Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047 2012 Open to Public

A	For the 2012	calendar year, or tax year beginning , and ending			Imshergon
	Check if applicable:			D Emplo	yer Identification number
	Address change	ORANGUTAN FOUNDATION INTERNATIONAL			,
\equiv	<u>-</u>	Doing Business As		95.	4112467
\square	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number
\sqcup	Initial return	824 S WELLESLEY AVE			-820-4906
	Terminated	City, town or post office, state, and ZIP code			020 1000
$\overline{\Box}$	Amended return	LOS ANGELES CA 90049		G Gross rec	epis\$ 2,097,929
\equiv		F. Name and address of principal officer		O 0000 180	
اللا	Application pending		H(a) Is this a g	roup return for	affiliates? Yes X No
			H(b) Are all af	filiates include	ed? Yes No
			If "No	," altach a lis	t. (see instructions)
	Tax-exempt statu	S: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	-		
•		WWW.ORANGUTAN.ORG	H(c) Group ex	emotion numb	~ >
	Form of organization		Year of formation: 1		M State of legal domicile: CA
P	art I	Summary			July 0, 034 08115101
	1 Briefly	describe the organization's mission or most significant activities:			11 1111
ψ	1	ORGANIZATION PROVIDES CARE AND RESEARCH OF ORANGUT	ANS		
Governance	IN	THE WILD AND PROVIDES PUBLIC EDUCATION FROM SUCH			***************************************
ern	RES	EARCH.			***************************************
Š	2 Check	this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net as:	sets.	***************************************
8		r of voting members of the governing body (Part VI, line 1a)			21
		r of independent voting members of the governing body (Part VI, line 1b)		4	20
Activities	5 Total n	umber of individuals employed in calendar year 2012 (Part V, line 2a)		5	5
AC.		umber of volunteers (estimate if necessary)			0
•	7a Total u	nrelated business revenue from Part VIII, column (C), line 12	***************************************	7a	0
	b Net uni	elated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea		Current Year
ē	8 Contrib	utions and grants (Part VIII, line 1h)	1,364	1,094	2,090,409
Revenue		n service revenue (Part VIII, line 2g)			0
Ŗ	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		864	777
		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,649	4,808
_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,3/.	1,607	2,095,994
		and similar amounts paid (Part IX, column (A), lines 1–3)			0
	45 Colorio	s paid to or for members (Part IX, column (A), line 4)	169	9,481	163,692
Expenses	10 Saidles	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10.	7,401	103,092
eii	h Total fi	ional fundraising fees (Part IX, column (A), line 11e)			
ă	17 Other e	ndraising expenses (Part IX, column (D), line 25) ► 63,165 expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26	3,340	1,040,031
		openses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,821	1,203,723
		le less expenses. Subtract line 18 from line 12		3,786	892,271
58	3	to 1000 expenses. Odolidat line 10 from line 12	Beginning of Cur		End of Year
Net Assets	20 Total a	ssets (Part X, line 16)		1,639	2,101,828
AŠ	21 Total lia	abilities (Part X, line 26)		583	25,501
25	22 Net as:	ets or fund balances. Subtract line 21 from line 20	1,18	1,056	2,076,327
P	Part II	Signature Block	= 1111		
U.	nder penalties o	f perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my kr	nowledge and belief, it is
tn	ue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledg	je.	
		BANKA PROBATION AND A STATE OF THE STATE OF			
Sig	- 1 .	Signature of officer		Date	
He	re	MARJORIE GILBERT TREAS	URER		
	<u> </u>	Type or print name and title			
De'		pe preparer's name Preparer's signature	Date	Check	<u> </u>
Pal	00121	M. Condie, CPA	11/13	/13 self-en	
	parer Firm's		F	im's EIN 🕨	20-1356029
USE	e Only	23505 Crenshaw Blvd Ste 155	j		310 520 0600
X 4 -		address Torrance, CA 90505		hone no.	310-530-9600
way	y the IRS disc	uss this return with the preparer shown above? (see instructions)			Yes No

		.12467 Page 2
	ram Service Accomplishments	
Check if Schedule (contains a response to any question in this Part	Ш Ц
	mission: ROVIDES CARE AND RESEARCH OF C OVIDES PUBLIC EDUCATION FROM S	

prior Form 990 or 990-EZ?	significant program services during the year which were not I	
If "Yes," describe these new service	es on Schedule O.	
services?	ting, or make significant changes in how it conducts, any prog	
If "Yes," describe these changes on Describe the organization's program	n Schedule O. n service accomplishments for each of its three largest progra	am services, as measured by
	O1(c)(4) organizations are required to report the amount of gra any, for each program service reported.	ants and allocations to others,
4a (Code:) (Expenses \$ CARE AND CONSERVAT	ION: RESCUE, REPATRIATION AND) (Revenue \$
REHABILITATION OF CAPTIVITY AS WELL	ORANGUTANS IN THE WILD AND IN AS CONSERVATON OF ORANGUTAN HA	BITAT
	••••••	
*		
RESEARCH: COLLECT	79,788 including grants of \$, ANALYZE AND PUBLISH DATA ON) (Revenue \$
ORANGUTANS		
•	•••••••••••••••••••••••••••••••••••••••	······
• • • • • • • • • • • • • • • • • • • •	••••••	.,
*	***************************************	
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***************************************	•••••	

c (Code:) (Expenses \$	23,585 including grants of \$) (Revenue \$
EDUCATION: CREATE	AND DISSEMINATE MATERIALS CONC	ERNING
ORANGUTANS FOR ACA	DEMIC AUDIENCES AND THE PUBLIC	AT
LARGE.		
• • • • • • • • • • • • • • • • • • • •		•
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* * * * * * * * * * * * * * * * * * * *		•••••
• ,		
d Other program services. (Describe	in Schedule O.)	1 11111111
(Expenses \$		evenue \$)
4e Total program service expenses		

Form 990 (2012) ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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 X 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b 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 X 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

14b X

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X

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Х

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b

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	art IV Checklist of Required Schedules (continued)			
04	Did the country!		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
23	on Part IX, column (A), line 2? 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	į		
040	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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 OF-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24đ		
25a	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	The second secon	200.22	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		Colora Colora di Americana Colora Col	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	· · · · · · · · · · · · · · ·		
	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	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		\neg	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If tes to line 35a, did the organization receive any payment from or engage in any transaction with a	l l		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	·····		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			<u> </u>

Forn Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	467			F	Page	<u>. 5</u>
	gooder's the Tark V	*	· · · · · · · · · · · · · · · · · · ·		Yes	N	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2	72 V 122 4	163		<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		100 100 100 100 100 100 100 100 100 100		975	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			20. 20. 20. 20. 20. 20. 20. 20. 20. 20.	200,00000		Ž.
	reportable gaming (gambling) winnings to prize winners?			1c	Emma arterny	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · · · ·	***************************************	10-12-12-12-12-12-12-12-12-12-12-12-12-12-			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5	2.5435-7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)				200	700 200
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		*********	3a		X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial					
ı,	account)?		***************************************	4a	Х	<u> </u>	
b	If "Yes," enter the name of the foreign country: Indonesia See instructions for filing requirements for Form TD 5 00 00 4 D			1		225	
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.	2500	5-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	2.5	100
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b	├─	X	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	· · · · · · ·		5c		├—	_
	organization solicit any contributions that were not tax deductible as charitable contributions?			1.		١.,	-
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		*************************	6a		X	-
	gifts were not tax deductible?	ns of		١			
7	Organizations that may receive deductible contributions under section 170(c).		•••••	6b			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	node		\$ 720 \ 100		100 TO 10	
	and analysis and the first of			70	STATE STATE	200	471,5
b	If "Yes" did the organization potify the depart of the value of the goods or service assistants			7a 7b		\vdash	_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.0		H	_
	required to file Form 8282?	•		7c			
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	***********	ZOPOSTE ANDRESE	Control of the Contro	10000	
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	?	7e		2002070	75, 440
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f			_
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	9 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	lion file	a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		******		1 700 CO		
	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?		************	8	L		
9	Sponsoring organizations maintaining donor advised funds.				Age may be and the second of the second		
a	Did the organization make any taxable distributions under section 4966?			9a			
d d	Did the organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:	1			22.33.23.23 22.33.23.23 22.33.23.23	20000	
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b					
'' a	Cross income from manufacture as absorbetter	44-1			EEU 1330 EEU 1350 EEU		
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a		1 (TEXT (TEXT)			
-	project emounts due as reached from them.	11b		1000 A 10	San San		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			40-	200000000000000000000000000000000000000		N. F
	If "Von " onter the amount of the second 2 to the second 2.	12b	***************************************	12a	1000000	-1.72E	50.5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1211	·	100 mm / 100			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	774 1277	es es	1777
	Note. See the instructions for additional information the organization must report on Schedule O.		*************************		ALCOHOL:	300	(***** (******
b	Enter the amount of reserves the organization is required to maintain by the states in which			771		å\$	
	the organization is licensed to issue qualified health plans	13b		10000000			
	Enter the amount of reserves on hand	13c					M
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		1	_

