHERLANDS	INDEPENDENT SERVICES CONTRACT FOR KENYA	108,979.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like ALFREDO MIGUEL, AMBROSE MONELL, S. REID MORIAN, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,083,546.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,704,494.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,372,400.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 163,057.				
	h Total. Add lines 1a-1f			9,160,440.			
Program Service Revenue	2 a ADMISSIONS	Business Code					
		900099	259,596.	259,596.			
	b FEES/REGISTRATION	900099	4,753.	4,753.			
	c ARCHIVES ADMIN FEE	900099	317.	317.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			264,666.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			331,026.		331,026.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				3,428,617.			
	b Less: cost or other basis and sales expenses	7b	2,707,693.				
	c Gain or (loss)	7c	720,924.				
d Net gain or (loss)			720,924.		720,924.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	267,471.					
b Less: cost of goods sold	10b	136,219.					
c Net income or (loss) from sales of inventory			131,252.	131,252.			
Miscellaneous Revenue	11 a ARCHIVES MGMT. FEE	Business Code					
		900099	31,300.			31,300.	
	b OTHER REVENUE	900099	4,732.			4,732.	
	c RRF MEETING REIMBURSEMENT	900099	-118,881.			-118,881.	
	d All other revenue						
e Total. Add lines 11a-11d			-82,849.				
12 Total revenue. See instructions			10,525,459.	395,918.	0.	969,101.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	239,413.	239,413.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,742.	42,742.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	154,688.	154,688.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	301,752.	30,175.	120,701.	150,876.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,731,100.	2,957,917.	413,757.	359,426.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	270,731.	217,757.	28,717.	24,257.
9 Other employee benefits	449,020.	340,517.	56,243.	52,260.
10 Payroll taxes	313,655.	234,048.	40,879.	38,728.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,436.	239.	8,197.	
c Accounting	52,271.	3,671.	48,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	113,340.		113,340.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	584,094.	457,662.	99,377.	27,055.
12 Advertising and promotion				
13 Office expenses	238,476.	166,425.	66,433.	5,618.
14 Information technology	245,485.	135,520.	51,094.	58,871.
15 Royalties				
16 Occupancy	165,723.	150,408.	13,095.	2,220.
17 Travel	542,751.	477,327.	11,201.	54,223.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	93,855.	60,139.	33,248.	468.
20 Interest	13,478.		13,478.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	318,811.	316,752.	1,287.	772.
23 Insurance	170,336.	105,162.	65,174.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOREIGN MNGD. PROG. SVC	503,463.	503,463.		
b SMALL TOOLS & SUPPLIES	291,842.	282,093.	7,740.	2,009.
c FEED	176,011.	176,011.		
d VEHICLE EXPENSE	112,953.	111,943.	1,010.	
e All other expenses _____	159,891.	117,294.	22,365.	20,232.
25 Total functional expenses. Add lines 1 through 24e	9,294,317.	7,281,366.	1,215,936.	797,015.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	82,325.	38,043.	0.	44,282.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,434,469.	1	667,808.
	2 Savings and temporary cash investments	1,092,030.	2	920,168.
	3 Pledges and grants receivable, net	2,057,913.	3	1,432,505.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	59,495.	8	57,304.
	9 Prepaid expenses and deferred charges	209,595.	9	164,255.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,280,586.		
	b Less: accumulated depreciation	10b 6,128,239.	10c	7,152,347.
	11 Investments - publicly traded securities	19,995,799.	11	17,155,922.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,195,081.	16	27,550,309.	
Liabilities	17 Accounts payable and accrued expenses	660,066.	17	971,729.
	18 Grants payable		18	
	19 Deferred revenue	95,194.	19	104,795.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	755,260.	26	1,076,524.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,252,252.	27	19,851,685.
	28 Net assets with donor restrictions	5,187,569.	28	6,622,100.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,439,821.	32	26,473,785.
	33 Total liabilities and net assets/fund balances	29,195,081.	33	27,550,309.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,525,459.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,294,317.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,231,142.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,439,821.
5	Net unrealized gains (losses) on investments	5	-3,197,178.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,473,785.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income.
11 An organization organized and operated exclusively to test for public safety.
12 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).
a 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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e 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.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5883450.	7268206.	7231375.	8585093.	9160440.	38128564.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5883450.	7268206.	7231375.	8585093.	9160440.	38128564.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5559342.
6 Public support. Subtract line 5 from line 4.						32569222.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5883450.	7268206.	7231375.	8585093.	9160440.	38128564.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	237,940.	275,092.	262,895.	258,791.	331,026.	1365744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,535.				36,032.	59,567.
11 Total support. Add lines 7 through 10						39553875.
12 Gross receipts from related activities, etc. (see instructions)					12	2,315,425.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	82.34 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.02 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	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):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

THE PEREGRINE FUND, INC.

