

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2014

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2014 or tax year beginning , and ending

Name of foundation TURTLE CONSERVANCY		A Employer identification number 20-2899240
Number and street (or P.O. box number if mail is not delivered to street address) 1794 MCNELL ROAD	Room/suite	B Telephone number 212-353-5060
City or town, state or province, country, and ZIP or foreign postal code OJAI, CA 93023		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,255,761.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input checked="" type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	1,715,513.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	25.	25.	25.	
	4 Dividends and interest from securities				
	5a Gross rents	4,615.	4,615.	4,615.	STATEMENT 1
	b Net rental income or (loss) 4,009.				STATEMENT 2
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances 6,431.				STATEMENT 3
b Less: Cost of goods sold 1,907.					
c Gross profit or (loss)	4,524.		4,524.		
11 Other income	61,444.	0.	61,444.	STATEMENT 4	
12 Total. Add lines 1 through 11	1,786,121.	4,640.	70,608.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages	465,698.	0.	0.	465,698.
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 5	12,663.	0.	0.	12,663.
	c Other professional fees STMT 6	10,659.	0.	0.	10,659.
	17 Interest				
	18 Taxes STMT 7	58,833.	0.	0.	58,664.
	19 Depreciation and depletion	51,834.	0.	51,834.	
	20 Occupancy	132,000.	0.	0.	132,000.
	21 Travel, conferences, and meetings	17,590.	0.	0.	17,590.
	22 Printing and publications	68,725.	0.	0.	68,725.
	23 Other expenses STMT 8	530,905.	606.	606.	530,290.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,348,907.	606.	52,440.	1,296,289.
	25 Contributions, gifts, grants paid	33,000.			33,000.
26 Total expenses and disbursements. Add lines 24 and 25	1,381,907.	606.	52,440.	1,329,289.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	404,214.				
b Net investment income (if negative, enter -0-)		4,034.			
c Adjusted net income (if negative, enter -0-)			18,168.		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	247,152.	362,071.	362,071.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	10,949.	20,175.	20,175.
	9 Prepaid expenses and deferred charges	3,326.	7,066.	7,066.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶ 1,155,334.				
Less: accumulated depreciation ▶ 288,885.	584,961.	866,449.	866,449.	
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	846,388.	1,255,761.	1,255,761.	
Liabilities	17 Accounts payable and accrued expenses	64,178.	69,337.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	64,178.	69,337.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	694,646.	1,084,980.	
	25 Temporarily restricted	87,564.	101,444.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	782,210.	1,186,424.		
31 Total liabilities and net assets/fund balances	846,388.	1,255,761.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	782,210.
2 Enter amount from Part I, line 27a	2	404,214.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,186,424.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,186,424.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	1,101,269.	246,098.	4.474921
2012	438,061.	164,572.	2.661820
2011	881,089.	121,701.	7.239784
2010			
2009			
2	Total of line 1, column (d)		14.376525
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		4.792175
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5		
5	Multiply line 4 by line 3		0.
6	Enter 1% of net investment income (1% of Part I, line 27b)		40.
7	Add lines 5 and 6		40.
8	Enter qualifying distributions from Part XII, line 4		1,329,289.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	40.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	40.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	40.
6	Credits/Payments:		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	40.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		
1c		X
d		
(1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e		
Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2		X
<i>If "Yes," attach a detailed description of the activities.</i>		
3		X
4a		X
4b		N/A
5		X
<i>If "Yes," attach the statement required by General Instruction T.</i>		
6	X	
7	X	
8a		
Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>CA</u>		
8b	X	
9	X	
10	X	

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address: TURTLECONSERVANCY.ORG
14 The books are in care of: PAUL GIBBONS Telephone no.: 212-353-5060
Located at: 1794 MCNELL ROAD, OJAI, CA ZIP+4: 93023
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official?
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PAUL GIBBONS 1794 MCNELL ROAD, OJAI, CA 93023	MANAGING DIRECTOR 40.00	118,000.	0.	0.
FUMIJI AOKI - 49 BLEECKER STREET, NEW YORK, NY 10012	FINANCE MANAGER 40.00	57,430.	0.	0.
ARMONDO JIMENEZ 1794 MCNELL ROAD, OJAI, CA 93023	SENIOR KEEPER 40.00	50,615.	0.	0.

