

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **OCT 1, 2024** and ending **SEP 30, 2025**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return 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 \$ 17,305,526.
	5668 W FLYING HAWK LANE		H(a) Is this a group return for subordinates? 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? Yes No	If "No," attach a list. See instructions
F Name and address of principal officer: CHRIS PARISH SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.PEREGRINEFUND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1975 M State of legal domicile: ID

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 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	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	165
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,009,272.	8,299,245.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,004,128.	1,284,869.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,863,673.	1,498,407.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,226.	283,304.
		11,119,299.	11,365,825.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	886,370.	909,068.
	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)	7,114,665.	8,505,464.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,684,777.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,946,864.	5,644,659.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,947,899.	15,059,191.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,828,600.	-3,693,366.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	55,704,928.	51,326,637.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,320,069.	2,355,546.
		52,384,859.	48,971,091.

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	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	3/9/2026	<input type="checkbox"/>	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 \$ 2,266,440. including grants of \$) (Revenue \$ 774,179.) THE CALIFORNIA CONDOR RECOVERY PROGRAM-LED BY THE PEREGRINE FUND (TPF) IN COLLABORATION WITH FEDERAL, STATE, TRIBAL, AND PRIVATE PARTNERS-COMBINES INTENSIVE WILD POPULATION MANAGEMENT WITH A ROBUST CAPTIVE PROPAGATION PROGRAM TO RECOVER ONE OF THE WORLD'S MOST CRITICALLY ENDANGERED SPECIES. THROUGH COORDINATED BREEDING, STRATEGIC RELEASES, RIGOROUS SCIENTIFIC MONITORING, AND CROSS-JURISDICTIONAL CONSERVATION INITIATIVES, THE PROGRAM AIMS TO ESTABLISH A VIABLE, SELF-SUSTAINING POPULATION OF CALIFORNIA CONDORS IN NORTHERN ARIZONA, SOUTHERN UTAH, AND ACROSS THE SPECIES' HISTORIC RANGE. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 1,794,732. including grants of \$ 909,068.) (Revenue \$) THE MADAGASCAR PROGRAM FOCUSES ON STRENGTHENING NATIONAL CONSERVATION CAPACITY, PROTECTING BIODIVERSITY-RICH HABITATS, AND PREVENTING THE EXTINCTION OF CRITICALLY ENDANGERED RAPTORS. EFFORTS CENTER ON FOUR PROTECTED AREAS REPRESENTING DRY FORESTS, WETLANDS, AND MONTANE ECOSYSTEMS.

IN 2025, THE PROGRAM ACHIEVED MAJOR PROGRESS IN CONSERVATION MANAGEMENT, ECOLOGICAL MONITORING, COMMUNITY DEVELOPMENT, AND SCIENTIFIC CAPACITY BUILDING. OVER 84 FOREST PATROLS AND NINE JOINT MISSIONS WITH GOVERNMENT PARTNERS IMPROVED HABITAT PROTECTION. REFORESTATION EFFORTS RESTORED 315 HECTARES WITH MORE THAN 315,000 SEEDLINGS. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,318,017. including grants of \$) (Revenue \$ 706,530.) THE PEREGRINE FUND'S WORLD CENTER FOR BIRDS OF PREY FEATURES A PUBLIC INTERPRETIVE CENTER THAT IS CENTRAL TO OUR EDUCATION AND OUTREACH EFFORTS. A KNOWLEDGEABLE AND INSPIRED CITIZENRY IS KEY TO SOLVING MYRIAD ENVIRONMENTAL ISSUES. THROUGH OUR UNIQUE PROGRAMMING, PEOPLE LEARN TO VALUE RAPTORS AND THE LANDSCAPES UPON WHICH THEY RELY. WE EXPANDED OUR CAMPUS IN 2023, ADDING NEW EXHIBITS, A WELCOME CENTER, EXPANDED PARKING, AND AN OUTDOOR EDUCATION SPACE. THROUGH OUR SCHOOL FIELD-TRIP PROGRAM, WE DIRECTLY INTERFACED WITH MORE THAN 5,000 STUDENTS, POSITIVELY TRANSFORMING ATTITUDES, BEHAVIOR, AND VALUES. THIS PAST YEAR WE HOSTED A RECORD 54,306 VISITORS AT THE WORLD CENTER FOR BIRDS OF PREY. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,490,186. including grants of \$) (Revenue \$)

