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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identifie	cation number
Г	Addres				
F	change Name change			20-28992	40
F	Initial return		Room/suite	E Telephone numbe	
Ē	Final return/	1794 MCNELL ROAD	100111,00110	212-353-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,368,588.
	Ameno	ed OJAI, CA 93023		H(a) Is this a group re	
	Applic tion		-	for subordinates	
	pendir	1794 MCNELL ROAD, OJAI, CA 93023		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
		e: WWW.TURTLECONSERVANCY.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year o	of formation: 2005 N	1 State of legal domicile: CA
Р		Summary		AND DDOMOR	TON OF
ç	1	Briefly describe the organization's mission or most significant activities: $rac{ t PROTE}{ t THREATENED}$ TURTLES AND TORTOISES AND THEI	CLION	THAME	ION OF
Governance	2	Check this box if the organization discontinued its operations or dispose			esets
Ver	3				14
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
တ္တ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			22
įį		Total number of volunteers (estimate if necessary)			23
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			10,110.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,729,598.	1,249,385.
ēn	9	Program service revenue (Part VIII, line 2g)		99,188.	72,016.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		267.	110.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,521.	25,148.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,851,574. 259,459.	1,346,659. 139,136.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		259,459.	139,130.
		Benefits paid to or for members (Part IX, column (A), line 4)		770,078.	596,745.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 141,49	7.	•	<u> </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		952,883.	1,583,749.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,982,420.	2,319,630.
	19	Revenue less expenses. Subtract line 18 from line 12		-130,846.	-972,971.
Or Sec	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,577,104.	1,479,461.
ASS	21	Total liabilities (Part X, line 26)		180,018.	1,055,346.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,397,086.	424,115.
P	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of white	ch preparer	has any knowledge.	
		Signature of officer		Date	
Sig		ERIC GOODE, PRESIDENT		Duto	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	TI PTIN
Pai	d	BRIAN COUSINO		if self-employe	
	parer	Firm's name HINRICHER & COUSINO LLP			77-0291466
	Only	Firm's address 3275 OLD CONEJO ROAD		THIN S EIN	
	•	THOUSAND OAKS, CA 91320		Phone no. (8	05)496-1883
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2020)

Pai	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: THE TURTLE CONSERVANCY IS DEDICATED TO PROTECTING THREATENED TURTLES
	AND TORTOISES AND THEIR HABITATS WORLDWIDE, AND TO PROMOTING THEIR
	APPRECIATION BY PEOPLE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 839,058 • including grants of \$) (Revenue \$)
	CAPITVE BREEDING PROGRAM: BASED IN SOUTHERN CALIFORNIA, THE TC BREEDS A
	GREAT NUMBER OF CRITICALLY ENDANGERED TURTLES AND TORTOISES IN TERMS OF
	COMBINED SPECIES AND NUMBERS. WE MANAGE 19 OF THE WORLD'S MOST ENDANGERED SPECIES, AND HAVE 484 ANIMALS BELONGING TO 43 SPECIES.
	DURING 2020 WE HATCHED 107 ENDANGERED TURTLES AND TORTOISES. THE CENTER
	CREATES A LONG-TERM PLAN FOR EACH SPECIES THAT WE HOLD AND BREED AND
	DEFINES THE DESIRED OUTCOME IN TERMS OF POTENTIAL NEED FOR
	REPATRIATION, REINTRODUCTION, OR OTHER CONSERVATION NEEDS.
4b	(Code:) (Expenses \$878,145. including grants of \$) (Revenue \$)
	PRITCHARD COLLECTION - DURING 2020 THE TC INTEGRATED THE CHELONIAN
	RESEARCH INSTITUTE (CRI) INTO ITS PROGRAMS BY ACQUIRING ITS ENTIRE
	CATALOG AND MUSEUM-PIECE COLLECTION (SEE NOTE 2). FOUNDED AND DEVELOPED IN 1997 IN OUTERO, BLORIDA DE PROPERTO DE
	IN 1997 IN OVIEDO, FLORIDA, BY DR. PETER PRITCHARD, IT IS ONE OF THE WORLD'S LEADING INSTITUTIONS DEDICATED TO THE RESEARCH AND CONSERVATION
	OF TURTLES. A LARGE COMPONENT OF THE INSTITUTE IS THE WORLD'S
	THIRD-LARGEST TURTLE AND TORTOISE MUSEUM COLLECTION, CONSISTING OF OVER
	14,000 CATALOGUED SPECIMENS, REPRESENTING 270 OF THE WORLD'S
	APPROXIMATELY 350+ RECOGNIZED SPECIES OF TURTLES. THE COLLECTION ALSO
	INCLUDES OTHER NOTABLE CONTENTS, FROM AN IMPRESSIVE ASSORTMENT OF
	TURTLE ARTWORK TO PUBLISHED AND UNPUBLISHED WORKS OF DR. PRITCHARD.
4c	(Code:) (Expenses \$
	LOCAL AND GLOBAL EDUCATION - DURING 2020 THE TC EXPANDED ITS EDUCATION
	PROGRAM BY COLLABORATING WITH A LOCAL HIGH SCHOOL TO DEVELOP A
	PIONEERING SCIENTIFIC CURRICULUM. THE STUDENTS STUDY MANY TOPICS
	INCLUDING HUSBANDRY, CONSERVATION, ECOSYSTEMS, AND ANIMAL BIOLOGY, AS PRACTICAL EXAMPLES OF WIDER CONCEPTS. OVER THE SUMMER OF 2020 WE
	DEVELOPED AN ACADEMIC VIRTUAL FIELD TRIP PROGRAM WHICH IS AVAILABLE TO
	ALL EDUCATION ESTABLISHMENTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 201,330 • including grants of \$ 139,136 •) (Revenue \$ 72,016 •)
<u>4e</u>	Total program service expenses ▶ 2,078,616.
	Form 990 (2020)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	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	4		Х
5	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, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		Х
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		25
b	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	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (CONSERVANCY
Part IV	Ch	ecklist of Required Sc	hedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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 25a	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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?			177
	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	c-		х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Α.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0	აზ	22	L
. 4	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Constant to Contain to a response of note to any line in this rate v		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15		.03	···
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
	<u> </u>		000	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Company of the second		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_		v
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	iana providad to the payor		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70	21	
C		· ·	7c		Х
d	I	7d	70		- 11
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	<u> </u>	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l				
	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	F	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	,	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401-			
_		13b			
		13c	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		טדיו		
10	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LYNN RIMKUS - 212-353-5060			
	1794 MCNELL ROAD, OJAI, CA 93023			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