Employer identification number

23-1969973

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,030,415.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE PEREGRINE FUND, INC. **Employer identification number** 23-1969973

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

9 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 the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,995,799.	16,825,723.	15,253,093.	15,288,452.	15,295,012.
b Contributions	361,003.	1,051,170.	196,175.	211,089.	22,378.
c Net investment earnings, gains, and losses	-2,147,006.	2,962,746.	2,138,934.	544,766.	2,232,466.
d Grants or scholarships	19,237.		13,893.		
e Other expenditures for facilities and programs	843,147.	721,492.	676,945.	703,259.	2,176,753.
f Administrative expenses	113,315.	122,348.	71,644.	87,952.	84,651.
g End of year balance	17,234,097.	19,995,799.	16,825,723.	15,253,096.	15,288,452.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.4000 %
 - b Permanent endowment .6000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,513,000.		1,513,000.
b Buildings		4,937,387.	3,366,872.	1,570,515.
c Leasehold improvements				
d Equipment		2,844,171.	2,005,310.	838,861.
e Other		3,986,028.	756,057.	3,229,971.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,152,347.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	7,535,792.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,197,178.	
b	Donated services and use of facilities	2b	320,851.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-2,876,327.	
3	Subtract line 2e from line 1	3	10,412,119.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	113,340.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	113,340.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,525,459.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	9,501,828.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	320,851.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	320,851.	
3	Subtract line 2e from line 1	3	9,180,977.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	113,340.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	113,340.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,294,317.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE BOARD OF DIRECTORS ESTABLISHED THE ENDOWMENT FUND AND THE RELATED PAYOUT POLICY THAT ALLOWS THE PEREGRINE FUND TO USE A PORTION OF THE ENDOWMENT BALANCE EACH YEAR TOWARDS OPERATING EXPENSES INCLUDING BOTH SUPPORTING SERVICES AND PROGRAM SERVICES AS NEEDED. THE BOARD OF DIRECTORS SET UP THE WILLIAM A BURNHAM MEMORIAL FUND AS PART OF THE ENDOWMENT, WHICH PROVIDES FOR GRANTS TO BE PAID BASED UPON THE RECOMMENDATION OF THE MEMORIAL FUND'S COMMITTEE MEMBERS. A PERMANENT ENDOWMENT WAS CREATED IN 2013 AS A RESULT OF A DONATION RECEIVED THAT WAS RESTRICTED AS TO ITS USE IN PERPETUITY TO SUPPORT THE VELMA MORRISON INTERPRETIVE CENTER.

ADDITIONAL ENDOWMENTS INCLUDED ON SCHEDULE D ARE AS FOLLOWS:

Part XIII Supplemental Information (continued)

THE EDUCATION ENDOWMENT WAS ESTABLISHED IN 2015, AND IS SET UP TO SUPPORT EDUCATIONAL ACTIVITIES GLOBALLY.

THE TOM CADE ENDOWMENT WAS ESTABLISHED IN 2018 IN MEMORY OF THE FOUNDER OF THE PEREGRINE FUND. ITS PURPOSE IS TO SUPPORT SCIENCE, SPECIFICALLY TO SUPPORT THE GLOBAL RAPTOR IMPACT NETWORK.

THE STEVE THOMPSON MEMORIAL ENDOWMENT WAS ESTABLISHED IN 2019 IN MEMORY OF A BOARD PRESIDENT. THIS IS A SCHOLARSHIP FUND TO AWARD PEOPLE ACHIEVING PRACTICAL CONSERVATION SOLUTIONS.

THE EXPANSION ENDOWMENT WAS ESTABLISHED IN 2019 AS FUNDS WERE BEING RAISED FOR THE CURRENT EXPANSION PROJECT. THE INTENT WAS IS TO PROVIDE FUNDS FOR THE MAINTENANCE OF THE FACILITY AND GROWTH IN PROGRAMMING.