4e Total program service expenses 11,869,375.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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, unrelated business income, foreign accounts, prohibited transactions, 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 of the governing body at the end of the tax year (44); 1b Enter the number of voting members included on line 1a, above, who are independent (42); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (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); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (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, box 6 of 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) CHRIS PARISH PRESIDENT AND CEO	40.00	X		X				302,903.	0.	37,042.
(2) GEOFFREY PAMPUSH ADVISORY SENIOR VP	40.00					X		219,408.	0.	30,136.
(3) CHRISTOPHER J MCCLURE EXEC VP OF SCIENCE & CONSERVATION	40.00					X		142,954.	0.	23,382.
(4) HEATHER M MEULEMAN VP OF DEVELOPMENT	40.00					X		132,652.	0.	22,611.
(5) DOREEN O'SKEA DEVELOPMENT DIRECTOR	40.00					X		127,122.	0.	21,228.
(6) PAUL JUERGENS VP OF CONSERVATION	40.00					X		107,470.	0.	19,560.
(7) DIRK KEMPTHORNE CHAIR	1.00	X		X				0.	0.	0.
(8) TIM WILCOMB VICE CHAIR AND TREASURER	1.00	X		X				0.	0.	0.
(9) SAMUEL GARY, JR. SECRETARY	1.00	X		X				0.	0.	0.
(10) LEE BASS CHAIR EMERITUS	1.00	X		X				0.	0.	0.
(11) CARTER R MONTGOMERY CHAIR EMERITUS	1.00	X		X				0.	0.	0.
(12) MARTY DIMARZIO DIRECTOR (FROM 10/24)	1.00	X						0.	0.	0.
(13) RALPH H DUGGINS DIRECTOR	1.00	X						0.	0.	0.
(14) J PETER JENNY DIRECTOR	1.00	X						0.	0.	0.
(15) NATALIE KADDAS DIRECTOR	1.00	X						0.	0.	0.
(16) THERESE M LAWLESS DIRECTOR	1.00	X						0.	0.	0.
(17) ROBERT B BERRY 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) HARRY L BETTIS DIRECTOR (UNTIL 6/25)	1.00	X						0.	0.	0.
(19) ROB BIERREGAARD DIRECTOR	1.00	X						0.	0.	0.
(20) P DEE BOERSM DIRECTOR	1.00	X						0.	0.	0.
(21) L MICHAEL BOGERT DIRECTOR	1.00	X						0.	0.	0.
(22) JOHN BRIDGELAND DIRECTOR (FROM 10/24)	1.00	X						0.	0.	0.
(23) ANNE BROWN DIRECTOR	1.00	X						0.	0.	0.
(24) VIRGINIA H CARTER DIRECTOR	1.00	X						0.	0.	0.
(25) ROBERT S COMSTOCK DIRECTOR	1.00	X						0.	0.	0.
(26) SCOTT CROZIER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,032,509.	0.	153,959.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,032,509.	0.	153,959.

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 6

	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, INC. 406 S 6TH STREET, BOISE, ID 83702	CONSTRUCTION SERVICES	839,236.
GEER STRATEGIES LLC 500 5TH AVENUE #2700, NEW YORK, NY 10110	MEMBERSHIP SOFTWARE ADVISORY	299,855.
RODENT PRO PO BOX 118, INGLEFIELD, IN 47618	FOOD FOR CONDORS	128,065.
ACG ADVOCACY LLC, 1800 M STREET NW SOUTH TOWER SUITE 500, WASHINGTON, DC 20036	GOVERNMENT ADVISORY SERVICES	102,932.

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)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CAROLINE A FORGASON DIRECTOR	1.00	X					0.	0.	0.	
(28) VICTOR GONZALEZ DIRECTOR	1.00	X					0.	0.	0.	
(29) H DALE HALL DIRECTOR	1.00	X					0.	0.	0.	
(30) KAREN HIXON DIRECTOR	1.00	X					0.	0.	0.	
(31) GRAINGER HUNT DIRECTOR	1.00	X					0.	0.	0.	
(32) THOMAS JENSEN DIRECTOR	1.00	X					0.	0.	0.	
(33) JAY L JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(34) STEVE LAWRENCE DIRECTOR	1.00	X					0.	0.	0.	
(35) CAROLYNN LOACKER DIRECTOR (UNTIL 2/25)	1.00	X					0.	0.	0.	
(36) HELEN MACDONALD DIRECTOR	1.00	X					0.	0.	0.	
(37) WILLIAM W MCGEE DIRECTOR	1.00	X					0.	0.	0.	
(38) ALFREDO MIGUEL DIRECTOR	1.00	X					0.	0.	0.	
(39) BRIAN MILLSAP DIRECTOR	1.00	X					0.	0.	0.	
(40) AMBROSE MONELL DIRECTOR	1.00	X					0.	0.	0.	
(41) LAURIE MORIAN DIRECTOR (FROM 10/24)	1.00	X					0.	0.	0.	
(42) MATTHEW MYERS DIRECTOR	1.00	X					0.	0.	0.	
(43) ROBERT NIXON DIRECTOR (FROM 4/25)	1.00	X					0.	0.	0.	
(44) CALEN B OFFIELD DIRECTOR	1.00	X					0.	0.	0.	
(45) ANDRE RODRIGUEZ DIRECTOR (FROM 10/24)	1.00	X					0.	0.	0.	
(46) CATHERINE A STEVENS DIRECTOR	1.00	X					0.	0.	0.	
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	1,820,254.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,355,020.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,123,971.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 75,773.				
	h Total. Add lines 1a-1f		8,299,245.				
Program Service Revenue	2 a CONTRACT SERVICES	Business Code					
		900099	845,066.	845,066.			
	b ADMISSIONS	900099	434,100.	434,100.			
	c FEES/REGISTRATION	900099	5,703.	5,703.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,284,869.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		723,324.			723,324.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	2,216.			
			(ii) Personal				
				2,216.			
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	2,216.				
	d Net rental income or (loss)		2,216.	2,216.			
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	6,494,501.	5,300.		
			(ii) Other				
				6,494,501.	5,300.		
	b Less: cost or other basis and sales expenses	7b	5,724,718.	0.			
	c Gain or (loss)	7c	769,783.	5,300.			
d Net gain or (loss)		775,083.			775,083.		
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	408,607.					
b Less: cost of goods sold	10b	214,983.					
c Net income or (loss) from sales of inventory		193,624.	193,624.				
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
		900099	60,864.			60,864.	
	b ARCHIVES MGMT. FEE	900099	26,600.			26,600.	
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		87,464.					
12 Total revenue. See instructions		11,365,825.	1,480,709.	0.	158,5871.		