hours for related organization (W-2/1099-MISC) organizations organizations organization (W-2/1099-MISC) organizations organizations organizations organizations organizations organizations organizations organizations organizations organization (W-2/1099-MISC) organization (W-2/1099-MISC)	(F) Estimated amount of other	(E) Reportable compensation from related	(D) Reportable compensation from	n an	than is bot	ition more rson	Pos check ess pe	not c , unle	box	(B) Average hours per week	(A) Name and title
PRESIDENT (DONATES ALL TIME)	ompensation from the organization and related organizations	•	organization	Former	Highest compensated employee	Key employee	Officer	Institutional trustee		hours for related organizations below line)	
C2	0	0	0				3,7			40.00	
X	0	0.	0.				X	-		10.00	
(3) GREGORY GEORGE	0	0	_				_v			10.00	
DOARD MEMBER	0	0.	0.				^			1 00	
(4) CULLEN GEISELMAN 1.00 SECRETARY X X (5) JOHN MITCHELL 1.00 BOARD MEMBER X 0. (6) RUSSELL MITTERMEIER 1.00 BOARD MEMBER X 0. (7) ANDERS RHODIN 1.00 CHAIRMAN X 0. (8) RICK RIDGEWAY 0. 0. BOARD MEMBER X 0. 0. (9) JULIAN SANDS 1.00 0. BOARD MEMBER X 0. 0. (10) CRAIG STANDFORD 1.00 0. BOARD MEMBER X 0. 0. (11) FISHER STEVENS 1.00 0. BOARD MEMBER X 0. 0. (12) MICHAEL ZILKHA 1.00 0. BOARD MEMBER X 0. 0. (13) SIBILLE HART PRITCHARD 1.00 0. BOARD MEMBER X 0. 0. (14) MARTIN DIECK 1.00 0.	0	0	0.1							1.00	
X			0.					\vdash		1.00	
S	0	0.	0.				X			2.00	
BOARD MEMBER			•				†==			1.00	
BOARD MEMBER	0	0.	0.								BOARD MEMBER
1.00										1.00	(6) RUSSELL MITTERMEIER
CHAIRMAN	0	0.	0.						$\exists x$		BOARD MEMBER
1.00 Name										1.00	(7) ANDERS RHODIN
BOARD MEMBER	0	0.	0.				X				CHAIRMAN
1.00 Name										1.00	(8) RICK RIDGEWAY
BOARD MEMBER	0	0.	0.								BOARD MEMBER
1.00	_									1.00	(9) JULIAN SANDS
BOARD MEMBER	0	0.	0.								
1.00	•									1.00	
BOARD MEMBER	0	0.	0.							1 00	
(12) MICHAEL ZILKHA	0	_	_							1.00	
BOARD MEMBER X 0. 0. (13) SIBILLE HART PRITCHARD 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (14) MARTIN DIECK 1.00 0. 0. 0.	0	0.	0.				-			1 00	
(13) SIBILLE HART PRITCHARD 1.00 BOARD MEMBER X (14) MARTIN DIECK 1.00	0	١	ا ۱							1.00	,,
BOARD MEMBER X 0. 0. (14) MARTIN DIECK 1.00		- 0.	0.				 	\vdash		1 00	
(14) MARTIN DIECK 1.00	0	0	n							1.00	, ,
			•					\vdash		1.00	
	0	0.	0.							1100	
									_		
									1		

