

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

- Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization PRIMATES PERU	
Number and street (or P. O. box, if mail is not delivered to street address) 7331 Murdoch Ave	Room/suite
City or town, state or province, country, and ZIP or foreign postal code Saint Louis, MO63119	

D Employer identification number 46-3614876
E Telephone number (314) 649-8636
F Group Exemption Number. ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ <https://fieldprojects.org>

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 115,201

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21										
Revenue	1 Contributions, gifts, grants, and similar amounts received		16,513																																				
	2 Program service revenue including government fees and contracts		96,677																																				
	3 Membership dues and assessments		0																																				
	4 Investment income		0																																				
	5a Gross amount from sale of assets other than inventory	5a	0																																				
	b Less: cost or other basis and sales expenses	5b	0																																				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0																																				
	6 Gaming and fundraising events																																						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0																																				
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0																																				
c Less: direct expenses from gaming and fundraising events	6c	0																																					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0																																					
7a Gross sales of inventory, less returns and allowances	7a	120																																					
b Less: cost of goods sold	7b	0																																					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	120																																					
8 Other revenue (describe in Schedule O)	8	1,891																																					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	115,201																																					
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0																																				
	11 Benefits paid to or for members	11	0																																				
	12 Salaries, other compensation, and employee benefits	12	0																																				
	13 Professional fees and other payments to independent contractors	13	23,192																																				
	14 Occupancy, rent, utilities, and maintenance	14	0																																				
	15 Printing, publications, postage, and shipping	15	2,590																																				
	16 Other expenses (describe in Schedule O)	16	83,505																																				
17 Total expenses. Add lines 10 through 16 ▶	17	109,287																																					
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,914																																				
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26,540																																				
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-2,793																																				
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	29,661																																				

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	24,648	22 27,769
23 Land and buildings.	0	23 0
24 Other assets (describe in Schedule O)	1,892	24 1,892
25 Total assets.	26,540	25 29,661
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,540	27 29,661

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? Education, research and conservation
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Field courses in tropical biology (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	18,020
29 Field research assistantships (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	43,159
30 Scholarships for students to attend field courses (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,010
31 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	70,189

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2015) questions 33-45b regarding organizational activities, financials, and compliance. Includes sections for political expenditures, Form 1120-POL, Section 501(c)(7) and (3) organizations, and foreign accounts.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b	If "Yes," was the related organization a section 527 organization?	49b	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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		
	Gideon A Erkenwick Watsa Treasurer/Director		2017-05-16		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:
Software Version:
EIN: 46-3614876
Name: PRIMATES PERU

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mrinalini Erkenwick Watsa	President	10	0	0	0
Gideon Erkenwick Watsa	Treasurer	5	0	0	0
Robin Cox	Director	1	0	0	0
Patrick Osborne	Director	1	0	0	0
Timothy D Paine	Co-instructor/Director	1	0	0	0
Julia Maki	Grant Committee Chair/Director	1	0	0	0
Shreya Kothaneth	Web Services Coordinator/Director	1	0	0	0
Anjali Malik	Secretary/Director	1	0	0	0