Total number of other employees paid over \$50,000 **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FRANCISCO SANCHEZ 9 DROWN ST, OJAI, CA 93023	LANDSCAPING AND CONSTRUCTION	81,778.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 11	1,329,289.
2 	
3 	
4 	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2 	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	241,532.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	241,532.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	241,532.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 12	4	241,532.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5	2a	
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,329,289.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,329,289.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	40.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,329,249.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$				
a Applied to 2013, but not more than line 2a ...				
b Applied to undistributed income of prior years (Election required - see instructions) ...				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2010 ...				
b Excess from 2011 ...				
c Excess from 2012 ...				
d Excess from 2013 ...				
e Excess from 2014 ...				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2014	(b) 2013	Prior 3 years		
			(c) 2012	(d) 2011	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.	12,305.	0.	6,088.	18,393.
b 85% of line 2a	0.	10,459.	0.	5,172.	15,634.
c Qualifying distributions from Part XII, line 4 for each year listed	1,329,289.	1,101,269.	438,061.	881,089.	3,749,708.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	77,368.	77,368.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,329,289.	1,101,269.	438,061.	803,721.	3,672,340.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	1,255,761.	846,388.	625,240.	836,555.	3,563,944.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1,255,761.	846,388.	625,240.	836,555.	3,563,944.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**
 a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

ERIC GOODE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
JAMES JUVIK 223 MAKANI CIRCLE HILO, HI 96720	NONE	PUBLIC	RESEARCH	4,000.
WWF 1 JALAN PJS 5/28A PETALING JAYA COMMERICAL CENTRE 46150 PETALING JAY, SELANGOR, MALAYSIA	NONE	PUBLIC	RESEARCH	15,000.
ROMEO H DEFREITAS 402 SOUTH CENTRAL AVE OVIEDO, FL 32765	NONE	PUBLIC	RESEARCH	4,000.
MICHAEL T JONES UNIVERSITY OF MASSACHUSETTS AMHERST, MA 01003	NONE	PUBLIC	RESEARCH	3,000.
GERALD KUCGLING 154 BAGOT ROAD SUBIACO, WESTERN AUSTRALIA 6008, AUSTRALIA	NONE	PUBLIC	RESEARCH	4,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				33,000.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a ANIMAL ADOPTIONS			01	36,425.	
b MEMBERSHIP SALES			01	24,614.	
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			01	25.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property			16	4,009.	
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			03	4,524.	
11 Other revenue:					
a IRS REFUND					405.
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		69,597.	405.
13 Total. Add line 12, columns (b), (d), and (e)					70,002.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1	THE SALE OF MAGAZINES WITH TURTLE EDUCATION AND CONTENT CONTRIBUTES TO
2	THE CONSERVATION EFFORTS OF TURTLE CONSERVANCY

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Signature of officer or trustee: Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instr.)?
 Yes No

Paid Preparer Use Only	Print/Type preparer's name BRIAN COUSINO	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01363025
	Firm's name HINRICHER, DOUGLAS & PORTER, LLP			Firm's EIN 77-0291466	
	Firm's address 3275 OLD CONEJO RD THOUSAND OAKS, CA 91320			Phone no. 805-496-1883	

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RICHARD VOGT AV. ANDRE ARAUJO 2936 INPA/CBIO MANAUS, AMAZONAS 69067-375, BRAZIL	NONE	PUBLIC	RESEARCH	3,000.
Total from continuation sheets				3,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

TURTLE CONSERVANCY

Employer identification number

20-2899240

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2014)

