Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

			<u>'</u>					•				
	For the	2009 calen	dar year,	or tax year b			2009, a	and endin	g			,
В	Check if	applicable		C Name of or	ganızatıon					D Employ	er Iden	tification Number
	Add	ress change	Please use IRS label	INTERNA'	TIONAL PRIM	ATE PROTECT	ION L	EAGUE		51-0	0194	013
	Nam	ne change	or print or type.	Number an	d street (or P O box if	mail is not delivered to	street addr	r) Room/sı	ute	E Telepho	ne num	ber
	Initia	al return	See specific	PO BOX	766					(84:	3) 8	71-2280
	Tern	nination	Instruc- tions.	City, town	or country		State Z	ZIP code + 4		•		
	\vdash	ended return		SUMMERV	71.1.2		SC :	29484		G Gross r	ncointe	\$ 1,808,525.
	=	lication pending	F Name a	and address of pr			<u> </u>		H(a) Is this	a group retur		
				MCGREAL PO	•	SUMMERVILL	P 60			affiliates incl		Yes No
	Tay	exempt statu							If 'No,'	attach a list	(see in:	structions)
÷)◀ (insert no)	4947(a)(1)	01	527				_
<u>J</u>			W.IPPL			7	1.			exemption nu		
K	Form c	of organization	X Corpora	ation Trust	Association	Other ►	L Ye	ar of Formati	ion 1973	3 IMIS	tate of	legal domicile SC
Pa		Summa										
						ignificant activities					S_AN	D EXPOSES
9	_					G THE LAST I				S;	-	
Activities & Governance	_	RESCUED			CENTERS; A	ND_OPERATES	A SA	NCLOWK	Y_FOR_			
Ver					-, , -						-	
ĝ		heck this bo)X	if the organia	zation discontinue Joverning body (F	ed its operations o	r dispos	sed of mo	re than 2	5% of its		
≪ಶ						rart vi, line Ta) rning body (Part V	// lipo 1	16)				5
es				vees (Part V		ming body (Fait v	i, iiie i	10,)				12
₹			•		te if necessary)	•			•		6	3
AC						II, Icolumn (C), inc	= 12				7a	0.
					me from Form 9					· ·	7b	
_						<u></u> ,	-			rior Year		Current Year
	8 0	Contributions	and oran	its (Part VIII,	line 1h)					,197,8	50	1,219,149.
E C			-	ue (Part VIII)	•				-	, 137, 0	55.	1,219,149.
Revenue		-		-	nn (A), lines 3, 4,	and 7d)				41,4	26	116,697.
æ						, 9c, 10c, and 11e	`			31,8		-2,300.
					• • • • • • • • • • • • • • • • • • • •	Part VIII, column		. 12\	-			1,333,546.
							(A), IIIle	= 12)	 	,271,1		
					art IX, column (A	•	•	•		214,8	/4.	401,189.
					art IX, column (A	•	•		}			
	i .			· · · · · · · · · · · · · · · · · · ·	-	art IX, column (A),	lines 5	5-10)		259,1	56.	253,330.
-8	16a P	Professional 1	fundraisin	ig fees (Part	IX, column (A), I	ne 11e)						
Expenses	ьт	otal fundrais	ing expe	nses (Part IX	, column (D), line	25) ▶	15	,364.	1		1	
√Ш	17 C	Other expens	es (Part I	X, column (A	A), lines 11a-11d,	11f-24f)				554,5	48.	467,191.
7						, column (A), line	25)		1	,028,5		1,121,710.
<u>}</u>	1				ne 18 from line 1	C C				242,5		211,836.
	13_1	CVC/IGC IC33	Схрспас	3 Oubtract ii	THE TO HOTTI INTE	<u> </u>						
te o			5	16	(,ہے)					ining of Y		End of Year
Bale		otal assets (-		V.35	MAY 3 3 20	0i0 :		· 4	,000,2		4,259,033.
Not Assets or Fund Balancoe	21 T	otal liabilitie	s (Part X	, line 26)	7	ini 11 % 2 51	010		ļ	27,6	61.	29,486.
ź	22 N				ct line 21 from lin	e 20	•••		3	,972,6	09.	4,229,547.
Ра	rt II	Signatu			ave examined this return	n including accompany	no-schedu	tes and state	aments and	to the hest of	f my kny	nwladna and haliaf it is
		true, correct, a	nd complete	Declaration of p	reparer (other than offi	n, including accompany cer) is based on all infor	mation of	which prepar	rer has any k	nowledge		owicage and asher, it is
Sig	ın	► ¥ ()	لمنتله	~ M	Cre ed				10	(S/i	01	10
He	re	Signature	of officer	1					Dat	e e		7
		►	HIR	664	McG	REPL		CHO	4Ru	IDM	A	\sim
		Type or pr	int name and	d title						*	•	
				7.	1		Dat	te	Ch	eck if	Pr	reparer's identifying number ee instructions)
Pai	id	l `	1/3	of the	<i>**</i>			1,1	se	lf•		ee instructions)
Pre		Preparer's signature	► DETI	ER A KEN			ک	7/4/1	u $ $ $ $ $ $	nployed P	-1	00727631
pai	rer's					+ TTC		-11			1 9	00 10. 1001
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On	ly	employed), address, and				Ste 9	0415		EII		1000	30 () ()
N.6 -	. the ID	ZIP + 4		th Charl			9418		Ph	one no	(843	
						e? (see instruction				·		X Yes No
PA	a rort	rivacy Act a	іпа Рареі	work Reauc	tion ACT NOTICE, S	ee the separate in	istructio	ons.		TEEA0101	07/20/	ros Form 990 (2009)