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	448,086.	448,086.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	121,297.	121,297.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	339,685.	339,685.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	352,176.	105,653.	176,088.	70,435.
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	6,489,012.	5,161,006.	546,653.	781,353.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	423,495.	340,108.	32,921.	50,466.
9 Other employee benefits	805,079.	626,303.	79,584.	99,192.
10 Payroll taxes	435,702.	336,535.	45,097.	54,070.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,261.		11,261.	
c Accounting	86,123.		86,123.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	111,300.		111,300.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	755,871.	413,852.	95,477.	246,542.
12 Advertising and promotion				
13 Office expenses	289,637.	239,720.	25,813.	24,104.
14 Information technology	419,878.	189,699.	83,949.	146,230.
15 Royalties				
16 Occupancy	193,212.	171,397.	18,441.	3,374.
17 Travel	811,653.	715,893.	44,011.	51,749.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	235,389.	166,175.	13,439.	55,775.
20 Interest	16,262.	16,262.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	634,487.	630,488.	2,908.	1,091.
23 Insurance	288,676.	222,321.	66,355.	
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	714,294.	714,294.		
b SMALL TOOLS & SUPPLIES	427,954.	371,165.	9,371.	47,418.
c FEED	198,314.	198,314.		
d VEHICLE EXPENSE	197,877.	193,137.	4,740.	
e All other expenses	252,471.	147,985.	51,508.	52,978.
25 Total functional expenses. Add lines 1 through 24e	15,059,191.	11,869,375.	1,505,039.	1,684,777.
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)	76,036.	71,191.	0.	4,845.

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	409,700.	1	142,830.
	2 Savings and temporary cash investments	11,283,713.	2	11,841,875.
	3 Pledges and grants receivable, net	15,716,392.	3	10,589,209.
	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	58,226.	8	85,321.
	9 Prepaid expenses and deferred charges	173,677.	9	41,486.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,378,222.		
	b Less: accumulated depreciation	10b 7,693,818.	10c	8,684,404.
	11 Investments - publicly traded securities	19,584,196.	11	19,941,512.
	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)	55,704,928.	16	51,326,637.	
Liabilities	17 Accounts payable and accrued expenses	1,317,910.	17	868,529.
	18 Grants payable		18	112,139.
	19 Deferred revenue	1,668,696.	19	998,493.
	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	333,463.	24	376,385.
	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	3,320,069.	26	2,355,546.
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	28,250,787.	27	28,645,962.
	28 Net assets with donor restrictions	24,134,072.	28	20,325,129.
	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	52,384,859.	32	48,971,091.
33 Total liabilities and net assets/fund balances	55,704,928.	33	51,326,637.	

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	11,365,825.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,059,191.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,693,366.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,384,859.
5	Net unrealized gains (losses) on investments	5	279,598.
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	48,971,091.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8585093.	9160440.	33042171.	8009272.	8299245.	67096221.
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	8585093.	9160440.	33042171.	8009272.	8299245.	67096221.
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)						23570773.
6 Public support. Subtract line 5 from line 4.						43525448.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8585093.	9160440.	33042171.	8009272.	8299245.	67096221.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	258,791.	331,026.	409,498.	697,516.	723,324.	2420155.
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.)		36,032.	69,485.	49,166.	87,464.	242,147.
11 Total support. Add lines 7 through 10						69758523.
12 Gross receipts from related activities, etc. (see instructions)					12	5,026,839.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	62.39	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	62.40	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 10c Add lines 10a and 10b; 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 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

[X] 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

[X] 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>630,480.</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>578,169.</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>513,464.</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>510,673.</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>366,940.</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 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
7	<hr/> <hr/> <hr/>	\$ 271,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 194,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- Number of states where property subject to conservation easement is located _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 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.