PART X, LINE 2:

FOR THE YEAR ENDED SEPTEMBER 30, 2022, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **THE PEREGRINE FUND, INC.** Employer identification number **23-1969973**

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	36	PROGRAM SERVICES	CONSERVATION	881,102.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		16,918.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTMAKING		50,000.
NORTH AMERICA	0	0	GRANTMAKING		17,335.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	CONSERVATION	1,228.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		7,300.
SOUTH AMERICA	0	3	PROGRAM SERVICES	CONSERVATION	151,509.
SOUTH AMERICA	0	0	GRANTMAKING		20,000.
3 a Subtotal	0	39			1,145,392.
b Total from continuation sheets to Part I	1	47			1,547,092.
c Totals (add lines 3a and 3b)	1	86			2,692,484.

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

Schedule F (Form 990) 2021

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
SUB-SAHARAN AFRICA	1	47	PROGRAM SERVICES	CONSERVATION	1,503,076.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		43,135.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CONSERVATION	881.
Totals	1	47			1,547,092.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FALCON RESEARCH ZIMBABWE	6,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA BIRDS OF PREY	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	JACSEH GRANT	16,918.	WIRE	0.		

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

3 Enter total number of other organizations or entities **0**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
POLAR RAPTORS STUDY	MIDDLE EAST AND NORTH AFRICA	1	50,000.	WIRE	0.		
EDUCATION STUDIES, CONDORS, VULTURES, SCAVENGERS	SOUTH AMERICA	5	20,000.	WIRE	0.		
MEXICAN APLO STUDY	NORTH AMERICA	1	17,335.	WIRE	0.		
HOODED VULTURE GRANT	SUB-SAHARAN AFRICA	1	4,000.	WIRE	0.		
SECRETARY BIRD STUDY	SUB-SAHARAN AFRICA	1	5,000.	WIRE	0.		
VULTURE POISONING	SUB-SAHARAN AFRICA	1	18,135.	WIRE	0.		
KAZAKHSTAN STUDIES	RUSSIA AND THE NEWLY INDEPENDENT STATES	1	7,300.	CHECK	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SUBMIT A WRITTEN PROGRESS REPORT AT LEAST EVERY 6 MONTHS WHICH IS REVIEWED AND ACCEPTED BY THE STAFF MEMBER IN CHARGE OF THE PROGRAM. THE RECIPIENT OF THE GRANT IS UNDER SUPERVISION AND TRAINING BY A PEREGRINE FUND PROJECT DIRECTOR WHO WILL VISIT MOST GRANT RECIPIENTS IN-COUNTRY TO PROVIDE TRAINING, SUPPORT, MONITORING, AND EVALUATION OF PROGRESS.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE PEREGRINE FUND, INC.** Employer identification number **23-1969973**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MISSION CRITICAL EVENTS, INC. 800 W. MAIN STREET. STE 1460,	FUNDRAISING FOR EDUCATION CENTER EXPANSION PROJECT		X	0.	151,530.	-151,530.
Total					151,530.	-151,530.

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, HI, ID, IL, KS, WY, WA, VA, UT, TX, TN, SC, RI, PR, PA, OR, OK
OH, NC, NY, NM, NJ, NH, MO, MS, MN, MI, MA, MD, ME, KY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER:

MISSION CRITICAL EVENTS, INC. 800 W. MAIN STREET. STE 1460, BOISE IDAHO 837

(I) ADDRESS OF FUNDRAISER: 800 W. MAIN STREET, STE 1460, BOISE, ID 83702

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE PEREGRINE FUND, INC.** Employer identification number **23-1969973**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EARTHSPAN 7353 MUSSEL LANE CHINCOTEAGUE, VA 23336	91-1662610	501(C)(3)	15,000.	0.			COLLECTING BLOOD SAMPLES FROM PEREGRINE FALCONS ON PADRE ISLAND, TX TO TEST FOR PRESENCE OF LEAD
METRO (OREGON ZOO) PO BOX 4500 UNIT 20 PORTLAND, OR 97208	93-0636311	GOV'T	98,200.	0.			FEDERAL GRANT PASS THRU, NORTH AMERICAN LEAD PROGRAM
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-0290701	501(C)(3)	112,510.	0.			GRAD STUDENT FOR APLO PROJECT IN TEXAS, RESEARCH FOR AMERICAN KESTREL PARTNERSHIP, AND