	1 990 (2009) INTERNATIONAL PRIMATE PROTECTION LEAGUE	51-019401	<u>3</u>		Page 2
Pa	rt III Statement of Program Service Accomplishments	· _			
1	Briefly describe the organization's mission:				
	TRACKS DOWN SMUGGLERS AND EXPOSES				
	BLACK MARKETS THAT ARE DECIMATING THE LAST REMAINING PRIMATES;				
	See Form 990, Page 2, Part III, Line 1 (continued)				
	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
	If 'Yes,' describe these new services on Schedule O				
2			Yes	x	No
3		s'	res	v	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported	expenses Section ocations to othe	s, the	total	
4:	(Code) (Expenses \$ 401,189. including grants of \$ 401,189.) (Re	evenue \$			0.)
7 6	GRANTS TO GROUPS AND INDIVIDUALS WHO MONITOR AND PROVIDE INFORMATION	·			
	ON ILLEGAL TRAFFICKING IN PRIMATES; PRIMATE CONSERVATION; AND WELL-B				
	OF CAPTURE DRIVING				
	OF CAPILLE PRIMATES.	~ 			
		 -	-		- -
		- -			
					.
	~	- -			
4b	(Code) (Expenses \$ 125,092. including grants of \$ 0.) (Re	venue \$			0.)
	ACTION ALERTS, NEWSLETTERS AND OTHER EDUCATIONAL REPORTS TO ALERT				
	AND EDUCATE THE PUBLIC ON THE ISSUES OF PRIMATES; ILLEGAL TRAFFICKIN	G			
	OF PRIMATES; AND PRIMATE PROTECTION.				
					- <i>-</i> ,
		~ -			
	40 1 446 006 11 1 4 4				•
	(Code) (Expenses \$446,986. including grants of \$0.) (Re				0.)
	MAINTENANCE OF A FACILITY DEDICATED TO THE CARE AND THE REHABILITATI				
	OF GIBBONS RELEASED FROM RESEARCH FACILITIES, INCLUDING BUILDING				- - -
	CONSTRUCTION, REPAIRS AND ANIMAL CARETAKERS.				
					_
				-	
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 973,267.				
	- Compression - Company				

	↓		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x				
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х				
11	is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х					
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	,		٠				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.							
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			-				
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		3					
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			•				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X							
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х					
12 /	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х				
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		х				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	Х_					
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III .								
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.								
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x				
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H								

Yes No Did the organization report more than 5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2⁷ If 'Yes,' complete Schedule I, Parts I and III 22 X 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a X b is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Schedule L, Part III Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Schedule L, Part IV X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I . 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 X Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38

Form 990 (2009)

Part IV

			Yes	No
1	la Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		163	140
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x -	
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 12			
2	2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4	la At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country ▶		•	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		_	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	l		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
	d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	Ω		~~~~
9	Sponsoring organizations maintaining donor advised funds.	8		<u> </u>
	a Did the organization make any taxable distributions under section 4966?	9a		X
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter	-		
	a Initiation fees and capital contributions included on Part VIII, line 12	l		
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter	}	ŀ	
	a Gross income from other members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form **990** (2009)

Form 990 (2009) INTERNATIONAL PRIMATE PROTECTION LEAGUE Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1 a | 5 1a Enter the number of voting members of the governing body 1b 4 **b** Enter the number of voting members that are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 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 or trustees, or key employees to a management company or other person? 3 X 4 X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? х 6 Does the organization have members or stockholders? 6 х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7Ь X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? х 8ь ¥ b Each committee with authority to act on behalf of the governing body? 9 is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O q X (This Section B requests information about policies not required by the Internal Policies Revenue Code) Yes No 10 a 10a Does the organization have local chapters, branches, or affiliates? Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No.' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Does the organization have a written whistleblower policy? 13 Х Does the organization have a written document retention and destruction policy? 14 Х 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 15 a Х Х 15 b b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable 16a Х entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable lederal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosures List the states with which a copy of this Form 990 is required to be filed ► See States Form 990 Filed In Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply |X| Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial

State the name, physical address, and telephone number of the person who possesses the books and records of the organization SUMMERVILLE SC 29484 (843) 871-2280