- 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.
- 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	\$ _____
- 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	\$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 in 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	20,432,417.	18,368,325.	17,234,097.	19,995,799.	16,825,723.
b Contributions	98,928.	67,747.	42,000.	361,003.	1,051,170.
c Net investment earnings, gains, and losses	1,421,515.	3,401,127.	2,152,840.	-2,147,006.	2,962,746.
d Grants or scholarships	18,960.	20,123.		19,237.	
e Other expenditures for facilities and programs	1,331,044.	1,272,527.	955,304.	843,147.	721,492.
f Administrative expenses	111,300.	112,132.	105,308.	113,315.	122,348.
g End of year balance	20,491,556.	20,432,417.	18,368,325.	17,234,097.	19,995,799.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 99.6000 %
- b** Permanent endowment .4000 %
- 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? | | |
- 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		7,541,397.	3,826,238.	3,715,159.
c Leasehold improvements				
d Equipment		4,907,656.	2,880,488.	2,027,168.
e Other		2,416,169.	987,092.	1,429,077.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				8,684,404.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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, line 25, col. (B))	

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	11,962,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	279,598.	
b	Donated services and use of facilities	2b	427,993.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		707,591.
3	Subtract line 2e from line 1		3	11,254,525.
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	111,300.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		111,300.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,365,825.

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	15,375,884.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	427,993.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		427,993.
3	Subtract line 2e from line 1		3	14,947,891.
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	111,300.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		111,300.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,059,191.

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:

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

Part XIII Supplemental Information (continued)

FOR THE CURRENT EXPANSION PROJECT. THE INTENT IS TO PROVIDE FUNDS FOR THE MAINTENANCE OF THE FACILITY AND GROWTH IN PROGRAMMING.

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
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

**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	0	GRANTMAKING		101,145.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		1,608.
EUROPE	0	0	GRANTMAKING		17,000.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		7,920.
SOUTH AMERICA	0	0	GRANTMAKING		61,482.
SOUTH ASIA	0	0	GRANTMAKING		76,427.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		69,103.
NORTH AMERICA	0	0	GRANTMAKING		5,000.
3 a Subtotal	0	0			339,685.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			339,685.

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

Schedule F (Form 990) (Rev. 12-2024)

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	KENYA BIRDS OF PREY/RAPTOR RESEARCH	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAPTOR RESEARCH AND CONSERVATION	14,715.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI GRANT RIDGEWAY HAWK (ACSEH)	20,000.	WIRE	0.		
		SOUTH ASIA	INDIA RESEARCH GRANT	40,430.	WIRE	0.		
		SOUTH ASIA	HIMALAYAN RAPTORS	18,497.	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 **5**

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)
RAPTOR/BIRDS OF PREY RESEARCH	SUB-SAHARAN AFRICA	47	31,464.	WIRE	0.		
SECRETARY BIRD	SUB-SAHARAN AFRICA	1	12,924.	WIRE	0.		
KAZATSTAN STUDIES	RUSSIA & THE NEWLY IND. STATES	1	7,920.	WIRE	0.		
CONSERVATION RESEARCH	CENTRAL AMERICA AND THE CARIBBEAN	41	70,195.	WIRE	0.		
CONFERENCE AWARD	CENTRAL AMERICA AND THE CARIBBEAN	1	10,950.	WIRE	0.		
ANDEAN CONDOR	SOUTH AMERICA	2	14,000.	WIRE	0.		
CONFERENCE AWARDS	SOUTH AMERICA	31	47,482.	WIRE	0.		
WILDLIFE RESEARCH	SOUTH ASIA	1	17,500.	WIRE	0.		
VULTURE STUDIES	EUROPE	1	15,000.	WIRE	0.		