ORANG	GUTAN 11/13/2013 4:20 PM							
Forn	n 990 (2012) ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467				Б	age 6		
	Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	oh 7b	below and	for a	'No"	age o		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes it	n Schi	edule O. Se	e inst	ruction	10		
	Check if Schedule O contains a response to any question in this Part VI		Juaio 0, 00	,	actioi	<u> </u> X		
Sec	ction A. Governing Body and Management					-11-		
			ww.		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21	3.55 4.55 3.25 1355 2.5	200000000000000000000000000000000000000			
	If there are material differences in voting rights among members of the governing body, or		***************************************					
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.			100000000000000000000000000000000000000				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20	12.00 Pmg	7000			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2000 C				
	any other officer, director, trustee, or key employee?			2	Х			
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х		
6	Did the organization have members or stockholders?			6		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?			7a		X		
d	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	• • • • • • • • • • • • • • • • • • • •							
b	b Each committee with authority to act on behalf of the governing body?							
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 in Schedule O			9		<u> </u>		
	Alian D. Dallata - /This Could D		···					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	ode.)				
	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	ode.)	Yes	No		
10a	tion B. Policies (This Section B requests information about policies not required by the Inter Did the organization have local chapters, branches, or affiliates?	nal R	evenue Co	10a	Yes	No X		
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	nal R	evenue Co		Yes			
10a b	Did the organization have local chapters, branches, or affiliates? 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?	nal R	evenue Co					
10a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	nal R	evenue Co	10a	Yes			
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State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: > MICHAEL SHABTAIE

20

824 S. WELLESLEY AVE

RANGUTAN 11/13/2	2013 4:20 PM	
Form 990 (201:	2) ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors	and
	Check if Schedule O contains a response to any question in this Part VII	П
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete the organization's to	nis table for all persons required to be listed. Report compensation for the calendar year ending with or within the	
 List all of compensation. 	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of Enter -0- in columns (D), (E), and (F) if no compensation was paid.	
 List all of 	the organization's current key employees, if any. See instructions for definition of "key employee."	
wno received re	organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) eportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the kid any related organizations.	
• List all of \$100,000 of re	the organization's former officers, key employees, and highest compensated employees who received more than exportable compensation from the organization and any related organizations.	
 List all of organization, m 	the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization and any related organizations.	

compensated employees; and former such persons. Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(B) (C) (E) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the Individual nstitutional related (W-2/1099-MISC) organization and related organizations below dotted organizations compensated trustee line) trustee (1) DR. BIRUTE GALDIKAS 40.00 PRESIDENT 0.00 X X 48,000 0 0 (2) BOHAP BIN JALAN 10.00 DIRECTOR 0.00 Х 9,600 0 0 (3) JOHN BEAL 2.00 VICE PRES. 0.00 Х X 0 0 0 (4) DR. NANCY BRIGG\$ 15.00 EDUC. DIR. 0.00 X 0 0 0 (5) LADY MARJORIE GILBERT 5.00 TREASURER 0.00 X 0 0 0 (6) STEVE KARBANK 2.00 DIRECTOR 0.00 Х 0 0 0 (7) RUTA LEE LOWE 2.00 DIRECTOR 0.00 Х 0 0 0 (8) NORMAN LEAR 2.00 DIRECTOR 0.00 X 0 0 0 (9) GERALD SUGARMAN 2.00 DIRECTOR 0.00 Х 0 0 0 (10) PETER HAYES 2.00 DIRECTOR 0.00 X 0 0 0 (11) BARBARA SPENCER 2.00 DIRECTOR 0.00 0 0 DAA

Form 990 (2012)

DIRECTOR O.00 X O O O O O O O O O	Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	
Complete file Complete fil		Average hours per week (list any	bo off	x, unic	Pos theck iss pe	tion more rson i	s both	ลก 90)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
DIRECTOR O, OO X O O O O O		related organizations below dotted	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former		(W21035MISO)	organization and related
DIRECTOR (13) CHRIS HOAR 2,00 DIRECTOR 0,00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(12) VANNESSA GETTY	2.00									
DIRECTOR Complete the organization from the organization from the organization form the organization from the organization from the organization from the organization from the organization of the face for services rendered to the organization of the targendered Contractors Complete this table to your five highest compensation from the organization of the compensation from the organization of the targendered Compensation from the organization of the targendered Compensation from the organization of the targendered Compensation from the organization from the org	DIRECTOR		х						0	0	0
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1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ► 0 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 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and bisness address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		0.00			X.				U	<u> </u>	<u>U</u>
c Total from continuation sheets to Part VII, Section A									A.P.		
d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▼	1b Sub-total	<u> </u>				<u></u>		 	57,600		
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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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 bosiness address Description of services Total number of independent contractors (including but not limited to those listed above) who											
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Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who											/ear.
			оттр	01100							
	L.WANSON,										
Control of the CAND CONTROL of the control of the Canada Control o									ose listed above) who		

Part V	Check	ent of Reve if Schedule C	ontains	a response t	o any question in	this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2¥2 1a	Federated can	npaigns	1a					
d 65	Membership d		1b					The second secon
ÇĒ c	Fundraising ev	ents	1c					
a la	Related organ		1d		The second secon			
ν <u>Έ</u> e	Government grants		1e			Control of the contro		
go f	All other contribution							
	and similar amounts	not included above	1f	2,090,409				
2 9	Noncash contribution	s included in lines 1a-	1f: \$					
Program Service Revenue and Other Similar Amounts u a b c p c q b u a b c p c q b t	Total. Add line	s 1a–1f			2,090,409			
9				Busn. Code				
∯ 2a								
œ ხ				1				
့ မြို့				i				
§ d								
E e								
g f		am service reve		1				
ž g	Total. Add line	s 2a2f)				
3	Investment inc	ome (including	dividends, i	nterest,				
	and other simi	lar amounts)			777	777		
4	Income from in	vestment of tax	exempt bo	nd proceeds 🕨				
5	Royalties			>				
		(i) Real		(ii) Personal				
6a	Gross rents						V. 75.7.7.7.15. V. 7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	
b	Less: rental exps.							
ء ا	Rental inc. or (loss)							
l a	• •	me or (loss)						
7a	Gross amount from			(ii) Other				
	sales of assets other than inventory							
b	Less: cost or other							A Charle of Adv. (A Charles of A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A Charles of Adv.) A Charles of Adv.) A Charles of Adv. (A Charles of Adv.) A
	basis & sales exps.		ĺ		The second secon			
c	Gain or (loss)					The second secon		
		ss)						
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anue oa	(not including \$		1			The first term of the first te	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
§	•	eported on line 10						
Other Reve	See Part IV, line		_1					
ē È	Less: direct e		b		The state of the s	A Control of Control o		
Ö c		(loss) from fun-	draising eve	ents 🕨				
ı		om gaming activiti						
		19					William to the second of the s	Annual manual manual control of the second ma
b		xpenses						A second control of the second control of th
		(loss) from gar		es >				
		f inventory, less			The state of the s			
	returns and a		a	6,743				the first product of the second secon
l b	Less: cost of		b	1,935	The state of the s			
		(loss) from sale	es of invento		4,808	4,808		
		cellaneous Revenue		Busn. Code	A Committee of the Comm			
112	· · · · · · · · · · · · · · · · · · ·							
b								
C								
d	**********	nue						
e	Total. Add lin	es 11a-11d		>				
E		e See instructio			2,095,994	5,585	0	

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must contain a response of the contains a response of the con	omplete all columns. All of	her organizations must co	mplete column (A).	
				(C)	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
	Grants and other assistance to governments and		expenses	general expenses	expenses
	omanizations in the H.S. See Part IV line 24				
2	Grants and other assistance to individuals in				2 A. C.
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			Color S. Col	
	U.S. See Part IV, lines 15 and 16			A CONTROL OF THE PROPERTY OF T	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	"			
	trustees, and key employees	48,000	40,800	4,800	2,400
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	103,225	14,120	54,046	35,059
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				р
9	Other employee benefits				
10	Payroll taxes	12,467	4,528	4,851	3,088
11	Fees for services (non-employees):				
	Management				
b	Legal				
C C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17		77 477 (100 00 than the description of the description of the 200		
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royallies				
16	Occupancy	40,753	38,334	1,613	806
17	Travel	101,222	101,222		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,283	3,640		215
23	Insurance	23,726	20,167	2,373	1,186
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) OUTSIDE SERVICES	397,947	205 202	3 700	AFP
a	FOOD & MEDICAL CARE	257,541	395,383	1,709	855
b	REPAIRS & MAINTENANCE	100,895	257,541 100,895		
c d	SUPPLIES	20,381	20,003	252	126
a e	All other expenses	93,283	53,518	20,335	19,430
25	Total functional expenses. Add fines 1 through 24e	1,203,723	1,050,151	90,407	63,165
26	Joint costs. Complete this line only if the	_,,	_,000,101	50,207	<u> </u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 1,017,770336,746 Cash—non-interest bearing 1 Savings and temporary cash investments 63,989 63,807 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 65,000 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 20,923 21,056 Inventories for sale or use Prepaid expenses and deferred charges 2,704 2,619 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,099,023 b Less: accumulated depreciation 10b 118,158 688,149 10c 980,865 5,232 Investments—publicly traded securities 13,281 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 2,163 2,163 15 15 1,184,639 2,101,828 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses _____ 583 20,401 17 17 Grants payable 18 18 19 Deferred revenue 19 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 5,100 of Schedule D 25 583 25,501 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Balances 1,313,605 1,027,215 Unrestricted net assets 27 Temporarily restricted net assets 156,841 762,722 28 28 Fund Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and þ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 ĕ 32 Retained earnings, endowment, accumulated income, or other funds 32 1,184,056 2,076,327 Total net assets or fund balances 33 1,184,639 2,101,828 Total liabilities and net assets/fund balances