Form 990 (2009)

statements available to the public

PO BOX 766

BAA

Form 990 (2009)

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did n	ot compen	sate a	any	curr	ent	officer	, dır	ector, or trustee		
(A)	(B)	(B) (c)						(D)	(E)	(F)
Name and Title	Average hours		_			that app	_	Reportable compensation from	Reportable compensation from	Estimated
	hours per week	advict of trastee or director	mshlubonal trustee	Offi er		Higl est cointensaled employee	rumen	the organization (W 2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SHIRLEY MCGREAL		_								
CHAIRWOMAN	50.00			x	x	}		36,000.	0.	0.
DIANE TAYLOR-SNOW						-				
SECRETARY/TREASURER	20.00	x						0.	0.	0.
CLARA WOODCOCK										
DIRECTOR	2.00	_X						0.	0.	<u>0.</u>
HEATHER MCGIFFIN										
DIRECTOR	2.00	_X						0.	0.	<u> </u>
ANN KOROS				i					1	
DIRECTOR	15.00	X	ļ		<u> </u>			0.	0.	0.
										. <u></u>
DAA									·	F 000 (2000)

TEEA0107 11/10/09

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes Not such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	Part VII Section A. Officers, Directors, Trus	<u>tees, k</u>	(ey	En	plo	oye	es,	an			ployees (cont.)
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the last of the organization of the compensation from the last of the organization of the compensation from the last of the organization of the compensation from the last of the organization of the compensation from the last of the organization of the compensation from the last of the organization of the compensation from the organization of the compensation from the last of the organization of the compensation from the organization of the compensation of the compensa	(A)	1	-						(D)	(E)	(F)
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a* If Yes; complete Schedule I for such individuals 4 for any additional interest in the late of the properties of the p	Name and Title								compensation from the organization	l compensation from	amount of other
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Oxid this organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a* If Yes, complete Schedule I for such individual 4 For any advidual sided on the 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000° If Yes' complete Schedule I for such the organization and related organizations greater than \$150,000° If Yes' complete Schedule I for such the organization and other compensation from the organization of related organization of related organization of related organization if Yes, complete Schedule I for such the organization of the organization in the organization of the organization organizat			rector	utional	er	employe	est com	ъ	((** 2 **** **** **** ****	organization and related
1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensation mile 1a? If Yes; complete Schedule I for such individual 4 For any individual sixted on line 1a is, is the sum of reportable compensation and other compensation or related organization and related organization in the organization of related organization of the organization in Yes, complete Schedule I for such individual to the organization in Yes, complete Schedule I for such person. Section 8. Independent Contractors 1 Complete this table for your the highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation			stee	rustee		ñ	ensated				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes Ni 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 3		ļ		_		-					
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes Ni 1							_				
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes Ni 1		<u> </u>						_			
The formation the organization of the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of Services (C) Compensation											
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on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) Name and business address (C) Compensation				-							Yes No
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such Individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of Services Compensation	on line 1a ⁵ If 'Yes,' complete Schedule J for such ii	ndıvıdua	L	•		-					3 X
rendered to the organization? If 'Yes,' complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of Services (C) Compensation	the organization and related organizations greater to	portable nan \$15	con 0,00	nper 0? <i>I</i>	nsat f 'Y	ion es' d	and comp	oth olete	er compensation e Schedule J for s	from such	4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address (B) Compensation Compensation	5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes' complete Sci	ompens	ation	fro	m a	iny i	ınrel	late	d organization for	services	5 X
Compensation from the organization (A) Name and business address (B) Description of Services Compensation		icauic 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	300,	, pc						
Name and business address Description of Services Compensation	1 Complete this table for your five highest compensate compensation from the organization	ed inder	end	ent	con	trac	tors	tha	t received more th	nan \$100,000 of	
Total number of independent contractors (including but not limited to those listed above) who received more than	(A) Name and business addres	s							(B) Description (of Services	(C) Compensation
Total number of independent contractors (including but not limited to those listed above) who received more than											
Total number of independent contractors (including but not limited to those listed above) who received more than											
Total number of independent contractors (including but not limited to those listed above) who received more than						_					
	2 Total number of independent contractors (including	but not	lımıtı	ed t	o th	ose	liste	ed a	bove) who receive	ed more than	