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CONFERENCE AWARD	EUROPE	2	2,000.	WIRE	0.		
VULTURE RESEARCH	EAST ASIA AND THE PACIFIC	1	1,608.	WIRE	0.		
RAPTOR STUDIES	NORTH AMERICA	1	5,000.	WIRE	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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

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.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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
METRO (OREGON ZOO) PO BOX 4500 UNIT 20 PORTLAND, OR 97208	93-0636311	GOV'T	251,861.	0.			FEDERAL GRANT PASS THRU, NORTH AMERICAN NON LEAD PROGRAM
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-0290701	501(C)(3)	167,225.	0.			WEB CAMS STUDY PASS THRU AND NORTHERN APLOMADO FALCON
EARTHSPAN 7353 MUSSEL LANE CHINCOTEAGUE, VA 23336	91-1662610	501(C)(3)	29,000.	0.			COLLECTING BLOOD SAMPLES FROM PEREGRINE FALCONS ON PADRE ISLAND, TX TO TEST FOR PRESENCE OF LEAD

- 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.**

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

Schedule I (Form 990) (Rev. 12-2024)

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
BROADWING/SHARPSHINNED HAWK	10	1,07,030.	0.		
NRN CONFERENCE GRANT	4	9,607.	0.		
RESEARCH GRANT	1	4,660.	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 AT THE SITE TO PROVIDE TRAINING, SUPPORT, MONITORING AND EVALUATION OF PROGRESS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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) CHRIS PARISH PRESIDENT AND CEO	(i)	262,903.	40,000.	0.	27,572.	339,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) GEOFFREY PAMPUSH ADVISORY SENIOR VP	(i)	168,803.	50,605.	0.	17,635.	249,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER J MCCLURE EXEC VP OF SCIENCE & CONSERVATION	(i)	142,654.	300.	0.	14,224.	166,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) HEATHER M MEULEMAN VP OF DEVELOPMENT	(i)	132,652.	0.	0.	13,453.	155,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(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:

DURING THE YEAR, THE FOLLOWING EMPLOYEES RECEIVED PERFORMANCE-BASED BONUSSES:

- CHRIS PARISH \$40,000
- GEOFFREY PAMPUSH \$50,605
- DOREEN O'SKEA \$5,000
- CHRISTOPHER J MCCLURE \$300

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

OMB No. 1545-0047

Open to Public Inspection

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HANNAH WEAVER	DAUGHTER OF BOARD M	80,663.	SALARY & BE		X
(2) JORDAN-WILCOMB CONSTRUCT	FIRM OWNED BY VICE	458,730.	PAYMENTS FO		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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: HANNAH 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 VICE CHAIR & TREASURER OF ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR EXPANSION OF FACILITY-SEE SCHEDULE O FOR ADDITIONAL EXPLANATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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 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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	50,143.	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 (UTILITIES & EQU)	X	2	20,390.	FAIR MARKET VALUE
26 Other (FEED)	X	14	4,040.	FAIR MARKET VALUE
27 Other (LAPTOPS)	X	1	1,200.	FAIR MARKET VALUE
28 Other ()				

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 on Part I, lines 1 through 28, that it must hold for at least 3 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.		

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

Schedule M (Form 990) 2024

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.

SCHEDULE M, PART I, LINE 33:
THE ORGANIZATION RECEIVED AN ADDITIONAL STOCK DONATION TOTALING \$4,993,339 DURING THE YEAR. THIS AMOUNT IS NOT REFLECTED ON SCHEDULE M OR IN PART VIII BECAUSE THIS GIFT WAS IN SATISFACTION OF A PREVIOUSY REPORTED PLEDGE MADE IN A PRIOR YEAR.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 SINCE 1996, TPF HAS RELEASED 274 CAPTIVE-REARED CONDORS INTO THE ARIZONAUTAH REGION AND CONFIRMED 69 WILD-HATCHED YOUNG FROM 35 UNIQUE BREEDING PAIRS. THE WILD POPULATION NOW STANDS AT 360+ BIRDS - A SIGNIFICANT INCREASE OVER THE SPECIES' LOW OF JUST 22 INDIVIDUALS IN 1982 - AND CONTRIBUTES TO A GLOBAL POPULATION APPROACHING 600 BIRDS, WITH MORE CONDORS NOW LIVING IN THE WILD THAN IN CAPTIVITY FOR THE FIRST TIME IN MODERN RECOVERY HISTORY.

WILD POPULATION MANAGEMENT IS SUPPORTED BY CONTINUOUS GPS-ENABLED TRACKING, HEALTH ASSESSMENTS, NEST MONITORING, AND RAPID RESPONSE TO EMERGING THREATS. RESEARCH ON FORAGING ECOLOGY, MOVEMENT PATTERNS, REPRODUCTION, AND TOXICOLOGY CONTINUES TO INFORM ADAPTIVE MANAGEMENT. HOWEVER, ADULT MORTALITY REMAINS DRIVEN PRIMARILY BY LEAD POISONING: IN FY25, 67% OF TESTED BIRDS REQUIRED CHELATION THERAPY, AND ALTHOUGH FATALITIES DECLINED, BLOOD-LEAD LEVELS REACHED RECORD HIGHS. PARTNERSHIPS WITH ARIZONA GAME AND FISH DEPARTMENT AND UTAH DIVISION OF WILDLIFE RESOURCES HAVE STRENGTHENED VOLUNTARY LEAD-REDUCTION EFFORTS, WITH HUNTER PARTICIPATION EXCEEDING 80%, BUT LEAD FROM SMALL-CALIBER AMMUNITION AND CARCASS DISPOSAL REMAINS A PERSISTENT CHALLENGE. DISEASE MANAGEMENT HAS ALSO BECOME CRITICAL; THE 2023 OUTBREAK OF HIGHLY PATHOGENIC AVIAN INFLUENZA (HPAI), WHICH CAUSED 21 DEATHS IN THREE WEEKS, PROMPTED ENHANCED SURVEILLANCE, NEW BIOSECURITY PROTOCOLS, AND MANDATORY VACCINATION OF ALL PRE-RELEASE BIRDS.