Form 990 (2012)

orm	990 (2012) ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467			Page	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,20		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,18	4,0	56
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,07	6,3	27
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш_
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Comment of the Commen	1 1 mm 2 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		20 A 40 A		00000000000000000000000000000000000000
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		36.10.000	- 1200 W. 1200 W. 1200	32233343 3233343
	reviewed on a separate basis, consolidated basis, or both:		200 (100 miles) (1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:		75.0 75.5 75.0 75.0 75.0 75.0 75.0 75.0		
	X Separate basis Consolidated basis Both consolidated and separate basis		-		
С	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?		_2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		73-17-12-77-1 		70-20-50
	Schedule O.				7-14-00-00 7-14-00-00 7-14-00-00
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
d	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		3b		
			Forr	n 990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the ġ following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? [11g(iii) Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (I) Name of supported (II) EIN the organization in xuanization in col in col. (1) listed in your support organization (described on lines 1-9 col. (i) of your (i) organized in the above or IRC section governing document? U.S.? support? (see Instructions)) Yes No Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2012

(E)

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.)

Sec	tion A. Public Support					,			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	759,448	893,630	971,719	1,364,094	2,091	,155	6,080,046	
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	759,448	893,630	971,719	1,364,094	2,091	.,155	6,080,046	
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)								
6	Public support. Subtract line 5 from line 4.						The second secon	6,080,046	
	tion B. Total Support	Y							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total	
7	Amounts from line 4	759,448	893,630	971,719	1,364,094	2,091	1,155	6,080,046	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,564	3,494	1,519	864	777		10,218	
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					51075075507507	and the first transfer of	6,090,264	
12	Gross receipts from related activities, etc.	(see instructions)					12	7,520	
13	First five years. If the Form 990 is for the	e organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		. 🗆	
	organization, check this box and stop her				· · · · · · · · · · · · · · · · · · ·		<i></i>	▶	
	tion C. Computation of Public S			<u> </u>			1 1		
14	Public support percentage for 2012 (line 6			ın (f))			14	99.83 %	
15	Public support percentage from 2011 Sch						15	99.63 %	
16a	33 1/3% support test—2012. If the organ							⊾ ভো	
	box and stop here. The organization qual							▶ 🗓	
b	33 1/3% support test—2011. If the organ							▶ □	
47-	check this box and stop here. The organ							- L	
17a	10%-facts-and-circumstances test20								
	10% or more, and if the organization meet Part IV how the organization meets the "I								
	organization							▶ 🗌	
b	10%-facts-and-circumstances test—20	-							
	15 is 10% or more, and if the organization								
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
	supported organization						<i></i>	▶ ∐	
18	Private foundation. If the organization di								
	instructions							P 🗀	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ion A. Public Support		· · · · · · · · · · · · · · · · · · ·		1		
Calend	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	To the second second					1001
8	Public support (Subtract line 7c from line 6.)					The second secon	# Av 6
Sac	line 6.) tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(-,	(10)	(4)			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		· 1.000				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization's fir	st, second, third, fo				▶ 🗆
Sec	tion C. Computation of Public S		ntage				
15	Public support percentage for 2012 (line 8			nn (f))			5 %
16	Public support percentage from 2011 Sch			LAA	··· <u>›</u>	1	6 %_
Sec	tion D. Computation of Investme					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2012 (7 %
18	Investment income percentage from 2011	I Schedule A, Par	t III, line 17				8 %
19a	33 1/3% support tests—2012. If the orga						, -
	17 is not more than 33 1/3%, check this b						▶∟
b	33 1/3% support tests—2011. If the orga						, , , ,
	line 18 is not more than 33 1/3%, check the						▶ -
20	Private foundation. If the organization di	id not check a box	c on line 14, 19a, c	r 19b, check this	box and see instru	clions	

Part IV	om 990 or 990-EZ) Supplemental Part II, line 17a instructions).	2012 Info or 1	ORANG rmation. 7b; and F	UTAN Complete Part III lin	FOUND: e this par	ATION t to provid	INT	ERNATION explanation	NAL ns requir	95-41 ed by Pa	12467 art II, line	10;	Page 4
	instructions).		-		·~ · (A)	- complet	e (NS	paπ for an	y additic	nal infon	nation. (S	See	
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467

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

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor,

during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary,

or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

more during the year

Solution

**Soluti

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of orga	om 990, 990-EZ, ог 990-PF) (2012)		Page 1 of 2 of Part I Employer identification number
ORANGU			95-4112467
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		\$ 300,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
2		\$ 100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
3		\$ 100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
4		s 234,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
5		\$ 50,000	Person X Payroll
(a) No.		(c) Total contributions	(d) Type of contribution
6		\$ 100,000	Person X Payroll

Schedule B (For	rm 990, 990-EZ, or 990-PF) (2012)		Page 2 of 2 of Part
Name of orga ORANGU			Employer identification number 95-4112467
Part I	Contributors (see instructions). Use duplicate copies of Pa	nt I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7		\$ 50,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, dudioss, and Emily	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training distributions, and Em. 1-7	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions. OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 95-4112467 ORANGUTAN FOUNDATION INTERNATIONAL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

Sched	lule D (Form 990) 2012 ORANGUTAN	FOUNDATION	INTERNAT:	IONAL	95-41124	67		Page 2
1 - 1, 47 -	t III Organizations Maintaining C						s (continu	ed)
	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, ch	eck any of the follo	owing that are	e a significant us	e of its		
а	Public exhibition	d 🗌 Loa	n or exchange pro	grams				
b	Scholarly research		er					
С	Preservation for future generations	_						
4	Provide a description of the organization's colle	ctions and explain ho	w they further the	organization's	exempt purpose	in Part		
	XIII.	•						
	During the year, did the organization solicit or r							
	assets to be sold to raise funds rather than to t	oe maintained as part	of the organization	's collection?			Yes	
Pa	t IV Escrow and Custodial Arra	n gements. Comp	lete if the orgar	ization ans	swered "Yes"	to Form 9	90, Part I\	/,
	line 9, or reported an amount							
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions o	r other assets	s not			
	included on Form 990, Part X?						Yes	s No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follow	ring table:					
							Amount	
C	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					10		
	Ending balance					1f		
2a	Did the organization include an amount on Form	m 990, Part X, line 21	?				Yes	s No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the expla	anation has been p	rovided in Par	rt XIII			
	rt V Endowment Funds, Comple	te if the organizat	ion answered "\	Yes" to For	m 990, Part l	V, line 10.		
		(a) Current year	(b) Prior year	(c) Two yea	1	hree years back		years back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and		L.DINIOTT .					
Ū	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
· ·	· ·						Ì	
	programs Administrative examples							
- 1	Administrative expenses							
y	End of year balance Provide the estimated percentage of the current	of year and halance /	ine 1a column (a)	hold as				
2	Board designated or quasi-endowment		ine ig, column (a)	now as.				
b	***************************************	0/						
С	Temporarily restricted endowment							
_	The percentages in lines 2a, 2b, and 2c should		on that are held one	d administeres	t for the			
Зa	Are there endowment funds not in the possess	sion of the organization	in that are new and	a auministered	i tot tite		ſ	Yes No
	organization by:						3a(i)	103 110
	(i) unrelated organizations							
	(II) related organizations		O-b1-1- D2					
	If "Yes" to 3a(ii), are the related organizations						(30)	
	Describe in Part XIII the intended uses of the			- 10				
Pa	irt VI — Land, Buildings, and Equip				fal Assumu	folod	(d) Book	
	Description of property	(a) Cost or other bas		other basis	(c) Accumu depreciati	1	(d) book	YaiUG
		(investment)		her)	depredati	211		36,677
	Land		<u> </u>	36,677		E 170		
	Buildings	*		20,718		5,179		15 <u>,539</u>
	Leasehold improvements			41 600		0.70		20 640
d	Equipment			L41,628	11	2,979		28,649
	Other				<u></u>			00 005
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K, column (B), line	1U(c).)		<u></u>	9	80,865