Page 9

1. 4	TT VIII CLUCOMENT OF REVENUE				
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>s</u>	1a Federated campaigns 1a				
ANTS	b Membership dues 1b 75,283	-			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events	'`			
	d Related organizations 1 d	_			
	e Government grants (contributions) 1 e	<u> </u>			
SIS	e dovernment grants (commoditions)				
RIBUTIC	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,143,866	<u>; . </u>			
NO ON	g Noncash contribns included in lns la-lf \$		-		
		► 1,219,149.	·		
PROGRAM SERVICE REVENUE	Business Code	- -			
2	2a	_			
با تا	b				
≥ ≤	c		<u> </u>		
SEF	d				
ΑĀ	e				
g	f All other program service revenue				
Ě	g Total. Add lines 2a-2f	>			
	3 Investment income (including dividends, interest and other similar amounts)	115,859.	115,859.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	>			
	5 Royalties	>			
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)	-		-	
	d Net rental income or (loss)	<u></u> ·		*** *********	
	(A) Cognisitors (A) Other	<u> </u>			
	7a Gross amount from sales of assets other than inventory 471,605.	-			
	assets other than inventory 471,803.				
	b Less cost or other basis				
	and sales expenses 470,767.	_	}		
	c Gain or (loss) 838.				
	d Net gain or (loss)	<u>▶</u> 838.	838.	0.	0.
NGE	8a Gross income from fundraising events (not including \$				
3	of contributions reported on line 1c)				
8	See Part IV, line 18				
OTHER REVEN	b Less direct expenses b				
°۱	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b	_			
	c Net income or (loss) from gaming activities	>			
	10a Gross sales of inventory, less returns				
ł	and allowances a 1,773		i		
ŀ	b Less cost of goods sold b 4,212				
	c Net income or (loss) from sales of inventory	<u>► -2,439.</u>	-2,439.	0.	0.
}	Miscellaneous Revenue Business Code	<u> </u>			
	¹¹ a	<u> </u>			
	b REIMBURSED EXPENSES 900099	139.	139.	0.	0.
1	c				
	d All other revenue				
	e Total. Add lines 11a-11d	► 139.			
	12 Total revenue. See instructions	1 ,333,546.	114,397.	0.	0.

Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	An other organizations must com	piete column (A) but un			- (-).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,100.	15,100.		
2					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	386,089.	386,089.		
	1	3007,003.	30070031		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	36,000.	29,340.	6,156.	504.
6		, 33,033			
7		100 207	161 696	22 024	0 777
8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	198,387.	161,686.	33,924.	2,777.
9	Other employee benefits				
10	Payroll taxes	18,943.	15,439.	3,239.	265.
	Fees for services (non-employees)	,	,		
	Management				
	o Legal	1,828.	1,828.	0.	0.
	ŀ	14,500.	0.	14,500.	0.
	Accounting	14,500.	<u>U.</u>	14,500.	<u> </u>
	Lobbying	·			
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees	150.	0.	150.	0.
Ģ	Other .	18,366.	18,366.	0.	0.
12	Advertising and promotion	8,904.	0.	8,904.	0.
13	Office expenses	44,892.	32,097.	2,511.	10,284.
14	Information technology	7,489.	0.	7,489.	0.
15	Royalties				
16	Occupancy	4,800.	4,800.	0.	0.
17	Travel	12,477.	12,477.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	976.	976.	0.	0.
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,335.	54,775.	21,026.	1,534.
23	Insurance	26,521.	22,198.	4,323.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	ANIMAL FOOD	57,585.	57,585.	0.	0.
t	CONTRACT LABOR	27,775.	12,071.	15,704.	0.
c	INVESTIGATIONS	5,572.	5,572.	0.	0.
	REPORTS/LITERATURE	27,305.	26,336.	969.	0.
	PUBLICATIONS	45,511.	45,511.	0.	0.
	All other expenses	85,205.	71,021.	14,184.	0.
25		1,121,710.	973,267.	133,079.	15,364.
	Joint costs. Check here if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,121,110.	513,201.	133,077.	
RΔΔ					Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year (B) End of year 72,968. 1 93,009. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees. 5 and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 ASSETS 7 Notes and loans receivable, net 4,268. 8 4,268. Inventories for sale or use Prepaid expenses and deferred charges 22,228. 9 22,419. 10a Land, buildings, and equipment cost or other basis 10a 1,733,135. Complete Part VI of Schedule D 10b 1,068,274 **b** Less accumulated depreciation 725,500. 10 c 1,007,635. Investments - publicly-traded securities 2,767,845. 11 3,063,511. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 64,687. 68,191. 4,000,270. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 4,259,033. 27,661. 17 17 Accounts payable and accrued expenses 29,486. 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 27,661 26 29,486. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 3,952,609. 4,209,547. 28 Temporarily restricted net assets 0. Permanently restricted net assets 20,000. 29 20,000. R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 3,972,609. 33 4,229,547. Total liabilities and net assets/fund balances. 4,259,033. 34 4,000,270.