THE PROGRAM RESUMED RELEASES IN 2024 FOLLOWING THE HPAI-RELATED PAUSE, WITH THIRTEEN BIRDS RELEASED IN FY25 AND FOURTEEN MORE PLANNED FOR FY26. INCREASED GPS DEPLOYMENT, EXPANDED ACCESS TO PRIVATE LANDS, AND STRENGTHENED PARTNERSHIPS HAVE IMPROVED DETECTION AND RESPONSE TIMES FOR SICK OR INJURED BIRDS. DESPITE NINE MORTALITIES IN FY25-FROM LEAD, TRAUMA, DISEASE, AND HUMAN-CAUSED INCIDENTS-RELEASES, RESCUES, AND TREATMENT HELPED STABILIZE THE POPULATION TRAJECTORY.

SUPPORTING THIS FIELD EFFORT, THE PEREGRINE FUND'S WORLD CENTER FOR BIRDS OF PREY (WCBP) MAINTAINS A GENETICALLY DIVERSE CAPTIVE FLOCK AND PRODUCES 16 TO 20 CHICKS ANNUALLY FOR RELEASE. IN 2025, WCBP MANAGED 66 CONDORS, INCLUDING 18 BREEDING PAIRS AND 14 NESTLINGS, WITH STRONG REPRODUCTIVE SUCCESS: 65% EGG VIABILITY, 80% HATCHABILITY, AND 100% NESTLING SURVIVAL. EIGHT JUVENILES WERE TRANSFERRED TO THE YUOK CONDOR RESTORATION PROGRAM FOR RELEASE, WHILE TWO WERE RETAINED FOR GENETIC OR WELFARE REASONS. NEW BREEDING PAIRS WERE ESTABLISHED BASED ON UPDATED GENETIC RECOMMENDATIONS, INCREASING TOTAL BREEDING PAIRS TO 21. MAJOR INFRASTRUCTURE IMPROVEMENTS-INCLUDING COMPLETION OF CONDOR BARN 4 AND UPGRADES TO OLDER FACILITIES-ENHANCED BREEDING PERFORMANCE, HANDLING EFFICIENCY, AND WELFARE. DISEASE PREVENTION REMAINED A CORE FOCUS, WITH UNIVERSAL WEST NILE VIRUS VACCINATIONS AND ONGOING HPAI IMMUNIZATION EFFORTS.

EMERGING PROPAGATION CHALLENGES INCLUDE DECLINING FERTILITY AND EGG SHELL QUALITY IN OLDER FEMALES, MANY NOW OVER 40 YEARS OLD, PROMPTING EVALUATION OF RETIREMENT STRATEGIES AND REASSIGNMENT OF ROLES TO MAINTAIN LONG-TERM PRODUCTIVITY. CONTINUED INVESTMENT IN FACILITY

Name of the organization THE PEREGRINE FUND, INC.	Employer identification number 23-1969973
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RENOVATION, EQUIPMENT MODERNIZATION, VETERINARY CAPACITY, AND GENETIC MANAGEMENT REMAINS ESSENTIAL TO SUSTAIN ANNUAL PRODUCTION TARGETS AND SUPPORT ALL RELEASE PROGRAMS NATIONWIDE.

TOGETHER, THE PROPAGATION AND REINTRODUCTION COMPONENTS OF THE CALIFORNIA CONDOR RECOVERY PROGRAM HAVE ACHIEVED REMARKABLE PROGRESS OVER THE PAST THREE DECADES. YET THE SPECIES REMAINS RELIANT ON CONTINUED RELEASES, INTENSIVE MONITORING, LEAD REDUCTION, AND ROBUST DISEASE MANAGEMENT. WITH SUSTAINED FUNDING, STRONG PARTNERSHIPS, AND ADAPTIVE SCIENCE-BASED MANAGEMENT, THE PROGRAM IS POSITIONED TO MAKE FURTHER GAINS TOWARD ITS ULTIMATE GOAL: A STABLE, SELF-SUSTAINING WILD POPULATION OF CALIFORNIA CONDORS IN THE AMERICAN SOUTHWEST AND BEYOND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FIRE MANAGEMENT CAPACITY WAS STRENGTHENED THROUGH PUBLIC AWARENESS, TRAINING, AND THE CREATION AND MAINTENANCE OF OVER 60 KM OF FIREBREAKS.