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERIC GOODE 49 BLEECKER STREET NEW YORK, NY 10012	\$ 134,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANDREW SABIN FAMILY FOUNDATION PO BOX 5026 EAST HAMPTON, NY 11937	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STUART SALENGER FOUNDATION PO BOX 8905 LONGBOAT KEY, FL 34228	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TOM SACHS 245 CENTRE STREET NEW YORK, NY 10013	\$ 27,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	MICHAEL ZIKHA 1001 MCKINNEY, SUITE 1925 HOUSTON, TX 77002	\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ERIC GOODE 49 BLEECKER STREET NEW YORK, NY 10012	\$ 820,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>ABY ROSEN</u> <u>390 PARK AVENUE 3RD FLR</u> <u>NEW YORK, NY 10022</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>RAZIA SAID</u> <u>130 WEST 118TH STREET</u> <u>NEW YORK, NY 10026</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>EV STUDIO INC</u> <u>285 W 12TH STREET APT 4</u> <u>NEW YORK, NY 10014</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>FUMIJI AOKI POD TAICHI REBELE</u> <u>43 NELSON CIRCLE</u> <u>EAST BRUNSWICK, NJ 08816</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>CAIRO MARCOPOULOS</u> <u>386 PARKSIDE AVE</u> <u>BROOKLYN, NY 11226</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<u>ETHAN MARCOPOULOS</u> <u>386 PARKSIDE AVE</u> <u>BROOKLYN, NY 11226</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MAURICE MARCOPOULOS 10 PAYNE AVE LEBANON, NJ 08833	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ARI MARCOPOULOS 194 LINCOLN PLACE #2 BROOKLYN, NY 11217	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	LPNY DESIGN 40 EAST 4TH ST NEW YORK, NY 10003	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GOODE FAMILY TRUST 2303 GROVE ST SONOMA, CA 95476	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	HEATHER MOHAN 3779 GRAND AVE OJAI, CA 93023	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JENNIFER GOODE 386 PARKSIDE AVE BROOKLYN, NY 11226	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>MELISSA TIARKS</u> <u>337 KENT AVE, APT 1G</u> <u>BROOKLYN, NY 11249</u>	\$ <u>8,190.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>ED SHEETZ</u> <u>20 GREEN ST APT 6B</u> <u>NEW YORK, NY 10013</u>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>ERIK GORDON</u> <u>817 BROADWAY FL 4</u> <u>NEW YORK, NY 10003-4709</u>	\$ <u>43,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>MATT FRANKEL</u> <u>4250 N SUPRISE SPRINGS LN</u> <u>PRESCOTT, AZ 86305-7030</u>	\$ <u>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<u>BARRY MALIN</u> <u>69 MORRIS ST #202</u> <u>CHARLESTON, SC 29403</u>	\$ <u>33,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<u>LOIC GOUZER</u> <u>20 ROCKEFELLER PLAZA</u> <u>NEW YORK, NY 10020</u>	\$ <u>39,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	TONY SHAFRAZI 115 WOOSTER ST APT 3F NEW YORK, NY 10012-3837	\$ 39,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	BOWERY HOTEL 335 BOWERY NEW YORK, NY 10003	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MARITIME HOTEL 363 WEST 16TH STREET NEW YORK, NY 10011	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	JULIAN SCHNABEL 360 W 11TH STREET NEW YORK, NY 10014	\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	KENNY SCHARF 5178 WEST ADAMS BLVD LOS ANGELES, CA 90016	\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	CHRISTORPHER WOOL 73 FIFTH AVENUE 11A NEW YORK, NY 10003	\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>PETER BEARD</u> <u>205 WEST 57TH ST. #2B</u> <u>NEW YORK, NY 10019</u>	\$ <u>5,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	<u>JOHN LURIE</u> <u>200 PARK AVE, SOUTH 8TH FLR</u> <u>NEW YORK, NY 10003</u>	\$ <u>8,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<u>NAN GOLDIN</u> <u>334 BOWERY #3R</u> <u>NEW YORK, NY 10003</u>	\$ <u>5,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	ART PAINTING AND LEASE OF PROPERTY	\$ <u>134,000.</u>	<u>12/31/14</u>
<u>4</u>	TURTLE TROPHEY SCULPTURE	\$ <u>27,500.</u>	<u>02/01/14</u>
<u>28</u>	ART SCULPTURE	\$ <u>20,000.</u>	<u>02/01/14</u>
<u>29</u>	ART PAINTING	\$ <u>20,000.</u>	<u>02/01/14</u>
<u>30</u>	ART SILKSCREEN	\$ <u>20,000.</u>	<u>02/01/14</u>
<u>31</u>	ART PHOTOGRAPHY	\$ <u>5,000.</u>	<u>02/01/14</u>

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
32	ART PAINTING _____ _____ _____	\$ 8,000.	02/01/14
33	ART PHOTOGRAPHY _____ _____ _____	\$ 5,000.	02/01/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization TURTLE CONSERVANCY	Employer identification number 20-2899240
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

FORM 990-PF	RENTAL INCOME	STATEMENT 1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	4,615.
TOTAL TO FORM 990-PF, PART I, LINE 5A		4,615.