BAA

Form **990** (2009)

Form 990 (20)	09) INTERNATIONAL	PRIMATE	PROTECTION	LEAGUE	 51-0194013
Part XI F	inancial Statements a	nd Report	ting		

	•		Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	b Were the organization's financial statements audited by an independent accountant?	2b	x	
	c 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?	2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
1	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
i	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	i	

Form **990** (2009)

Page **12**

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

INT	ERI	NATIONAL PRI	MATE PROTECTION	ON LEAGUE					51-0	194013	3		
Par	t I	Reason for Pu	ublic Charity Statu	us (All organizations	must	comple	ete this	part.) See i	nstruct	ions		
he d	orga	nization is not a pr	ivate foundation beca	use it is (For lines 1 thro	ough 11,	check o	only one	box)					
1		A church, convent	tion of churches or ass	sociation of churches des	cribed i	n sectio	n 170(b)	(1)(A)(i)).				
2		A school describe	d in section 170(b)(1)	(A)(ii). (Attach Schedule	E)								
3	П	A hospital or coop	erative hospital service	e organization described	ın sect	ion 170(b)(1)(A)	(iii).					
4	П	A medical research	h organization operati	ed in conjunction with a h	nospital	describe	ed in sec	ction 17	0(b)(1)(4)(iii) Er	nter the ho	spital's	5
	_	name, city, and st	ate										
5		An organization of 170(b)(1)(A)(iv). (perated for the benefit Complete Part II)	of a college or university	y owned	or oper	rated by	a gove	rnmenta	I unit de	scribed in	sectio	n
6 7		An organization th		governmental unit descri a substantial part of its si Part II)					t or fron	n the ger	neral public	desc	rıbed
8				170(b)(1)(A)(vi). (Comple	te Part	H)							
9	X	from activities relations	ated to its exempt fund	(1) more than 33-1/3 % of ctions — subject to certain ess taxable income (less Complete Part III)	n excep	tions, ar	nd (2) no	more t	lhan 33-	1/3 % of	its suppor	t from	gross
10	\Box			exclusively to test for pu	ublic saf	ety See	section	1 509(a)	(4).				
11		more publicly supp	ported organizations of supporting organi	exclusively for the bene described in section 509(zation and complete lines	a)(1) or s 11e th	section rough 1	509(a)(2 1h.	2) See	of, or ca section	rry out th 509(a)(3	ne purpose). Check t	s of o	ne or k that
	_	a Type I	b ∐Type II	c 💹 Type II		-	_			d 📗	Type III-		
е	Ш	By checking this b than foundation m 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control in one or more publicly s	led dired upported	ctly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	fied perso (a)(1) or s	ns oth ection	ner
f		If the organization check this box	received a written de	termination from the IRS	that is a	a Type I	, Type II ·	or Typ	e III sup	porting (organizatio	n,	
g		Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	7		
												Yes	No
		(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	togethe	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
		(ii) a family men	nber of a person desc	cribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	olled entity of a persor	n described in (i) or (ii) al	bove?						11 g (iii)		
h		Provide the followi	ng information about	the supported organization	ons								
	(1)	Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) lister	is the tion in col d in your erning ment?	the organ	ou notify ization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(viı) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
						i							
					 								
otal													

	edule A (Form 990 or 990-EZ) 200		CIONAL PRIM			51-019401	
Pa	rt II Support Schedule for	•			l(b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi)
Sec	' (Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Pa	rt I)			
beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
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)	,		U			
6	Public support. Subtract line 5 from line 4					,	
Sec	tion B. Total Support		T		·		
	ndar year (or fiscal year nnıng in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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 IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20	•		ne 11, column (f)		14	%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14		•	15	%
16 a	33-1/3 support test $-$ 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the bo olicly supported o	x on line 13, and rganization.	d the line 14 is 33	-1/3 % or more, c	heck this box ►
b	33-1/3 support test $-$ 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a ganization.	a, and line 15 is 33	3-1/3% or more, o	theck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how

b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

Section A. Public Support

(Complete only if you checked the box on line 9 of Part I)

Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 960,643. 1,198,837. 1,397,732. 1,197,859. 1,219,149 5,974,220. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 1,773 1,977. 2,105 1,372 1,912 9,139. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 962,620. 1,200,942. 1,399,104. 1,199,771. 1,220,922 5,983,359. 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 5,983,359. Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 962,620. 1,200,942. 1,399,104. 1,199,771. 1,220,922. 5,983,359. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 70,212 80,453 52,152 41,426 116,697 360,940. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 70,212 52,152. 41,426. 116,697. 360,940. c Add lines 10a and 10b 80,453 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) 6,344,299. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 94.31% Public support percentage from 2008 Schedule A, Part III, line 15 16 95.04 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 5.69 % 4.96% 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. 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 X 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 — 2008. If the organization did not check a box on line 14 or 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 990-EZ) 2009	INTERNATIONAL	PRIMATE	PROTECT	ION LEAGUE	51-0194013	Page 4
Part IV	(Form 990 or 990-EZ) 2009 Supplemental Informat Part II, line 17a or 17b;	ion. Complete this and Part III, line 1	part to pro 2. Provide	ovide the eany other	explanations re r additional info	equired by Part II, lir ormation. See instru	ne 10; actions.
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