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

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS TO STUDY EFFECTS OF HURRICANE DAMAGE TO PUERTO RICAN SHARP-SHINNED HAWK POPULATION	4	21,122.	0.		
GRANTS TO STUDY EFFECTS OF HURRICANE DAMAGE TO PUERTO RICAN BROAD WING HAWK POPULATION	4	15,370.	0.		
STUDY ARCTIC GYRFALCON POPULATION	1	6,250.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SUBMIT WRITTEN PROGRESS REPORTS AT LEAST EVERY 6 MONTHS WHICH ARE REVIEWED AND ACCEPTED BY THE STAFF MEMBER IN CHARGE OF THE PROGRAM. THE RECIPIENT OF THE GRANT IS UNDER SUPERVISION AND TRAINING BY A PEREGRINE FUND PROJECT DIRECTOR WHO WILL VISIT MOST GRANT RECIPIENTS IN COUNTRY TO PROVIDE TRAINING, SUPPORT, MONITORING AND EVALUATION OF PROGRESS.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BOISE STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRAD STUDENT FOR APLO PROJECT IN TEXAS, RESEARCH FOR AMERICAN KESTREL PARTNERSHIP, AND WEB CAMS STUDY PASS THRU.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE PEREGRINE FUND, INC.** Employer identification number **23-1969973**

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD WATSON PRESIDENT & CEO (UNTIL 8/21)	(i)	151,545.	60,000.	0.	16,500.	17,350.	245,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEOFFREY PAMPUSH SR. VP POLICY & PHILANTHROPY	(i)	149,249.	0.	0.	15,476.	10,895.	175,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS COMPENSATION FOR RICHARD WATSON IS REPORTED UNDER PART II, SECTION B,
COLUMN II.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE PEREGRINE FUND, INC.

Employer identification number

23-1969973

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Rows include HANA WEAVER and JORDAN-WILCOMB CONSTRUCTION.

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HANA WEAVER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: SALARY & BENEFITS

(A) NAME OF PERSON: JORDAN-WILCOMB CONSTRUCTION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FIRM OWNED BY TREASURER OF ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR EXPANSION OF FACILITY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE PEREGRINE FUND, INC.** Employer identification number **23-1969973**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	35,500.	COMMISSIONED VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		5,900.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles	X	1	5,000.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	61,804.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FEED FOR BIRD)	X	27	40,488.	FAIR MARKET VALUE
26 Other ▶ (SUPPLIES, EQU)	X	12	11,226.	FAIR MARKET VALUE
27 Other ▶ (DISPLAYS)	X	2	2,300.	FAIR MARKET VALUE
28 Other ▶ (LANDSCAPING)	X	3	839.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE YEAR.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE PEREGRINE FUND, INC.

Employer identification number

23-1969973

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2022, THE SOUTHWEST POPULATION OF CONDORS REACHED 114 INDIVIDUALS AND CONTINUES TO GROW. LEAD POISONING REMAINS THE PRINCIPAL MORTALITY AGENT AND LEAD-CAUSED DEATHS CONTINUE AT UNSUSTAINABLE RATES. MOVEMENTS AND BEHAVIOR OF THE CONDOR FLOCK IN NORTHERN ARIZONA AND SOUTHERN UTAH ARE MONITORED DAILY DUE TO THIS ONGOING THREAT. MANAGEMENT AGENCIES IN ARIZONA AND UTAH CONTINUE EFFORTS TO REDUCE LEAD AVAILABLE DURING RESPECTIVE BIG-GAME HUNTING SEASONS; NEARLY 90% OF ENGAGED DEER HUNTERS IN EACH STATE HUNTING WITHIN THE IMMEDIATE RANGE OF THE CONDOR HAVE TAKEN ACTION TO REDUCE LEAD EXPOSURE. ADDITIONAL SOURCES OF EXPOSURE HAVE BEEN DISCUSSED AND ARE BEING ADDRESSED TO ELIMINATE LEAD AS A THREAT AND ALLOW CONDORS TO REACH LONG-TERM SUSTAINABLE LEVELS AND BE FULLY RESTORED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RAPTORS AND OTHER BIODIVERSITY MONITORING: AT THE TWO WETLAND SITES, TSIMEMBO-MANAMBOLOMATY AND MANDROZO PA, FOR THE CRITICALLY ENDANGERED MADAGASCAR FISH EAGLE 13 TERRITORIAL PAIRS WERE RECORDED WITH 5 YOUNG FLEDGING AND 5 PAIR, RESPECTIVELY. WATERBIRD SURVEYS AT THE TWO WETLAND SITES 36 SPECIES (6 THREATENED) COMPOSED OF 8,252 INDIVIDUALS AND 38 SPECIES (5 THREATENED) MADE UP OF 4,183 INDIVIDUALS, RESPECTIVELY. LEMUR MONITORING RECORDED 336 INDIVIDUALS OF 8 SPECIES AND 396 OF FOUR SPECIES, RESPECTIVELY. AT THE NORTHERN SITE: BEMANEVIKA PA, WATERBIRD MONITORING RECORDED 26 SPECIES COMPOSED OF 6,236 INDIVIDUALS (7 THREATENED SPECIES) INCLUDING THE CRITICALLY ENDANGERED MADAGASCAR POCHARD (71 INDIVIDUALS). FOR REFORESTATION ACTIVITIES AT THE FOUR PAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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A TOTAL OF 554,782 SAPLING TREES WERE PLANTED IN 298 HECTARES BY 2,674 LOCAL ASSOCIATION MEMBERS AND FAMILIES.