LOCAL COMMUNITIES BENEFITED THROUGH AGRICULTURAL SUPPORT, INFRASTRUCTURE IMPROVEMENTS, AND EDUCATION INITIATIVES. THESE INCLUDED AGRICULTURAL EQUIPMENT DONATIONS, TRAINING FOR FARMERS, ASSISTING IN THE REPAIR OR REHABILITATION OF SEVERAL SCHOOLS, AND THE INSTALLATION OF RENEWABLE-ENERGY AND COLD-STORAGE TECHNOLOGIES TO SUPPORT LOCAL LIVELIHOODS AND ANIMAL HEALTH.

ECOLOGICAL MONITORING PRODUCED CRITICAL DATA ON ENDANGERED SPECIES, INCLUDING POPULATION COUNTS OF THE MADAGASCAR POCHARD AND MONITORING OF KEY RAPTOR SPECIES SUCH AS THE MALAGASY HARRIER, MADAGASCAR SERPENT-EAGLE, AND MADAGASCAR FISH EAGLE. WATERBIRD SURVEYS RECORDED 26 SPECIES AND NEARLY 4,000 INDIVIDUALS. PROTECTED AREA GOVERNANCE STRENGTHENED THROUGH REGIONAL COMMITTEE MEETINGS, COMMUNITY ENGAGEMENT WORKSHOPS, AND BOUNDARY DEMARCATION.

THE PROGRAM ALSO INVESTED HEAVILY IN DEVELOPING MALAGASY SCIENTIFIC EXPERTISE. TWELVE UNIVERSITY DEGREES WERE COMPLETED BY SUPPORTED STUDENTS, AND STAFF AND STUDENTS PARTICIPATED IN INTERNATIONAL CONFERENCES, WORKSHOPS, AND SPECIALIZED TRAINING SPANNING CONSERVATION COMMUNICATION, DRONE MONITORING, WETLAND MANAGEMENT, AND PRIMATE RESEARCH. THESE OPPORTUNITIES ADVANCED TECHNICAL SKILLS, RESEARCH CAPACITY, AND INTERNATIONAL COLLABORATION.

AT THE NATIONAL LEVEL, ENGAGEMENT WITH GOVERNMENT PARTNERS WAS REINFORCED THROUGH THE SCREENING OF A WETLANDS DOCUMENTARY AT MADAGASCAR'S COP15, RAISING AWARENESS OF THE IMPORTANCE OF PROTECTED AREAS AND CONSERVATION OUTCOMES.

OVERALL, THE PROGRAM MADE SIGNIFICANT STRIDES IN BIODIVERSITY PROTECTION, COMMUNITY RESILIENCE, SCIENTIFIC RESEARCH, AND LOCAL CAPACITY DEVELOPMENT, SUPPORTING MADAGASCAR'S LONG-TERM CONSERVATION PRIORITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2025, OUR PROGRAMMING WAS BOLSTERED BY 135 REGULARLY SCHEDULED VOLUNTEERS WHO DONATED MORE THAN 10,000 HOURS OF SERVICE. OUR CONSISTENT VOLUNTEER BASE IS ESSENTIAL TO DELIVERING OUR PROGRAMMING IN A COST-EFFECTIVE MANNER. THROUGH MEANINGFUL CONNECTIONS WITH INDIVIDUALS, WE INSPIRE PEOPLE TO VALUE RAPTORS AND TAKE ACTION.

Name of the organization

THE PEREGRINE FUND, INC.

Employer identification number

23-1969973

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

THE PUERTO RICAN SHARP-SHINNED HAWK (PRSSH) AND PUERTO RICAN BROAD-WINGED HAWK (PRBWA) ARE TWO CRITICALLY IMPERILED ENDEMIC RAPTOR SUBSPECIES FACING SEVERE POPULATION DECLINES DRIVEN BY HABITAT LOSS, EXTREME WEATHER EVENTS, NEST PARASITISM, PREDATION, SMALL POPULATION SIZE, AND LIMITED GENETIC DIVERSITY. BOTH WERE LISTED UNDER THE U.S. ENDANGERED SPECIES ACT IN 1994, AND DECADES OF MONITORING DOCUMENT ALARMINGLY LOW NUMBERS AND UNSTABLE BREEDING SUCCESS. THE PEREGRINE FUND (TPF) LEADS THE ONLY LONG-TERM, ISLAND-WIDE CONSERVATION EFFORT FOCUSED ON PREVENTING EXTINCTION AND RESTORING BOTH SPECIES THROUGH NEST MANAGEMENT, PROPAGATION, RIGOROUS RESEARCH, AND CAPACITY-BUILDING IN PUERTO RICO.