IN	TERNATIONAL PRIMATE PROTECTION	N LEAGUE		51-0194013
Pa	ort I Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe to Form 990, Part IV, line	er Similar Funds or Acc	ounts Complete If
		(a) Donor advised		unds and other accounts
1	Total number at end of year	(4, 25, 15, 15, 15, 15, 15, 15, 15, 15, 15, 1	(2)	
2				
3				
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing that the	assets held in donor advised	
6	funds are the organization's property, subject Did the organization inform all grantees, donc used only for charitable purposes and not for	ors, and donor advisors in writing	no that grant funds may be	Yes No
	purpose conferring impermissible private beni	efit?? .		Yes No
	rt II Conservation Easements Comple			90, Part IV, line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all th	at apply)	
	Preservation of land for public use (e g , i	recreation or pleasure)	Preservation of an historic	ally important land area
	Protection of natural habitat	Į	Preservation of certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizational last day of the tax year	on held a qualified conservation	n contribution in the form of	a conservation easement on the
				Held at the End of the Year
	a Total number of conservation easements	,	2a	
	b Total acreage restricted by conservation ease	ments .	2b	
	c Number of conservation easements on a certi	fied historic structure included	ın (a) 2c	
	d Number of conservation easements included i	n (c) acquired after 8/17/06.	2d	
3	Number of conservation easements modified,	transferred, released, extingui-	shed, or terminated by the or	ganization during the tax
	year ►			
4	Number of states where property subject to co	onservation easement is locate	d ►	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring	g, inspection, handling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitorin during the year ►		onservation easements	
7	Amount of expenses incurred in monitoring, in during the year	nspecting, and enforcing conse	rvation easements \$	
R	Does each conservation easement reported or	n line 2(d) above satisfy the re-	nurements of section	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		•	. Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	to the organization's financial s	statements that describes the	organization's accounting for
Pa	rt III Organizations Maintaining Colle	ctions of Art, Historical	Treasures, or Other Sim	nilar Assets
	Complete if the organization answ	wered 'Yes' to Form 990,	Part IV, line 8.	
1;	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	lic exhibition, education, or res	earch in furtherance of public	nce sheet works of art, historical c service, provide, in Part XIV,
ı	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	r SFAS 116, to report in its rev lic exhibition, education, or res	enue statement and balance earch in furtherance of public	sheet works of art, historical c service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1 .		►\$
	(ii) Assets included in Form 990, Part X	•		►\$ ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 relating to these items:	r similar assets for financial g	gain, provide the following
i	a Revenues included in Form 990, Part VIII, line			► \$
	Assets included in Form 990, Part X			► \$
	•			

Schedule D (Form 990) 2009 INTE					51-019		ontin	Page 2 ued)
3 Using the organization's acquisit items (check all that apply)								
a Public exhibition			d Loan	or exchange programs				
b Scholarly research			e 🗍 Other	·				
c Preservation for future gene	rations		_					
4 Provide a description of the organical Part XIV			•			se in		
5 During the year, did the organiza assets to be sold to raise funds						Yes		No
Part IV Escrow and Custodia 9, or reported an amo	d Arranger ount on For	ments m 990	Complete if o , Part X, line	organization answe 21.	red 'Yes' to Form 9	90, Pa	irt IV,	line
1 a Is the organization an agent, true included on Form 990, Part X?					her assets not	Yes	[No
b If 'Yes,' explain the arrangement	t in Part XIV	and con	nplete the follow	ing table:	r 			
						Amoun	<u>t</u>	
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year		• •			1e			
f Ending balance2a Did the organization include an a		000	David V June 212	•	1f)	Yes	 -	No
b If 'Yes,' explain the arrangement		1111 990,	rait A, line 217		,	162	t	_] 140
Part V Endowment Funds Co		rganiz	ation answer	ed 'Yes' to Form 90	0 Part IV line 10			
Turt V Lindowincht unus 00	(a) Current		(b) Prior year			(e)	Four year	rs hack
1 a Beginning of year balance	(a) carrent	- your	(b) i noi year	(0) 140 30010 800	(u) Tiree years buok	1 (0)	our you	13 Dack
b Contributions					· · · · · · · · · · · · · · · · · · ·	+ -		
c Net Investment earnings, gains, and losses							•	
d Grants or scholarships						- 		
Other expenditures for facilities and programs						1.		
f Administrative expenses						1		
g End of year balance								
2 Provide the estimated percentage	e of the year	end bal	ance held as		· · · · · · · · · · · · · · · · · · ·			
a Board designated or quasi-endov	vment -		%					
b Permanent endowment ►_								
c Term endowment	8							
3a Are there endowment funds not a organization by	n the posses	sion of	the organization	that are held and admi	nistered for the	Γ	Yes	No
(i) unrelated organizations						3a(i)		1
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ıı), are the related of	organizations	listed a	s required on So	hedule R? .		3b		
4 Describe in Part XIV the intended	_		•			<u> </u>		<u></u>
Part VI Investments-Land, B					, line 10.			
Description of investment		(a) Cos	t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book V	alue
1 a Land				313,264.			313	,264.
b Buildings				753,750.	254,137.		499	,613.
c Leasehold improvements								
d Equipment .				666,121.	471,363.		194	<u>,758.</u>
e Other		<u> </u>						
Total. Add lines 1a through 1e (Columi	n (d) must eq	ual For	m 990, Part X, c	olumn (B), line 10(c))	<u>, , </u>			,635.
D A A					C-L	tula D M	M	2002