FOR PUBLIC ENVIRONMENTAL EDUCATION: 42 INFORMATION PANELS WERE INSTALLED AT THE SURROUNDING VILLAGES OF THE PAS. VARIOUS ACTIVITIES WERE CARRIED OUT ON ENVIRONMENTAL EDUCATION, IN ORGANIZING FOUR PUBLIC EVENTS IN FOUR VILLAGES FOR THE MANGROVE AND WETLAND DAYS, THE ENVIRONMENT AND FOREST DAYS, THE POND HERON FESTIVAL, AND THE TSIMEMBO AND MANDROZO GAMES WITH 4,075 LOCAL PEOPLE ASSISTING IN THE ORGANIZED EVENTS. IN ADDITION, 240 STUDENTS OF THE ENVIRONMENTAL CLUBS WERE PUT INTO FORCE IN THE ENVIRONMENTAL EDUCATION ACTIVITIES AND IN THE INITIATION ON THE LAVAKA (SOIL EROSION STABILIZATION) CAMPAIGN. BENEFITS TO THE LOCAL COMMUNITIES AND ASSOCIATIONS SURROUNDING THE FOUR PAS WERE: AT TSIMEMBO-MANAMBOLOMATY PA DONATED 369 BEEHIVES TO 117 BENEFICIARIES; AT MANDROZO PA DONATED 5 FIBERGLASS CANOES TO THE LOCAL ASSOCIATIONS, ONE MOTORIZED TILLER, ONE REFRIGERATOR WITH SOLAR CHARGING AND 188 VACCINE VIALS FOR POULTRY HUSBANDRY, TREE NURSERY TRAINING FOR FIVE LOCAL PEOPLE AND 3,500 KG OF PEANUTS TO 175 FAMILIES; AND AT BEMANEVIKA AND MAHIMBORONDRO PAS DONATED 600 PACKS OF VEGETABLE, 360 KG, 2,200 KG OF BEANS AND ONE REFRIGERATOR FOR COVID-19 VACCINATION CAMPAIGN, AND A COMMUNITY ADAPTATION PLAN WAS ELABORATED FOR EACH OF THE FOUR COMMUNES, WHICH WILL BE USED TO ENHANCE THE LOCAL DEVELOPMENT AND TO FACE CLIMATE CHANGE IMPACTS. SPREAD AMONG THE FOUR PAS FOR STUDENT EDUCATION AT THE LOCAL COMMUNITY SCHOOLS DONATIONS INCLUDED: 13,000 COPYBOOKS, 1,000 CHALK SLATES, 1,000 PENS, 600 PENCILS, 50 BOXES OF CHALK, 600 ERASERS, 600 SCHOOL COMPASSES, 2,400 RULERS, 2 BLACKBOARDS, AND 140 CHAIRS AND TABLES FOR 2,095 PUPILS, SUPPORTING SALARIES FOR 10 TEACHERS. FOR THE PAS LOCAL ASSOCIATIONS: 10 TRAINING