Part VII	Investments—Other Securities. See Form (a) Description of security or category		(b) Book value	(c) 7	Nethod of valuation:
	(including name of security)			Cost or e	end-of-year market value
(1) Financial o	lerivatives	L			***************************************
	d equity interests	-			
		}-			±M76
		····- -			
(B)		-			- Liberton III
					WH. I
(D) (E)		····			
\ - / (F)		• • • • • • • • • • • • • • • • • • • •			
(G)					
(H)					
(l)					
	(b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	- · · · · · · · · · · · · · · · · · · ·		
Part VIII	Investments—Program Related. See Form	n 990 <u>,</u>		1 63	Make a second contraction
	(a) Description of investment type		(b) Book value		Method of valuation: end-of-year market value
(1)					
(2)					
(4)					
(5)					
(6)					
_(7)					
(8)					
(8) (9) (10)					
(8) (9) (10) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets See Form 990, Part X, line:	15			
(8) (9) (10)	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3)	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line				(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, line				(b) Book value
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Sche	dule D (Form 990) 2012 ORANGUTAN FOUNDATION INTERN	ATIONAL 95	5-4112467	Page 4
	nt XI Reconciliation of Revenue per Audited Financial Stater	nents With Reve	nue per Return	
1	Total revenue, gains, and other support per audited financial statements		l h	2,095,994
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		COMPLETED TO THE PROPERTY OF T	-
	Net unrealized gains on investments	2a	y y mag arms of y mag or man and a man and a supply man and a man and a or man and a man and a or man and a man and a or man and a man and a man and a or man and a man and a man and a man and a or man and a man and a man and a man and a man and a or man and a man and	
	Donated services and use of facilities		Comment (A Carlo S)	
	Recoveries of prior year grants		Variable of the second of the	
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d			20	
9				2,095,994
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3.2.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	2/000/000
4		4a	Marie Committee	
a	Investment expenses not included on Form 990, Part VIII, line 7b	···	1	
þ			The control of the co	
_	Add lines 4a and 4b		4c 5	2 005 004
5				2,095,994
Pa	art XII Reconciliation of Expenses per Audited Financial State			4 000 700
1	Total expenses and losses per audited financial statements		1	1,203,723
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		10 mm (10 mg) max	
a	Donated services and use of facilities	2a	100 C	
b	Prior year adjustments	2b	See Transfer of See Transfer o	
C	Other losses	2c	Company of control of	
d	Other (Describe in Part XIII.)		The second secon	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			1,203,723
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1.25 (
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	A man and a man	
	Other (Describe in Part XIII.)		1	
b	Cition (Deconder in a with a many and a many			
			4c	
C	Add lines 4a and 4b			1,203,723
С 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,203,723
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information		5	1,203,723
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a and 4; Par	t IV, lines 1b and 2b;	1,203,723
c 5 Part Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also	II, lines 1a and 4; Par	t IV, lines 1b and 2b;	1,203,723
c 5 Part Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a and 4; Par	t IV, lines 1b and 2b;	1,203,723
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c 5 Part Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also matton.	II, lines 1a and 4; Par complete this part to	t IV, lines 1b and 2b; provide any additional	
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Schedule D (Fo	orm 990) 2012 (ORANGUTAN	FOUNDATION	INTERNATIONAL	95-4112467	Page 5
Part XIII	Supplementa	I Information	(continued)	INTERNATIONAL		······
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SCHEDULE F (Form 990) Statement of Activities Outside the United States

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

Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ORANGUTAN FOUNDATION INTERNATIONAL

Employer Identification number 95-4112467

	neral Information m 990, Part IV, line		tside the United States.	Complete if the organization ans	wered "Yes" to
1 For grantma assistance, th	kers. Does the organiza e grantees' eligibility for	tion maintain records the grants or assista	to substantiate the amount of its nce, and the selection criteria us	s grants and other led to award the	Yes X No
	kers. Describe in Part \u00e4 itside the United States		ocedures for monitoring the use	of its grants and other	
3 Activities per	Region. (The following I	Part I, line 3 table can	be duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Indonesia					000 600
_(1)	1		Program	Operate care center	908,680
(2)					
(3)					
(4)					
(5)					
(6)		- //-			
_(7)					
(8)					
_(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					908,680
3a Sub-total b Total from continual	Eon	L			in Tillians of Til
c Totals (add		1			908,680

for Form 5713) Yes

Schedule F (Form 990) 2012

X No

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047 2012 Open to Public Inspection

Name of the organization

Employer identification number 95-4112467

	ORANGUTAN FOUN	DATION INTER	LANOITANS	95-4112467
Form 990,	Part V, Line 4b	- Financial	L Accounts in	Foreign Countries
Indonesia				
Form 990,	Part VI, Line 2	- Related	Party Informa	tion Among Officers
BOHAP BIN	JALAN			
DIRECTOR				
Spouse to	Executive direc	tor		
		•••••		
Fred Galdi	kas			
Director Son of Dr.	Caldikad			
SON OF DE	Gaiuinas			
Form 990,	Part VI, Line 1	l1b - Organi	zation's Proc	ess to Review Form 990
TAX RETURN	PROVIDED TO TE	REASURER FOR	REVIEW PRIOR	TO ISSUANCE.
Form 990,	Part VI, Line	15a - Compen	sation Proces	s for Top Official
DIRECTOR A	ND CEO COMPENSA	TION SUBJECT	T TO BOARD AI	PPROVAL.
			***************************************	Disclosure Explanation
Documents	are available u	upon request	•	,

Form 4562

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Identifying number

ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 1,178 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 532 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 351 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 1,177 5.0 200DB MO 58 5-year property С 7-year property d 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/I vhegorg MM 27.5 yrs. S/I Nonresidential real MM 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year S/L 40 yrs. MM Part IV Summary (See instructions.) Listed property. Enter amount from line 28 583 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 2.702 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

ORANGUTAN FOUNDATION INTERNATIONAL 95-411246

	4562 (2012)	IWN LOOM	MITON I	NTERNA	TTON.	ALı	95-4	TT24	67							Same 2
	art V	Listed Prope	erty (Include	automobil	es, cer	tain of	her ve	nicles.	certain	comp	uters, a	and pro	perty	used fo	ה	Page 2
		entertainment	: recreation.	or amuse	ement)					•		-				
		Note: For any vi 24b, columns (a)	enicle for which I through (c) of S	you are usir Section A. a	ng the st Il of Secl	andard ion B. a	mileage and Secti	rate or d on C if a	leducling applicable	lease e	expense,	complet	e only 2	24a,		
		Section A	—Depreciation	and Other	Informa	ion (C	aution: \$	See the	instructio	ns for li	mits for	passeno	er autor	nobiles.)		
24a	Do you ha	ve evidence to support ti					Yes	No	<u> </u>		is the e				Yes	XNO
	(a)	(b)	(c)	(d	}	T	(e)		(1)	1	(g)		(h)			<u>1</u> [**\ i}
	e of property vehicles first)	Date placed	Business/ investment use	Cost or ot			sis for depr		Recovery	1	Aethod/		Depreciati	ion	Elected s	ection 179
first	TOTIOGS IIISQ	in service	percentage			(00	use only		period	Co	nvention		deductio	ก	٥	ost
25	Special	depreciation allows	ince for qualified	l listed prop	erty plac	ed in s	ervice du	ring			Ĭ					Marian Marian
	the tax	year and used mor	e than 50% in a	qualified bu	ısiness u	se (see	instructi	ons)			. 25	5		555	122-1025-002	
26		used more than 5	0% in a qualifie	d business (use:											
٧	EHICI															
		11/30/12	<u>100.00%</u>		1,11	0		555	5.0	20	0DBM	Q		28		
			%													
27	Property	used 50% or less	in a qualified bu	isiness use:		1			r							
			<u>%</u>						.	S/L	-					
												İ			200 Company	
			%							S/L						
28	Add am	ounts in column (h)	, lines 25 throug	h 27. Enter	here an	d on line	e 21, pag	je 1			28			583	######################################	
29	Add am	ounts in column (i),	line 26. Enter h											. 29		
٥							+		Vehicles							
		section for vehicles													\$	
to ye	our emplo	yees, first answer ti	ne questions in	Section C to	see ir y			eption to b)	complet		section (c					<u> </u>
30	Total by	siness/investment	milas dáusa du	dna	Veh	-	ŧ .	de 2	Vehic	-	Vehi			e) Ide 5		n) ide 6
JU																
24	Total co	(do not include commuting miles driv	on during thics)				 									
31 32		her personal (nonc		:ai	-		 									
J.					1		İ									
33	Total mi	iven les driven during th	 ne vear Add		 		-								-	
00		through 32														
34	Was the	vehicle available f	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours?			144		1 , , , ,		100		100	- 100		110	163	140
35	Was the	vehicle used prima	arily by a more											1		
		owner or related p														
36	Is anoth	er vehicle available	for personal us	e?												
			Section C—Que			rs Who	Provide	e Vehicl	es for U	se by 1	Their Em	plovees	·			1
Ansı	wer these	questions to deterr														
more	e than 5%	owners or related	persons (see in	structions).						-						
37	Do you	maintain a written j	policy statement	that prohib	its all pe	rsonal u	ise of ve	hicles, in	ncluding o	commut	ing, by				Yes	No
	•	ployees?	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • •											
38		maintain a written	policy statement	that prohibi	its perso	nal use	of vehicle	es, exce	pt comm	uting, b	y your					
	employe	es? See the instru	ctions for vehicle	es used by	corporate	officer	s, directo	ors, or 19	% or mo	e owne	ers					
39		treat all use of vehi														
40		provide more than				ain info	rmation f	rom you	r employ	ees abo	out the					
		he vehicles, and re														
41	Do you	meet the requirem	ents concerning	qualified at	utomobile	demor	nstration	use? (S	ee instru	ctions.)						<u> </u>
		your answer to 37,		11 is "Yes,"	do not c	omplete	Section	B for the	e covered	vehicle	es.		***		0.0000000	
<u> </u>	art VI	Amortization							- 1			/Al	r			
		(a)		(b				(c)		(d)		(e) Amortiza	tion		(f)	
		Description of costs		Date am beg			Amortiza	sble amour	at :	Code s	ection	period percenta	or	Amortiza	ition for thi	s year
42	Amortiza	ation of coals that t	nagine during to			o inst-	iotional-					Perceiste	.\$~			
42	MITORIZA	ation of costs that t	egins during yo	ui ZUIZ (ax	year (St	e msitt	ictions):	******		•			- 1			
43	Amortiza	ation of costs that t	egan before vo	ur 2012 lov	vear	L							12			
44	Total A	dd amounts in colu	ımn (f). See the	instructions	for whe	e fo re	oort	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				43			