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 INTERNATIONAL PR			4013 Page 3
Part VII Investments—Other Securities See	(b) Book value	. (c) Method of valua	tion
 (a) Description of security or category (including name of security) 	(b) Book value	Cost or end-of-year mar	ket value
Financial derivatives			
Closely-held equity interests			
Other			
	-		
	_		
	_		
	_		Ud-1
Total (Column (b) must equal Form 990 Part X, col (B) line 12)	-		
Part VIII Investments—Program Related (See	Form 990 Part X line 1	3)	<u></u>
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
· · · · · · · · · · · · · · · · · · ·	(,	Cost or end-of-year mark	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		 	
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X			,, ,
· · · · · · · · · · · · · · · · · · ·	, iirie 15) Pescription		(h) Poole value
(a) CASH SURRENDER VALUE-LIFE INSURANCE	escription		(b) Book value 68,191.
CHOIL DOLLARDER VALUE HITE INDURANCE			00,131.
S BANKEL			
Total. (Column (b) must equal Form 990, Part X, col (B),	line 15)	•	68,191.
Part X Other Liabilities (See Form 990, Part			00,131.
(a) Description of Liability	(b) Amount		.
Federal Income Taxes			
		•	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2009 INTERNATIONAL PRIMATE PROTECT	ION LEAGUE	51-019401	.3 Page 4
Part XI Reconciliation of Change in Net Assets from Form	990 to Financial State	ments	
1 Total revenue (Form 990, Part VIII, column (A), line 12)			1,333,546.
2 Total expenses (Form 990, Part IX, column (A), line 25)			1,121,710.
3 Excess or (deficit) for the year Subtract line 2 from line 1			<u>211,836.</u>
4 Net unrealized gains (losses) on investments			45,102.
5 Donated services and use of facilities		<u> </u>	
6 Investment expenses			
7 Prior period adjustments .	•	·	
8 Other (Describe in Part XIV)		ļ	
9 Total adjustments (net) Add lines 4 through 8			45,102.
10 Excess or (deficit) for the year per audited financial statements Combin		D-t	256,938.
Part XII Reconciliation of Revenue per Audited Financial St			
1 Total revenue, gains, and other support per audited financial statement	5	1	1,382,860.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	اءه ا	45 300	
a Net unrealized gains on investments		45,102.	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c	4 010	
d Other (Describe in Part XIV)	2 d	4,212.	
e Add lines 2a through 2d		2e	49,314.
3 Subtract line 2e from line 1	1 1	3	1,333,546.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I		5	1,333,546.
Part XIII Reconciliation of Expenses per Audited Financial S	tatements with Expe		1 105 000
1 Total expenses and losses per audited financial statements		1	1,125,922.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	ا م ا		
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2c		
d Other (Describe in Part XIV)	2 d	4,212.	
e Add lines 2a through 2d			4,212.
3 Subtract line 2e from line 1	1 1	3	1,121,710.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4 b		
c Add lines 4a and 4b	•	. 4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I,	ine 18.)	5	1,121,710.
Part XIV Supplemental Information			
Dt VIII Line 2d COST OF COORS SOLD	and 9, Part III, lines 1a and ines 2d and 4b Also comp	lete this part to provid	e any additional
		-	
BAA TEEA3304 02/02	<u></u>	Schedule	D (Form 990) 2009

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Part XIV Supplemen	<u>tal Information (cont</u>	tınued)		<u> </u>		
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Schedule **D** (Form 990) 2009

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Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	Name of the organization Employer identification number								
INT	TERNATIONAL PRIMA	TE PROTECTI	ON LEAGUE			51-01940	13		
Par	to Form 990, Par	tion on Activiti t IV, line 14b.	ies Outside th	e United States. Complet	e if the	organizatio	n answered 'Yes'		
1	For grantmakers. Does the grantees' eligibility for the	e organization ma grants or assistar	untain records to nce, and the selec	substantiate the amount of the ction criteria used to award the	grants or grants or	assistance, thassistance?	ne Yes No		
2	For grantmakers. Describe	e in Part IV the or	ganization's proce	edures for monitoring the use o	f grant fur	nds outside th	e United States		
3	Activities per Region (Use	Schedule F-1 (Fo	orm 990) if addition	onal space is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a service specif	ivity listed in a program c, describe ic type of s) in region	(f) Total expenditures in region		
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Schedule F (Form 990) (2009)