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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WORKSHOPS ORGANIZED FOR THE LOCAL ASSOCIATIONS, WITH 643 BENEFICIARIES, CONCERNING THE CAPACITY BUILDING ON THE ACTIVITY MANAGEMENT, NATURAL RESOURCE COMMUNITY MANAGEMENT, TREE NURSERY, LOCALLY MAKING OF ENERGY EFFICIENT COOKING STOVES, COMMUNITY PATROLS, PARTICIPATORY ECOLOGICAL MONITORING, VSLA (VILLAGE SAVINGS AND LOAN ASSOCIATION) EXCHANGE VISIT, ON GENDER, AND ON COMMUNITY DIAGNOSTIC FOR LOCAL DEVELOPMENT PLANNING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WE HOSTED 45,521 VISITORS ONSITE IN FY 2022, AN INCREASE OF 55% OVER THE PRIOR YEAR, BUT 13% LOWER THAN OUR RECORD, PRE-PANDEMIC VISITATION OF 2019. WE HOSTED JUST 1,780 STUDENTS ON SCHOOL-ENDORSED FIELD TRIPS, AND AN ADDITIONAL 545 CHILDREN VISITED WITH SUMMER DAY CAMPS. DESPITE A SCHOOL BUS DRIVER SHORTAGE, 79% OF VISITING STUDENTS WERE FROM RURAL DISTRICTS AND PRIVATE SCHOOLS. IN RESPONSE, WE PILOTED AN OPEN HOUSE FORMAT FOR LARGE HOME SCHOOL CO-OPS WITH 6 OPEN HOUSE SESSIONS WE HOSTED 500 ADDITIONAL STUDENTS.

OUR ONLINE REVIEWS REMAINED EXCELLENT IN 2022, AND ACCORDING TO THE TRAVEL WEBSITE TRIP ADVISOR, WE AGAIN FINISHED THE YEAR AS THE NUMBER TWO ATTRACTION IN BOISE. GOOGLE AND FACEBOOK REVIEWS CAME IN AT 4.8/5 AND 4.9/5 RESPECTIVELY. A CONSISTENT THEME IN OUR REVIEWS IS OUR FRIENDLY AND KNOWLEDGEABLE VOLUNTEERS AND STAFF, THE HEART OF THE PEREGRINE FUND'S WORLD CENTER FOR BIRDS OF PREY. OUR CURRENT TEAM OF VOLUNTEERS NUMBERS MORE THAN 150 DEDICATED AMBASSADORS FOR RAPTOR CONSERVATION. WE ARE GRATEFUL FOR THE COMMITMENT FROM OUR INCREDIBLE VOLUNTEERS, SOME OF WHOM HAVE BEEN WITH US FOR MORE THAN 20 YEARS! OUR CONSISTENT AND GROWING VOLUNTEER BASE IS CRUCIAL TO DELIVERING OUR

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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PROGRAMMING IN A COST-EFFECTIVE MANNER, AND THEY SERVE AS OUR BIGGEST ADVOCATES IN THE COMMUNITIES WE SERVE. THROUGH MEANINGFUL CONNECTIONS WITH INDIVIDUALS, WE INSPIRE PEOPLE TO VALUE RAPTORS AND TAKE ACTION.

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

THE NORTHERN APLOMADO FALCON WAS ONCE A PART OF THE DYNAMIC AND DIVERSE WILDLIFE COMMUNITY ASSOCIATED WITH OUR SOUTHWESTERN GRASSLANDS, BUT THE SPECIES DISAPPEARED DURING THE EARLY 20TH CENTURY. OUR EFFORTS TO RESTORE APLOMADO FALCONS DURING THE PAST TWO DECADES ARE DEMONSTRATING THE NEED TO CONSERVE THESE IMPORTANT HABITATS AND THE BIOLOGICAL DIVERSITY FOUND WITHIN THEM. WE HAVE DEVELOPED AND DEPLOYED A UNIQUE ARTIFICIAL NEST STRUCTURE THAT IMPROVES APLOMADO FALCON NEST SUCCESS AND PRODUCTIVITY AND HAS APPLICATION TO OTHER SPECIES WHERE HABITAT AND NEST SITES MAY BE LIMITED, AND WE CONTINUE TO IMPROVE ON THIS DESIGN BY EXPLORING THE USE OF LONGER-LASTING MATERIALS LIKE ALUMINUM IN THEIR CONSTRUCTION. TO DATE, WE HAVE INSTALLED 230 STRUCTURES WITH APPROXIMATELY 70 IN SERVICE THROUGHOUT THE RANGE OF THE RECOVERING SOUTH TEXAS POPULATION. DURING ALMOST 30 YEARS OF THIS RECOVERY EFFORT, SOME OF THE FALCON POPULATION HAS EXPERIENCED LOCALIZED HURRICANES BUT NONE AS SEVERE AS HURRICANE HARVEY. AS A RESULT OF THAT STORM, WE OBSERVED IN 2018 A LOSS OF 10 PAIRS IN THE NORTHERN POPULATION, A 56% REDUCTION FROM 2017. WE ARE ALSO WORKING TO UNDERSTAND THE DEGREE TO WHICH APLOMADO FALCONS ARE EXPOSED TO CONTAMINANTS. AT THE TOP OF THE FOOD CHAIN, THE APLOMADO FALCON SERVES AS AN "INDICATOR SPECIES" OF ENVIRONMENTAL QUALITY IN ITS TENDENCY TO ACCUMULATE CONTAMINANTS IN TISSUES AND EGGS. OVERALL, AT THE NORTHERN EXTENT OF THE SPECIES RANGE, THE APLOMADO FALCON IS REGAINING ITS PLACE AS AN INTEGRAL PART OF THE GRASSLAND ECOSYSTEM FROM WHICH IT HAD BEEN ABSENT FOR ALMOST 50 YEARS.