95-4112467

Federal Asset Report

Form 990, Page 1

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Computer Computer	Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
### COUNTY 120	57	COMPUTER	11/30/12			X		5 MQ200DB		
Collection			=	2,333		:	1,1//			1,236
SOLLECTION 12/11/97 13,500 13,500 13,500 5 117,200 15 0 0 0 0 0 0 0 0 0			12/31/07	21.204			21.264	5 HV 200DD	21.204	0
8 COMPUTER 41 LAPTOP COMPUTER 44 LAPTOP COMPUTER 40 1070 1,255 11,255 71 HY 2000B 975 112 48 LAPTOP COMPUTER 27099 2,713 X 1,356 75 HY 2000B 975 112 48 LAPTOP COMPUTER 27099 2,713 X 1,356 75 HY 2000B 975 112 48 LAPTOP COMPUTER 27090 334 X 2 67 75 HY 2000B 457 31 51 LAPTOP 2810 334 X 267 75 HY 2000B 457 31 51 LAPTOP 2810 334 X 267 75 HY 2000B 457 31 51 LAPTOP 31 (2000B 457 31 51 LAPTOP 32 (2000B 457 31 51 LAPTOP 32 (2000B 457 31 51 LAPTOP 33 (COMPUTER 60611 3,378 X X 0 75 HY 2000B 457 31 31 31 CAMPUTER 60611 1,760 X 0 75 HY 200DB 1,720 0 0 33 (COMPUTER 11/2011 1,760 X 0 75 HY 200DB 1,720 0 0 35 AIR COMPUTER 11/2011 1,760 X 0 75 HY 200DB 677 0 0 35 AIR COMPUTER 11/2011 1,760 X 0 75 HY 200DB 677 0 0 35 AIR COMPUTER 11/2011 1,760 X 0 75 HY 200DB 677 0 0 36 COMPUTER 11/2011 1,760 X 0 75 HY 200DB 677 0 0 36 COMPUTER 11/2011 1,760 X 0 75 HY 200DB 677 0 0 37,532 0	5	CÔLLECTION	12/31/97	13,500			13,500	5 HY 200DB	0	0
48 LAPTOP COMPUTER 49 CAMERA 49 CAMERA 40 CAMERA 41 (20/209) 434	8	COMPUTER	5/17/00	8,147			8,147	5 HY 200DB	8,147	0
STAPTION	48	LAPTOP COMPUTER	2/27/09	2,713		X	1,356	5 HY 200DB	2,322	157
STATE 1.00	51	LAPTOP	2/28/10	534		X	267	5 HY 200DB	406	
Start County 11/30/11 1/30/11	53	COMPUTER	7/30/11	1,760		X				
Computer 11/30/11 647 X						X X		7 HY 200DB	1,226	0
Color Depreciation:	56	COMPUTER		647		X	0	5 HY 200DB	647	0
4 LAND 6/11/98 37,532 37,532 0 Land 0 0 9 X-RAY EQUIPMENT 5/09/01 570 570 7 MO S/L 570 0 0 10 AC UNIT 5/16/01 478 478 7 MO S/L 478 0 11 PROCESSOR PENTIUM III 5/16/01 915 915 5 MO S/L 915 0 12 AC UNIT 8/14/01 602 602 7 MO S/L 834 0 12 AC UNIT 8/14/01 602 602 7 MO S/L 834 0 14 ADDIL LAND IN INDONESIA 12/31/01 17,408 17,408 0 Land 0 0 0 15 COMPUTER 5/12/02 2,098 2,098 5 MO S/L 2,098 0 16 LAPTOP COMPUTER 9/23/02 2,325 2,325 5 MO S/L 2,325 0 16 LAPTOP COMPUTER 9/23/02 3,210 3,210 5 MO S/L 3,210 0 18 ANAESTHESIA MACHINE 6/30/02 3,000 3,000 5 MO S/L 3,000 0 18 BOARD ROOM TABLE & CHAIRS 6/30/02 7,800 7,800 7 MO S/L 3,000 0 0 10 10 10 10 10 10 10 10 10 10 10			=	62,390		:	52,789		48,014	351
9 X.RAY EQUIPMENT			CH 1 /00	25.500			4			
11 PROCESSOR PENTIUM III 5/16/01 615 612 610 610 612 610 6	9	X-RAY EQUIPMENT	5/09/01	570			570			
AC UNIT	11	PROCESSOR PENTIUM III	5/16/01							
ADDTL LAND IN INDONESIA 12/31/01 17,408 17,408 0								7 MO S/L	602	0
LAPTOP COMPUTER		ADDTL LAND IN INDONESIA	12/31/01	17,408			17,408	0 Land	0	0
ANAESTHËSIA MACHINE	16	LAPTOP COMPUTER	9/23/02	2,325			2,325	5 MO S/L	2,325	0
20 TWO DESKS 6/30/02 500 500 7 MO S/L 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18	ANAESTHÈSIA MACHINE	6/30/02	3,000			3,000	5 MO S/L	3,000	0
CREDIENTA	20	TWO DESKS	6/30/02	500			500	7 MO S/L	500	0
1,900 1,900 5 MO S/L 1,900 0 1,900 1	22	PROJECTOR	11/14/02	2,711			2,711			0
25 SOFTWARE - RAISER'S EDGE 10/29/02 2,959 2,959 5 MO S/L 2,959 0 26 SOFTWARE LICENSE 3/22/02 900 900 5 MO S/L 900 0 27 SOFTWARE - MS OFFICE 2001 6/10/02 705 705 5 MO S/L 900 0 29 LAND 9/09/02 5,590 5,590 5,590 0 Land 0 0 0 31 RADIO EQUIPMENT 6/13/03 4,595 4,595 5 MO S/L 4,595 0 32 ARCVIEW 8.X 2/20/03 1,500 1,500 5 MO S/L 1,500 0 0 33 ARCVIEW 8.3 2/20/03 1,500 1,500 5 MO S/L 1,500 0 0 34 ARCGIS SPATIAL ANALYST 2/20/03 2,500 2,500 5 MO S/L 2,500 0 0 35 ARCGIS 3D ANALYST 2/20/03 2,500 2,500 5 MO S/L 2,500 0 0 36 ARC 2/20/03 1,195 1,195 5 MO S/L 2,500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24	COPY MACHINE							1,900	0
27 SOFTWARE - MS OFFICE 2001 6/10/02 705 705 5 MO S/L 705 0 29 LAND 9/09/02 5,590 5,590 0 Land 0 0 0 31 RADIO EQUIPMENT 6/13/03 4,595 4,595 5 MO S/L 4,595 0 32 ARCVIEW 8.X 2/20/03 1,500 1,500 5 MO S/L 1,500 0 33 ARCVIEW 8.3 2/20/03 1,500 1,500 5 MO S/L 1,500 0 34 ARCGIS SPATIAL ANALYST 2/20/03 2,500 2,500 5 MO S/L 2,500 0 35 ARCGIS 3D ANALYST 2/20/03 2,500 2,500 5 MO S/L 2,500 0 36 ARC 2/20/03 1,195 1,195 5 MO S/L 2,500 0 37 AUTOMOBILE 8/19/03 14,068 14,068 5 MO S/L 1,195 0 39 DEFIBRILLATOR 11/15/04 1,200 1,200 5 MO S/L 1,200 0 40 QUARANTINE CENTER 6/26/04 20,718 20,718 39 MO S/L 3,187 532 0 41 LAPTOP 6/10/05 700 700 5 MO S/L 993 093 5 MO S/L 993 0 42 COMPUTER 9/12/05 993 993 5 MO S/L 993 0 43 COMPUTERS HQ 3/07/06 2,794 2,794 5 MO S/L 2,794 0 46 LAND 1/31/07 63,181 63,181 0 Land 0 0 0 47 LAND 1/31/07 63,181 63,181 0 Land 0 0 0 48 CAND 1/231/08 164,617 164,617 0 Land 0 0 0 49 LAND 1/231/08 164,617 164,617 0 Land 0 0 0 50 LAND 1/231/08 164,617 164,617 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,421 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/09 93,421 93,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0 0 0 50 LAND 1/231/19 293,534 293,534 0 Land 0							2,959	5 MO S/L	2,959	0
RADIO EQUIPMENT 6/13/03 4,595 4,595 5 MO S/L 4,595 0			6/10/02	705			705	5 MO S/L	705	0
33 ARCVIEW 8.3 ARCGIS SPATIAL ANALYST 2/20/03 2/20/06	31	RADIO EQUIPMENT	6/13/03	4,595			4,595	5 MO S/L	4,595	0
35 ARCGIS 3D ANALYST 2/20/03 2,500 2,500 5 MO S/L 2,500 0 36 ARC 2/20/03 1,195 1,195 5 MO S/L 1,195 0 37 AUTOMOBILE 8/19/03 14,068 14,068 5 MO S/L 14,068 0 39 DEFIBRILATOR 11/15/04 1,200 1,200 5 MO S/L 1,200 0 40 QUARANTINE CENTER 6/26/04 20,718 20,718 39 MO S/L 3,187 532 41 LAPTOP 6/10/05 700 700 5 MO S/L 700 0 42 COMPUTER 9/12/05 993 993 5 MO S/L 993 0 43 COMPUTERS HQ 3/07/06 2,794 2,794 5 MO S/L 2,794 0 46 LAND 1/31/07 63,181 63,181 0 Land 0 0 0 0 47 LAND 12/31/08 164,617 164,617 0 Land 0 0 0 0 50 LAND 12/31/09 93,421 93,421 0 Land 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	33	ARCVIEW 8.3	2/20/03	1,500			1,500	5 MO S/L	1,500	0
37 AUTOMOBILE 8/19/03 14,068 14,068 5 MO S/L 14,068 0 39 DEFIBRILLATOR 11/15/04 1,200 1,200 5 MO S/L 1,200 0 40 QUARANTINE CENTER 6/26/04 20,718 20,718 39 MO S/L 3,187 532 41 LAPTOP 6/10/05 700 700 5 MO S/L 700 0 42 COMPUTER 9/12/05 993 993 5 MO S/L 993 0 43 COMPUTERS HQ 3/07/06 2,794 2,794 5 MO S/L 2,794 0 46 LAND 1/31/07 63,181 63,181 0 Land 0 0 47 LAND 12/31/08 164,617 164,617 0 Land 0 0 47 LAND 12/31/09 93,421 93,421 0 Land 0 0 50 LAND 12/31/12 293,534 293,534 0 Land 0 0 51 LAND 12/31/12 293,534 293,534 0 Land 0 0 52 LAND 12/31/12 293,534 293,534 0 Land 0 0 53 Total Other Depreciation 763,203 763,203 70,389 532	35	ARCGIS 3D ANALYST	2/20/03	2,500			2,500	5 MO S/L	2,500	
1,200 5 MO S/L 1,200 0	37	AUTOMOBILE	8/19/03	14,068			14,068		1,195 14,068	
41 LAPTOP 6/10/05 700 700 5 MO S/L 700 0 42 COMPUTER 9/12/05 993 993 5 MO S/L 993 0 43 COMPUTERS HQ 3/07/06 2,794 2,794 5 MO S/L 2,794 0 46 LAND 1/31/07 63,181 63,181 0 Land 0 0 47 LAND 12/31/08 164,617 164,617 0 Land 0 0 50 LAND 12/31/09 93,421 93,421 0 Land 0 0 59 LAND 12/31/12 293,534 293,534 0 Land 0 0 Total Other Depreciation 763,203 763,203 70,389 532 Total ACRS and Other Depreciation 763,203 763,203 70,389 532				1,200 20,718				5 MO S/L	1,200	0
43 COMPUTERS HQ 3/07/06 2,794 2,794 5 MO S/L 2,794 0 46 LAND 1/31/07 63,181 63,181 0 Land 0 0 47 LAND 12/31/08 164,617 164,617 0 Land 0 0 50 LAND 12/31/09 93,421 93,421 0 Land 0 0 59 LAND 12/31/12 293,534 293,534 0 Land 0 0 Total Other Depreciation 763,203 763,203 70,389 532 Total ACRS and Other Depreciation 763,203 763,203 763,203 70,389 532				700			700	5 MO S/L	700	0
47 LAND 12/31/08 164,617 164,617 0 Land 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	43	COMPUTERS HQ	3/07/06	2,794			2,794	5 MO S/L		0
59 LAND 12/31/12 293,534 293,534 0 Land 0 0 0 Total Other Depreciation 763,203 763,203 70,389 532 Total ACRS and Other Depreciation 763,203 763,203 70,389 532	47	LAND	12/31/08	164,617			164,617	0 Land	0	0
Total ACRS and Other Depreciation 763,203 763,203 532				293,534			93,421 293,534		-	
		Total Other Depreciation		763,203			763,203		70,389	532
Listed Property:		Total ACRS and Other Depre-	ciation =	763,203		,	763,203		70,389	532
	Listed	Property:								