Page 2

51-0194013

INTERNATIONAL PRIMATE PROTECTION LEAGUE

Schedule F (Form 990) 2009

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to
Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000
Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement	ELECTRONIC FUNDS	ELECTRONIC FUNDS	ELECTRONIC FUNDS	20,000. BLECTRONIC FUNDS	10,089. ELECTRONIC FUNDS	10,000. BLECTRONIC FUNDS	40,000. BLECTRONIC FUNDS	50,000. REECTRONIC FUNDS	20,000. ELECTRONIC FUNDS	10,000. BLECTRONIC FUNDS	47,000. BLECTRONIC FUNDS	6,000. BLECTRONIC FUNDS	BLECTRONIC FUNDS	_		
(e) Amount of cash grant	20,000.	25,000.	50,000.	20,000.	10,089.	10,000.	40,000.	50,000.	20,000.	10,000.	47,000.	6,000.	45,000.			
(d) Purpose of grant	a and Pacif ANIMAL SANCTUAR	a and Pacif ANIMAL SANCTUAR	ANIMAL SANCTUAR	ANIMAL SANCTUAR	ANIMAL SANCTURA	ANIMAL SANCTUAR	ANIMAL SANCTUAR	INVSTIGATNS - APE	ANIMAL SANCTUAR	ANIMAL SANCTUAR	ANIMAL SANCTUAR	PRIMAIR PROTECT	ANIMAL SANCIUAR			
(c) Region	East Asia and Pacif	East Asia and Pacif	East Asia and Pacif ANIMAL SANCTUAR	South America ANIMAL SANCTUAR	Sub-Saharan Africa ANIMAL SANCTURA	Sub-Saharan Africa ANIMAL SANCTUAR	Sub-Sabaran Africa ANIMAL SANCTUAR	Sub-Saharan Africa INVSTIGATNS-APE	Sub-Saharan Africa ANIMAL SANCTUAR	Sub-Saharan Africa ANIMAL SANCTUAR	Sub-Saharan Africa ANIMAL SANCTUAR	South Asia	South Asia			
(b) IRS code section and EIN (if applicable)			,				Autoria de la companya de la company						•		•	
1 (a) Name of organization			-											-		

Schedule F (Form 990) 2009

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

³ Enter total number of other organizations or entities

Page 3 INTERNATIONAL PRIMATE PROTECTION LEAGUE Schedule **F** (Form 990) 2009

Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Part IV	Supplemental Information	31-0194013	rage
· ·	Complete this part to provide the information required in Part I, line 2, and any additional in	nformation	
			-
			-
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Schedule **F** (Form 990) 2009

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number

ջ □ X Yes 51-0194013 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? Part I General Information on Grants and Assistance INTERNATIONAL PRIMATE PROTECTION LEAGUE

→ Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addi	tional space is i	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							•
					-		
							
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations				•	

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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3 Enter total number of other organizations

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. ALL GRANTEE ORGANIZATIONS ARE REQUIRED TO FILE WRITTEN PROPOSALS, WHICH MUST BE APPROVED. (e) Method of valuation (book, FMV, appraisal, other) PRIOR TO SENDING ANY FUNDS TO GRANTEES. ALL GRANTEES MUST THEN FILE A (d) Amount of non-cash assistance INTERNATIONAL PRIMATE PROTECTION LEAGUE (c) Amount of cash grant REPORT DISCLOSING HOW FUNDS WERE USED. (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Part III

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

INTERNATIONAL PRI	MATE PROTECTION LEAGUE	51-0194013
Pt_VI-A, Line 2	DURING THE YEAR, ONE BOARD MEMBER WAS THE SISTER	R OF CHAIRWOMAN
	AND EXECUTIVE DIRECTOR, SHIRLEY MCGREAL. AT YEAR	R-END, SHE
	WAS NO LONGER ON THE BOARD.	
Pt_VI-B, Line 11A	A COPY OF THIS FORM 990 WAS PROVIDED TO ALL BOAR	RD_MEMBERS
	PRIOR TO ITS FILING FOR QUESTIONS AND TO OBTAIN	APPROVAL
	TO FILE. SUCH APPROVAL WAS UNANIMOUS AND WAS DOC	CUMENTED
	in writing.	
Pt VI-B, Line 15	EXECUTIVE DIRECTOR'S SALARY IS APPROVED ANNUALLY	BY THE BOARD.
Pt_VI-C, Line 19	ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AN	D CONFLICTS OF
	INTEREST POLICIES ARE AVAILABLE UPON REQUEST.	
	·	
	· -	
	·	
	·	
		
		-

51-0194013

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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission
FUNDS OVERSEAS RESCUE CENTERS; AND OPERATES A SANCTUARY FOR
RESCUED GIBBONS.

Form 990, Page 6, Line 17 States Form 990 Filed In

South Carolina	
California	
New Jersey	
New York	
Pennsylvania	
Virginia	
Washington	