FORM 990-PF	RENTAL EXPENSES	STATEMENT 2	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
FURNISHINGS		272.	
RENTAL FEE		334.	
- SUBTOTAL -	1		606.
TOTAL RENTAL EXPENSES			606.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			4,009.

FORM 990-PF

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	6,431	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,431
4. COST OF GOODS SOLD (LINE 15)	1,907	
5. GROSS PROFIT (LINE 3 LESS LINE 4).		4,524
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		4,524

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR	10,949	
9. MERCHANDISE PURCHASED.		
10. COST OF LABOR.		
11. MATERIALS AND SUPPLIES	11,133	
12. OTHER COSTS.		
13. ADD LINES 8 THROUGH 12		22,082
14. INVENTORY AT END OF YEAR	20,175	
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14).		1,907

FORM 990-PF

OTHER INCOME

STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ANIMAL ADOPTIONS	36,425.	0.	36,425.
MEMBERSHIP SALES	24,614.	0.	24,614.
IRS REFUND	405.	0.	405.
TOTAL TO FORM 990-PF, PART I, LINE 11	61,444.	0.	61,444.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	12,663.	0.	0.	12,663.
TO FORM 990-PF, PG 1, LN 16B	12,663.	0.	0.	12,663.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER FEES	10,659.	0.	0.	10,659.
TO FORM 990-PF, PG 1, LN 16C	10,659.	0.	0.	10,659.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL	57,452.	0.	0.	57,452.
SALES TAX	117.	0.	0.	117.
TAXES	1,264.	0.	0.	1,095.
TO FORM 990-PF, PG 1, LN 18	58,833.	0.	0.	58,664.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUTO EXPENSE	7,576.	0.	0.	7,576.
BANK SERVICE CHARGES	2,132.	0.	0.	2,132.
CREDIT CARD PROCESSING	1,704.	0.	0.	1,704.
DUES & SUBSCRIPTIONS	4,150.	0.	0.	4,150.
INSURANCE	19,716.	0.	0.	19,716.
MEALS AND ENTERTAINMENT	4,070.	0.	0.	4,070.
MISCELLANEOUS	3,732.	0.	0.	3,732.
OFFICE EXPENSES	8,120.	0.	0.	8,111.
OUTSIDE SERVICES	34,793.	0.	0.	34,793.
PAYROLL PROCESSING FEES	5,020.	0.	0.	5,020.
REPAIRS AND MAINTENANCE	17,963.	0.	0.	17,963.
PUBLIC RELATIONS AND MARKETING	23,726.	0.	0.	23,726.
SUPPLIES	83,759.	0.	0.	83,759.
TELEPHONE	12,728.	0.	0.	12,728.
TURTLE BALL FUNDRAISING PROJECT	202,954.	0.	0.	202,954.
UTILITIES	77,513.	0.	0.	77,513.
VETERINARY EXPENSES	11,869.	0.	0.	11,869.
LICENSES AND PERMITS	2,211.	0.	0.	2,211.
PROJECT EXPENSES	246.	0.	0.	246.
ANIMAL ADOPTION EXPENSE	5,616.	0.	0.	5,616.
FURNISHINGS	272.	272.	272.	0.
RENTAL FEE	334.	334.	334.	0.
AMORTIZATION	701.	0.	0.	701.
TO FORM 990-PF, PG 1, LN 23	530,905.	606.	606.	530,290.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

ERIC GOODE

49 BLEECKER STREET, SUITE 601
NEW YORK, NY 10012

ANDY SABIN FOUNDATION FUND

PO BOX 5026
EAST HAMPTON, NY 11937

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ERIC GOODE 49 BLEEKER ST NEW YORK, NY 10012	PRESIDENT 40.00	0.	0.	0.
MAURICE RODIGUES 1794 MCNELL ROAD OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.
BILL HOLMSTROM 1794 MCNELL ROAD OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.
ANDERS RHODIN 1794 MCNELL ROAD OJAI, CA 93023	OFFICER 1.00	0.	0.	0.
RUSSELL MITTERMEIER 1794 MCNELL ROAD OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.
JAMES BREHENY 1794 MCNELL ROAD OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.
MATTHEW FRANKEL 1794 MCNELL ROAD OJAI, CA 93023	TREASURER 10.00	0.	0.	0.
RICK RIDGEWAY 1794 MCNELL ROAD OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.
ANDREW SABIN 1794 MCNELL ROAD OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.
JULIAN SANDS 1794 MCNELL ROAD OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.