95-4112467

Federal Asset Report

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Asset 58	VEHICLE		Date Cost 11/30/12 1,110 1,110	Bus S <u>%</u> 1		Basis for Depr 555 555	Per Conv Meth 5 MQ200DB	Prior 0	Current 583 583
		Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	829,058 0 0 829,058		-	817,724 0 0 817,724		118,403 0 0 118,403	2,702 0 0 2,702

95-4112467

CA Asset Report

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FYE: 12/31/2012

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Date Basis CA CA Federal Difference Asset Description In Service Cost for Depr Prior Current Current Fed - CA 5-year GDS Property: 57 COMPUTER 2,355 2,355 11/30/12 0 118 1,236 1,118 2,355 2,355 118 1,236 1.118 Prior MACRS: EQUIPMENT 12/31/97 21,204 21,204 21,204 0 0 CÔLLECTION 12/31/97 13,500 13.500 0 0 0 **BLACKBAUD SOFTWARE** 4/14/00 6,793 6,793 6.793 0 0 Λ COMPUTER 5/17/00 8,147 8,147 8,147 O 0 44 LAPTOP COMPUTER 4/01/07 1,255 1,255 975 112 112 0 LAPTOP COMPUTER 48 2/27/09 2,713 2,713 1,932 312 157 -155 49 CAMERA 12/02/09 534 534 380 62 31 -31 534 LAPTOP 51 2/28/10 534 278 102 51 -51 52 COMPUTER 6/06/11 3,378 3,378 676 1,081 -1,081 53 COMPUTER 7/30/11 1,760 1,760 352 0 563 -563 GENERATOR 11/30/11 1,226 1,226 175 300 0 -300AIR CONDITIONER 55 11/30/11 699 699 100 171 -171 56 COMPUTER 11/30/11 647 647 129 208 0 -208 62,390 62,390 2,911 41,141 351 -2,560 Other Depreciation; LAND 6/11/98 37,532 37,532 0 0 0 0 X-RAY EQUIPMENT 5/09/01 570 570 570 0 0 0 10 AC UNIT 5/16/01 478 478 478 П PROCESSOR PENTIUM III 5/16/01 915 915 915 0 0 0 AC UNIT 8/14/01 602 602 602 0 0 O 13 SONY INT 4/8 GB SCSI DAT 10/02/01 834 834 834 0 ADDTL LAND IN INDONESIA 14 12/31/01 17,408 17,408 0 0 0 0 15 COMPUTER 5/12/02 2.098 2.098 2.098 0 0 O LAPTOP COMPUTER 2,325 16 9/23/02 2,325 2,325 0 0 0 RADIO EOUIPMENT 17 12/30/02 3,210 3,210 3,210 0 0 ANAESTHÈSIA MACHINE 18 6/30/02 3,000 3,000 3,000 0 0 0 7,800 19 BOARD ROOM TABLE & CHAIRS 6/30/02 7,800 7,800 ō Λ 0 TWO DESKS 20 6/30/02 500 500 0 500 0 0 21 22 **CREDENZA** 6/30/02 1,500 1,500 1,500 0 PROJECTOR 11/14/02 2,711 0 2,711 2,711 0 0 23 COMPUTER 1,900 12/01/02 1,900 1,900 0 0 0 24 COPY MACHINE 10/02/02 650 650 650 0 0 25 SOFTWARE - RAISER'S EDGE 10/29/02 2,959 2,959 2,959 0 0 26 SOFTWARE LICENSE 3/22/02 900 900 900 0 0 n 27 SOFTWARE - MS OFFICE 2001 6/10/02 705 705 705 Ò 0 0 29 LAND 9/09/02 5,590 5,590 0 0 0 31 RADIO EQUIPMENT 6/13/03 4,595 4,595 4,595 0 0 1,500 32 ARCVIEW 8.X 2/20/03 ŏ 1,500 1,500 Û 0 33 ARCVIEW 8.3 2/20/03 1,500 1,500 1,500 0 0 0 34 ARCGIS SPATIAL ANALYST 2/20/03 2,500 2,500 2,500 0 0 35 ARCGIS 3D ANALYST 2/20/03 2,500 2,500 2,500 0 0 0 36 ARC 2/20/03 1,195 1,195 1,195 Ð 0 0 37 AUTOMOBILE 8/19/03 14,068 14,068 14,068 0 0 0 39 DEFIBRILLATOR 11/15/04 1,200 1,200 1,200 0 0 20,718 40 QUARANTINE CENTER 6/26/04 20,718 0 3,187 532 532 41 LAPTOP 6/10/05 700 700 700 0 0 0 42 COMPUTER 9/12/05 993 993 993 0 0 0 43 COMPUTERS HQ 3/07/06 2,794 2,794 2,794 0 0 0 46 LAND 1/31/07 63,181 63,181 0 0 0 0 47 LAND 12/31/08 164,617 164,617 Ð 0 0 0 LAND 50 12/31/09 93,421 93,421 0 Û 59 LAND 12/31/12 293,534 293,534 0 0 0 **Total Other Depreciation** 763,203 763,203 70,389 532 532 0 Total ACRS and Other Depreciation 763,203 763,203 70,389 532 532 0