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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EXPENSES \$ 542,877. INCLUDING GRANTS OF \$ 43,420. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 3,890,075. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM AND REVIEWED BY THE PRESIDENT AND THE VP OF ADMINISTRATIVE OPERATIONS. THE FORM 990 IS THEN E-EMAILED OR SENT BY US POSTAL SERVICE TO THE TREASURER OF THE BOARD, WHO REVIEWS BEFORE THE RETURN IS FILED WITH THE IRS. THE TREASURER REPORTS TO THE ENTIRE BOARD OF DIRECTORS DURING THE FINANCE COMMITTEE MEETING AT THEIR NEXT SCHEDULED BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR AND OFFICER WITH GOVERNING BOARD-DESIGNATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND THE POLICY, HAVE AGREED TO COMPLY WITH THE POLICY, AND UNDERSTAND THE PEREGRINE FUND IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OF MORE ITS TAX-EXEMPT PURPOSES. TO ENSURE THE PEREGRINE FUND OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED. THE REVIEWS INCLUDE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING AND WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS & SERVICES,

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR IN AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

PRESIDENT/CEO COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY. THE PRESIDENT/CEO PRESENTS TO THE COMPENSATION COMMITTEE CHAIRPERSON A PRELIMINARY SUMMARY OF ACTIVITIES/ACCOMPLISHMENTS FOR THE YEAR, WITH A REQUEST/RECOMMENDATION FOR COMPENSATION CHANGES, WHICH IS THEN FOLLOWED BY A MEETING WITH THE FULL COMMITTEE. THE COMPENSATION CHANGES ARE CAREFULLY CONSIDERED BASED ON JOB PERFORMANCE, PROFESSIONAL QUALIFICATIONS, EXPERIENCE, COST OF LIVING CHANGES, AND COMPENSATION LEVELS PROVIDED BY SIMILAR ORGANIZATIONS, AS WELL AS THE OVERALL BUDGET FEASIBILITY AND REASONABILITY OF COMPENSATION LEVELS REQUESTED. IN A CLOSED SESSION, THE COMPENSATION COMMITTEE PROPOSES THEIR RECOMMENDATIONS, AND THE BOARD VOTES. THIS PROCESS WAS LAST UNDERTAKEN IN SEPTEMBER 2022 TO DETERMINE COMPENSATION LEVELS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA
WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS SHOULD BE SUBMITTED TO THE PEREGRINE FUND, ADMINISTRATIVE OFFICE, 5668 W. FLYING HAWK LANE, BOISE, ID 83709. FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WEBSITE WWW.PEREGRINEFUND.ORG.

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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SCHEDULE L, PART IV, LINE 2

THE ORGANIZATION HAS A CAPITAL PROJECT CONSTRUCTION CONTRACT WITH JORDAN-WILCOMB CONSTRUCTION, OWNED BY A BOARD MEMBER AND TREASUER OF THE ORGANIZATION. THE TOTAL SUM OF THE CONTRACT FOR CONSTRUCTION OF THE EXPANSION PROJECT IS \$3,647,764. AS REPORTED ON SCHEDULE L, \$2,542,207 WAS PAID DURING THE CURRENT FISCAL YEAR. THE ORGANIZATION DID IMPLEMENT ITS CONFLICT OF INTEREST POLICIES IN DETERMINING THAT THIS FIRM WAS THE APPROPRIATE ENTITY TO CARRY OUT THIS CONSTRUCTION PROJECT.