TURTLE CONSERVANCY

20-2899240

CRAIG STANFORD
1794 MCNELL ROAD
OJAI, CA 93023

OFFICER
1.00

0. 0. 0.

BRETT SHAFFER
1794 MCNELL ROAD
OJAI, CA 93023

DIRECTOR
1.00

0. 0. 0.

FISHER STEVENS
1794 MCNELL ROAD
OJAI, CA 93023

VICE PRESIDENT
1.00

0. 0. 0.

MICHAEL ZILKHA
1794 MCNELL ROAD
OJAI, CA 93023

OFFICER
1.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0. 0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 11

ACTIVITY ONE

THE TURTLE CONSERVANCY IS DEDICATED TO PROTECTING THREATENED TURTLES AND TORTOISES AND THEIR HABITATS WORLDWIDE, AND TO PROMOTING THEIR APPRECIATION BY PEOPLE.

THE TURTLE CONSERVANCY FOCUSES ITS WORK ON THE FOLLOWING STRATEGIC PROGRAM AREAS: CONSERVING SPECIES IN THEIR NATURAL HABITAT, INCLUDING LAND ACQUISITION; MAINTAINING CAPTIVE BREEDING PROGRAMS TO HELP RESTORE NATURAL POPULATIONS; MONITORING AND HELPING TO PREVENT TRADE THAT THREATENS SPECIES; DEVELOPING CAPACITY OF TURTLE CONSERVATION WORKERS IN KEY AREAS; EMERGENCY RESPONSE TO CONFISCATION CRISES; AND PROMOTING APPRECIATION FOR THE WONDER OF TURTLES WORLDWIDE.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

1,329,289.

CASH IS COMPRISED TEMPORARILY RESRICTED DONATIONS AND OPERATING RESERVE FOR THE ORGANIZATION

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PAUL GIBBONS
1794 MCNELL ROAD
OJAI, CA 93023

TELEPHONE NUMBER

212-353-5060

EMAIL ADDRESS

PAUL@TURTLECONSERVANCY.ORG

FORM AND CONTENT OF APPLICATIONS

THE GRANTING OPPORTUNITY IS ADVERTISED WIDELY VIA SOCIAL MEDIA AND OTHER ELECTRONIC NEWSLETTERS AND LIST-SERVS THAT REACH A GLOBAL AUDIENCE. GRANTS CAN BE SUBMITTED ELECTRONICALLY OR IN WRITING

ANY SUBMISSION DEADLINES

NO DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE TURTLE GRANT AWARDS ARE GRANTED TO ORGANIZATIONS OR INDIVIDUALS FOR CONSERVATION OR RESEARCH PROJECTS DEALING WITH ANY SPECIES OF TORTOISE AND FRESHWATER TURTLE. AN ADVISORY BOARD CONSISTING OF LEADING GLOBAL TURTLE CONSERVATIONISTS REPRESENTING THE TURTLE CONSERVANCY (TC), THE IUCN/SSC TORTOISE AND FRESHWATER TURTLE SPECIALIST GROUP, THE TURTLE CONSERVATION FUND (TCF) AND CONSERVATION INTERNATIONAL (CI) REVIEWS APPLICATIONS. ALL SPECIES OF FRESHWATER AND TERRESTRIAL CHELONIANS ARE ELIGIBLE, PROVIDED A CONVINCING RATIONALE IS INCLUDED WHY THE SPECIES' CONSERVATION STATUS MERITS FUNDING.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. TURTLE CONSERVANCY	Employer identification number (EIN) or 20-2899240
	Number, street, and room or suite no. If a P.O. box, see instructions. 1794 MCNELL ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OJAI, CA 93023	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PAUL GIBBONS

• The books are in the care of **1794 MCNELL ROAD - OJAI, CA 93023**
 Telephone No. **212-353-5060** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
NOT ALL OF THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN IS AVAILABLE AT THIS TIME. AS SOON AS THE NEEDED INFORMATION BECOMES AVAILABLE, THE RETURN WILL BE FILED.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PRESIDENT** Date