Listed Property:

95-4112467

CA Asset Report

11/13/2013 4:20 PM

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
58	VEHICLE	11/30/12	1,110	1,110	0	56	583	527
		=	1,110	1,110	0	56	583	527
	Grand Totals Less: Dispositions		829,058 0	829,058 0	111,530 0	3,617 0	2,702 0	-915 0
	Less: Start-up/Org Expense	_	0	0	0	0	0	0
	Net Grand Totals	27	829,058	829,058	111,530	3,617	2,702	-915

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AMT Asset Report

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Date Basis Description Asset In Service Cost % 179Bonus for Depr PerConv Meth Prior Current 5-year GDS Property: 57 COMPUTER 11/30/12 2,355 1,177 X 5 MQ200DB 1,236 2,355 1,177 0 1,236 **Prior MACRS:** 21,204 13,500 **EQUIPMENT** 12/31/97 21,204 10 HY 150DB 21,204 0 CÔLLECTION 12/31/97 13,500 10 HY 150DB 13,500 0 BLACKBAUD SOFTWARE 4/14/00 6,793 6,793 HY 150DB 6,793 0 COMPUTER 5/17/00 8,147 8,147 HY 150DB 8,147 0 LAPTOP COMPUTER 4/01/07 1,255 1,255 HY 150DB 871 153 LAPTOP COMPUTER 48 2/27/09 2,713 1,356 **HY 200DB** 2,322 157 49 CAMERA 12/02/09 534 267 **HY 200DB** 457 31 51 LAPTOP 2/28/10 5 534 **HY 200DB** 267 406 51 COMPUTER 52 6/06/11 3,378 **HY 200DB** 3,378 0 53 COMPUTER 7/30/11 1,760 0 **HY 200DB** 1,760 0 GENERATOR 11/30/11 7 1.226 0 **HY 200DB** 1,226 0 55 AIR CONDITIONER 11/30/11 699 0 7 HY 200DB 699 0 COMPUTER 11/30/11 647 0 5 HY 200DB 647 0 62,390 52,789 61,410 392 Other Depreciation: LAND 6/11/98 0 0 HY 0 0 X-RAY EQUIPMENT 5/09/01 0 0 0 HY 0 0 10 AC UNIT 5/16/01 0 0 0 HY 0 PROCESSOR PENTIUM III 11 5/16/01 0 0 HY 0 0 12 AC UNIT 8/14/01 0 Ð HY 0 0 SONY INT 4/8 GB SCSI DAT 13 10/02/01 0 0 0 HY ADDIL LAND IN INDONESIA 14 12/31/01 0 0 HY 0 15 COMPUTER 5/12/02 0 0 0 HY 16 LAPTOP COMPUTER 9/23/02 0 0 0 HY 0 0 RADIO EQUIPMENT 17 12/30/02 0 0 0 HY 0 0 18 ANAESTHÈSIA MACHINE 6/30/02 HY 0 19 BOARD ROOM TABLE & CHAIRS 6/30/02 0 0 0 0 HY TWO DESKS Ŏ 20 6/30/02 0 0 HY 0 0 21 **CREDENZA** 6/30/02 0 0 HY 0 22 **PROJECTOR** 11/14/02 0 HY 0 0 23 COMPUTER 12/01/02 0 0 HY 0 0 24 COPY MACHINE 10/02/02 0 0 0 HY 0 0 25 SOFTWARE - RAISER'S EDGE 10/29/02 0 0 0 HY 0 0 SOFTWARE LICENSE 26 3/22/02 HY 0 0 27 SOFTWARE - MS OFFICE 2001 6/10/02 0 0 0 n HY 0 29 LAND 9/09/02 0 0 0 HY 0 0 RADIO EQUIPMENT 31 6/13/03 HY 0 ARCVIEW 8.X 32 2/20/03 Ó 0 HY 0 0 **ARCVIEW 8.3** 2/20/03 Ò 0 HY Û 0 34 ARCGIS SPATIAL ANALYST 2/20/03 0 0 0 HY ARCGIS 3D ANALYST 35 2/20/03 0 HY 0 36 ARC 2/20/03 0 0 0 HY 0 AUTOMOBILE 37 8/19/03 0 0 0 HY 0 DEFIBRILLATOR 39 11/15/04 0 0 HY 0 QUARANTINE CENTER 40 6/26/04 0 0 0 HY 41 LAPTOP 6/10/05 0 0 0 HY 0 42 COMPUTER 9/12/05 0 0 0 HY 0 0 COMPUTERS HQ 43 3/07/06 HY 0 46 LAND 1/31/07 0 0 0 0 0 HY 47 LAND 12/31/08 0 Õ 0 HY 0 0 50 LAND 12/31/09 0 0 0 HY 0 0 50 LAND 12/31/12 0 0 0 HY 0 0 Total Other Depreciation 0 0 0 Total ACRS and Other Depreciation 0 0 0 0 Listed Property:

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AMT Asset Report

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Asset 58		Date n Service 11/30/12 _ =	Cost 1,110 1,110	Bus Sec % 179 Bonu X	Basis for Depr 555 555	Per Conv Meth 5 MQ200DB	Prior 0 0	Current 583 583
	Grand Totals Less: Dispositions and Transfer Net Grand Totals	s	65,855 0 65,855		54,521 0 54,521		61,410 0 61,410	2,211 0 2,211

ORANGUTAN ORANGUTAN FOUNDATION INTERNATIONAL
95-4112467 Bonus Depreciation Report

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Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Fo	orm 990, Page 1							
49 CAM 51 LAP 52 COM 53 COM 54 GEN 55 AIR 56 COM 57 COM	IPUTER IPUTER ERATOR CONDITIONER IPUTER IPUTER	2/27/09 12/02/09 2/28/10 6/06/11 7/30/11 11/30/11 11/30/11 11/30/12	2,713 534 534 3,378 1,760 1,226 699 647 2,355	100	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	1,357 267 267 3,378 1,760 1,226 699 647	1,356 267 267 0 0 0 0 1,177
58 VEH	ICLE	11/30/12 _ Form 990, Page 1 _	1,110 14,956	100	0	1,733	9,601	3,622
		Grand Total	14,956		0	1,733	9,601	3,622

ORANGUTAN ORANGUTAN FOUNDATION INTERNATIONAL 95-4112467 Depreciation Adjustment Report

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All Business Activities

<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
MACI	RS Adj	ustments:				
Page 1 Page 1 Page 1 Page 1	1 1 1	2 5 7 8	EQUIPMENT COLLECTION BLACKBAUD SOFTWARE COMPUTER	0 0 0	0 0 0	0 0 0
Page 1 Page 1 Page 1	1 1 1	44 48 49	LAPTOP COMPUTER LAPTOP COMPUTER CAMERA	112 157 31	153 157 31	0 -41 0 0
Page 1 Page 1 Page 1	1 1 1	51 52 53	LAPTOP COMPUTER COMPUTER	51 0 0	51 0 0	0 0 0
Page 1 Page 1 Page 1	1 1 1	54 55 56	GENERATOR AIR CONDITIONER COMPUTER	0 0 0	0 0 0	0 0 0
Page 1 Page 1	1	57 58	COMPUTER VEHICLE	1,236 583 2,170	1,236 583 2,211	0

ORANGUTAN ORANGUTAN FOUNDATION INTERNATIONAL 17
95-4112467 Future Depreciation Report FYE: 12/31/13 11/13/2013 4:20 PM