TPF'S GOALS ARE TO PREVENT EXTINCTION OF THE PRSSH BY BOOSTING REPRODUCTIVE OUTPUT THROUGH DOUBLE-CLUTCHING, PROPAGATION, RELEASES, AND TARGETED NEST MANAGEMENT, AND TO IDENTIFY THE ECOLOGICAL DRIVERS OF DECLINE FOR BOTH PRSSH AND PRBWA TO GUIDE A LONG-TERM CONSERVATION PLAN. THESE EFFORTS HAVE PRODUCED MEASURABLE GAINS: SINCE 2018, TPF HAS SUCCESSFULLY FLEDGED 83 PRSSHs THROUGH PROPAGATION AND NEST MANAGEMENT, TRAINED OVER 45 CONSERVATION PERSONNEL, AND BUILT STRONG PARTNERSHIPS WITH LOCAL COMMUNITIES, LANDOWNERS, AND GOVERNMENTAL AGENCIES.

IN 2025, TPF DOCUMENTED 45 PRSSH INDIVIDUALS AND 13 OCCUPIED TERRITORIES, LOCATING SEVEN BREEDING PAIRS AND PRODUCING 16 FLEDGLINGS THROUGH A COMBINATION OF HACKING AND WILD NEST MANAGEMENT. A NEWLY CONSTRUCTED HACK TOWER AND IMPROVED FACILITIES INCREASED OPERATIONAL CAPACITY, WHILE TELEMETRY TRACKING PROVIDED THE FIRST DETAILED DISPERSAL DATA, INDICATING CONNECTIVITY AMONG REMAINING FOREST RESERVES. COMMUNITY OUTREACH THROUGH CASA PUEBLO EXPANDED LOCAL SUPPORT AND AWARENESS.

FOR THE PRBWA, TPF COMPLETED ITS FIRST STRUCTURED BREEDING BIOLOGY STUDY, OBSERVING 50 INDIVIDUALS AND IDENTIFYING 15 OCCUPIED TERRITORIES. SIX NESTS WERE MONITORED, WITH THREE SUCCEEDING AND FOUR FLEDGLINGS PRODUCED. NEWLY DOCUMENTED THREATS-INCLUDING BOA PREDATION ON NESTLINGS AND WIDESPREAD PHILORNIS PARASITISM IN NESTLINGS AND AT LEAST ONE ADULT-HIGHLIGHT EMERGING CONSERVATION CHALLENGES. NEST TREATMENT IMPROVED SURVIVAL BUT DID NOT FULLY ELIMINATE PARASITE LOADS, UNDERSCORING THE NEED FOR TARGETED MITIGATION STRATEGIES AND FURTHER ECOLOGICAL STUDY.

WHILE BOTH SUBSPECIES REMAIN AT CRITICALLY LOW POPULATION LEVELS, THE 2025 FINDINGS DEMONSTRATE THAT ACTIVE MANAGEMENT MEASURABLY INCREASES PRODUCTIVITY AND SURVIVAL. CONTINUED INVESTMENT IS ESSENTIAL TO MAINTAIN PROPAGATION INFRASTRUCTURE, EXPAND NEST PROTECTION, MITIGATE PARASITISM AND PREDATION, AND DEEPEN SCIENTIFIC UNDERSTANDING. WITH ONLY TWO REMAINING PRSSH BREEDING AREAS AND FRAGMENTED PRBWA POPULATIONS, SUSTAINED CONSERVATION ACTION IS IMPERATIVE TO SECURE THE FUTURE OF PUERTO RICO'S ENDEMIC FOREST RAPTORS.
EXPENSES \$ 787,030. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAM SERVICES

EXPENSES \$ 5,703,156. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

Name of the organization THE PEREGRINE FUND, INC. MADAGASCAR, DOMINICAN REPUBLIC, KENYA	Employer identification number 23-1969973
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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM AND REVIEWED BY THE AUDIT COMMITTEE AND THE EXECUTIVE BOARD FOR APPROVAL. THE FORM 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

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, 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 OCTOBER 2025 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.

SCHEDULE L, PART IV, LINE 2

THE ORGANIZATION HAS A CAPITAL PROJECT CONSTRUCTION CONTRACT TO EXPAND A CONDOR BAN WITH JORDAN-WILCOMB CONSTRUCTION, OWNED BY A BOARD MEMBER. VICE CHAIR, AND TREASURER OF THE ORGANIZATION. THE TOTAL SUM OF THE ORIGINAL CONTRACT IS FOR \$1,061,000, BUT THE CONTRACT, NOW COMPLETED, ENDED UP TOTALING \$904,000, FOR A SAVINGS OF \$157,000. AS REPORTED ON