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Prior MACRS: 2 EQUIPMENT 12/31/97 21,204 0 0 0 5 COLLECTION 112/31/97 13,500 0 0 0 8 COMPUTER 41/400 6,793 0 0 0 8 COMPUTER 51/700 8,147 0 0 0 44 LAPTOP COMPUTER 40/107 1,215 112 154 44 LAPTOP COMPUTER 22/2070 2,713 156 156 45 LAPTOP COMPUTER 37/107 1,373 13 13 11 46 LAPTOP COMPUTER 37/107 1,373 15 156 156 47 LAPTOP 11/30/10 1,373 11 156 156 48 COMPUTER 60/6(11 3,378 31 31 31 11 49 COMPUTER 7/30/11 1,760 0 0 0 51 COMPUTER 7/30/11 1,760 0 0 0 53 COMPUTER 7/30/11 1,760 0 0 0 54 GENERATOR 11/30/11 1,226 0 0 0 55 AIR CONDITIONER 11/30/11 6/99 0 0 0 56 COMPUTER 11/30/11 6/97 0 0 0 57 COMPUTER 11/30/11 6/99 0 0 0 58 COMPUTER 11/30/11 6/97 0 0 0 59 COMPUTER 11/30/11 6/99 0 0 0 11/30/12 2,355 448 448 448 448 448 448 448 448 448 4	<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT	
SCOLLECTION 12/31/97 13/500 0 0 0 0 0 0 0 0 0	Prior N	MACRS:					
4 LAND 9 X-RAY EQUIPMENT 10 AC UNIT 10 AC UNIT 11 PROCESSOR PENTIUM III 12 PROCESSOR PENTIUM III 13 FIGORI 14 ADDITL LAND IN INDONESIA 15 COMPUTER 15 COMPUTER 16 LAPTOP COMPUTER 17 RADIO EQUIPMENT 18 ADARD 19 BOARD ROOM TABLE & CHAIRS 19 BOARD ROOM TABLE & CHAIRS 10 COMPUTER 11/14/02 COMPUTER	5 7 8 44 48 49 51 52 53 54 55 56	COLLECTION BLACKBAUD SOFTWARE COMPUTER LAPTOP COMPUTER LAPTOP COMPUTER CAMERA LAPTOP COMPUTER COMPUTER GENERATOR AIR CONDITIONER COMPUTER	12/31/97 4/14/00 5/17/00 4/01/07 2/27/09 12/02/09 2/28/10 6/06/11 7/30/11 11/30/11 11/30/11	13,500 6,793 8,147 1,255 2,713 534 3,378 1,760 1,226 699 647 2,355	0 0 0 112 156 31 31 0 0 0 0 0 448	0 0 0 154 156 31 31 0 0 0 0 448	
9 X-RAY EQUIPMENT	<u>Other</u>	Depreciation;					
Total Other Depreciation 763,203 531 0	9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 29 31 32 33 34 35 36 37 39 40 41 42 43 46 47 50	X-RAY EQUIPMENT AC UNIT PROCESSOR PENTIUM III AC UNIT SONY INT 4/8 GB SCSI DAT ADDTL LAND IN INDONESIA COMPUTER LAPTOP COMPUTER RADIO EQUIPMENT ANAESTHESIA MACHINE BOARD ROOM TABLE & CHAIRS TWO DESKS CREDENZA PROJECTOR COMPUTER COPY MACHINE SOFTWARE - RAISER'S EDGE SOFTWARE - RAISER'S EDGE SOFTWARE LICENSE SOFTWARE - MS OFFICE 2001 LAND RADIO EQUIPMENT ARCVIEW 8.X ARCVIEW 8.X ARCVIEW 8.3 ARCGIS SPATIAL ANALYST ARC AUTOMOBILE DEFIBRILLATOR QUARANTINE CENTER LAPTOP COMPUTER COMPUTERS HQ LAND LAND LAND	5/09/01 5/16/01 5/16/01 8/14/01 10/02/01 12/31/01 5/12/02 9/23/02 12/30/02 6/30/02 6/30/02 6/30/02 6/30/02 11/14/02 12/01/02 10/02/02 10/02/02 10/02/02 6/13/03 2/20/03 2/20/03 2/20/03 2/20/03 2/20/03 1/15/04 6/10/05 9/12/05 3/07/06 1/31/08 12/31/09	570 478 915 602 834 17,408 2,098 2,325 3,210 3,000 7,800 500 1,500 2,711 1,900 650 2,959 900 705 5,590 4,595 1,500 2,500 2,500 1,195 14,068 1,200 20,718 700 993 2,794 63,181 164,617 93,421	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Total ACRS and Other Depreciation 763,203 531 0		Total Other Depreciation		763,203	531	0	
		Total ACRS and Other Depreciation		763,203	531	0	
Listed Property:	Listed	Property:					
58 VEHICLE 11/30/12 1,110 211 211	58	VEHICLE	11/30/12	1,110	211	211	

ORANGUTAN ORANGUTAN FOUNDATION INTERNATIONAL 11/13/2013 4:20 PM Future Depreciation Report FYE: 12/31/13 95-4112467 FYE: 12/31/2012 Form 990, Page 1 Date In Asset Description Service Cost 1,110 211 211 Grand Totals 829,058 1,520 1,031

ORANGUTAN ORANGUTAN FOUNDATION INTERNATIONAL CA Future Depreciation Report FYE: 12/31/13

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<u>Asset</u>	Description	Date In Service	Cost	CA					
<u>Prior A</u>	Prior MACRS:								
2 5 7 8 44 48 49 51 52 53 54 55 56	EQUIPMENT COLLECTION BLACKBAUD SOFTWARE COMPUTER LAPTOP COMPUTER LAPTOP COMPUTER CAMERA LAPTOP COMPUTER COMPUTER COMPUTER GENERATOR AIR CONDITIONER COMPUTER COMPUTER	12/31/97 12/31/97 4/14/00 5/17/00 4/01/07 2/27/09 12/02/09 2/28/10 6/06/11 7/30/11 11/30/11 11/30/11	21,204 13,500 6,793 8,147 1,255 2,713 534 534 3,378 1,760 1,226 699 647 2,355	0 0 0 0 112 313 61 62 648 338 215 122 124 895					
	Depreciation:								
4 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 29 31 32 33 34 35 36 37 39 40 41 42 43 46 47 59 59	LAND X-RAY EQUIPMENT AC UNIT PROCESSOR PENTIUM III AC UNIT SONY INT 4/8 GB SCSI DAT ADDTL LAND IN INDONESIA COMPUTER LAPTOP COMPUTER RADIO EQUIPMENT ANAESTHESIA MACHINE BOARD ROOM TABLE & CHAIRS TWO DESKS CREDENZA PROJECTOR COMPUTER COPY MACHINE SOFTWARE - RAISER'S EDGE SOFTWARE - LICENSE SOFTWARE - MS OFFICE 2001 LAND RADIO EQUIPMENT ARCVIEW 8.3 ARCGIS SPATIAL ANALYST ARC AUTOMOBILE DEFIBRILLATOR QUARANTINE CENTER LAPTOP COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTERS HQ LAND LAND LAND LAND LAND LAND LAND LAND	6/11/98 5/09/01 5/16/01 5/16/01 8/14/01 10/02/01 12/31/01 5/12/02 9/23/02 6/30/02 6/30/02 6/30/02 6/30/02 6/30/02 11/14/02 12/01/02 10/02/02 10/29/02 3/22/02 6/10/02 9/09/02 6/13/03 2/20/03 2/20/03 2/20/03 2/20/03 2/20/03 2/20/03 1/15/04 6/26/04 6/10/05 9/12/05 3/07/06 1/31/07 12/31/09 12/31/12	37,532 570 478 915 602 834 17,408 2,098 2,325 3,210 3,000 7,800 500 1,500 2,711 1,900 650 2,959 900 705 5,590 4,595 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,500 2,500 1,000 2,500 1,000 2,500 1,000 2,500 1,000 2,500 1,000 2,500 1,195 14,068 1,200 20,718 700 993 2,794 63,181 164,617 93,421 293,534 763,203	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	Total ACRS and Other Depreciation		763,203	531					
Listed Property:									
58	VEHICLE	11/30/12	1,110	421					

ORANGUTAN ORANGUTAN FOUNDATION INTERNATIONAL 11/13/2013 4:20 PM **CA Future Depreciation Report** FYE: 12/31/13 95-4112467 Form 990, Page 1 FYE: 12/31/2012 Date In Service Description Asset Cost 421 1,110 829,058 Grand Totals 3,842

ORANGUTAN ORANGUTAN FOUNDATION INTERNATIONAL Federal Statements

FYE: 12/31/2012

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Form 990. Part IX. Line 24e - All Other Expenses

Description	E	Total xpenses	Program Service		agement & General	F	Fund Raising
EQUIPMENT RENTAL	\$	17,997	\$ 17,997	\$		\$	
BANK CHARGES		17,435		•	17,435	-	
FUNDRAISING		14,052					14,052
TELEPHONE		12,899	11,378		1,014		507
STUDENT RESEARCH		11,035	11,035		-		
POSTAGE		6,715	5,708		672		335
PRINTING		6,048	907		605		4,536
MISCELLANEOUS		3,557	2,948		609		
MEALS		3,545	 3,545				
Total	\$	93,283	\$ 53,518	\$	20,335	\$	19,430

ORANGUTAN	ORANGUTAN	FOUNDATION	INTERNATIONAL	
95-4112467			Federal	Statements

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FYE: 12/31/2012

Schedule A. Part II. Line 12

Description	Amount		
Taxable Interest on Savings and Temporary Cash Investments Taxable Dividends and Interest from Securities UNREALIZED LOSS ON STOCKS MERCHANDISE SALE	\$	583 290 -96	
Total	\$	6,743 7,520	