(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable		Fed	(F) :imate	4
Name and the	hours per week (list any	box offi	not c , unle	heck ss pe nd a d	more rson	than is bot	h an	compensation from the	compensation from related organizations		am	ount on other oensat	of
	hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga	om the anization relate	on
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former				orga	nizatio	ns
		-											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part do Total (add lines 1b and 1c)	/II, Section A						▶	0.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	e 	1	Yes	0 No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual										3		Х
 For any individual listed on line 1a, is the sand related organizations greater than \$1 Did any person listed on line 1a receive or 	50,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		X
rendered to the organization? If "Yes," consection B. Independent Contractors	mplete Schedul	e J t	for s	uch	pers	son .					5		X
 Complete this table for your five highest of the organization. Report compensation for 										pens	ation fi	om	
(A) Name and busines	s address	N	INC	Ξ				(B) Description of s	ervices	С	(C comper		1
Total number of independent contractors	(including but r	not li	mite	d to	tho	se lie	sted	d above) who received m	ore than				
\$100,000 of compensation from the organ		"				0					Corm (200.70	222

	rt V		Statement of Revenue				20 2000	240 rage 0
ıa		•••	Statement of Nevenue					
			Check if Schedule O contains a response	or note to any lir	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$	38,829.				
a C		h	Total. Add lines 1a-1f		1,249,385.			
	2	a b	MEMBERSHIP FEES ANIMAL ADOPTIONS	Business Code 713990 713990	37,358. 32,835.	37,358. 32,835.		
Program Service Revenue		c d e	OJAI TOURS	713990	1,823.	1,823.		
<u>r</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f		72,016.			
	3		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond p	est, and	110.			110.
	5		Royalties					
		b	Gross rents (i) Real 6a 22,480. Less: rental expenses 6b 9,880.	(ii) Personal				
		С	Rental income or (loss) 6c 12,600.		10.500			10 600
			Net rental income or (loss)		12,600.			12,600.
	7	а	Gross amount from sales of assets other than inventory 7a (i) Securities	(ii) Other				
Revenue			Less: cost or other basis and sales expenses					
, ve		С	Gain or (loss) 7c					
Other Re			Net gain or (loss)	>				
		h	contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8a 8b					
			Net income or (loss) from fundraising events	<u> </u>				
			Gross income from gaming activities. See					
		_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b	 				
			Net income or (loss) from sales of inventory		2,438.			2,438.
S				Business Code				
Miscellaneous Revenue			MISCELLANEOUS	900099	10,110.		10,110.	
llar		b						
Sce		с	All . II					
Ξ			All other revenue		10,110.			
		е	Total Add lines 11a-11d	<u></u>	1,346,659.	72,016.	10,110.	15,148.
	12		Total revenue. See instructions	·····	<u> -,5=0,0000</u>	, 4,010.	,	,

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	gorioral expenses	СХРСПОСО
	and domestic governments. See Part IV, line 21	22,000.	22,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	117,136.	117,136.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	500 056	451 444	20 000	45 555
7	Other salaries and wages	529,976.	451,444.	32,977.	45,555
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 034	1 (0.42	1 170	1 (10
9	Other employee benefits	18,834.	16,043.	1,172.	1,619
10	Payroll taxes	47,935.	40,832.	2,983.	4,120
11	Fees for services (nonemployees):				
а	Management	FO 120	27 040	0.0	15 000
b	Legal	52,138.	37,048.	90.	15,000 2,165
С	Accounting	67,443.	31,744.	33,534.	2,100
d	, , , , , , , , , , , , , , , , , , , ,				
e	ř ,				
f	Investment management fees				
g	,	2,034.	272.	305.	1 /57
40	column (A) amount, list line 11g expenses on Sch O.)	16,712.	6,339.	119.	1,457 10,254 5,404
12	Advertising and promotion	40,005.	29,992.	4,609.	5 /10/
13	Office expenses	4,047.	1,701.	1,706.	640
14	Information technology	4,047.	1,701.	1,700.	040
15	Royalties	218,798.	215,727.	1,721.	1,350
16 17	Occupancy	6,872.	4,867.	1,979.	26
17 10	Travel	0,012.	4,007.	1,575	20
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,403.	1,212.	4,191.	
20		292.	-,	292.	
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	107,883.	104,954.	2,929.	
23	Insurance	42,125.	36,674.	5,451.	
24	Other expenses. Itemize expenses not covered	-,==•	,	, = = = 1	
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MUSEUM COLLECTION	800,000.	800,000.		
b	MEMBERSHIP EXPENSES	55,572.	10,827.	0.	44,745
c	GLOBAL EDUCATION	46,174.	44,738.		1,436
d	ANIMAL CARE AND SUPPLIE	38,826.	38,806.		20
	All other expenses	79,425.	66,260.	5,459.	7,706
25	Total functional expenses. Add lines 1 through 24e	2,319,630.	2,078,616.	99,517.	141,497
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

art 2	X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			608,091.	1	585,389
:	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net			15,476.	3	18,994
4		Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
(6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
} 7	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			46,304.	8	42,880
' '	9	Prepaid expenses and deferred charges			19,338.	9	37,92
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,445,765.			
	b	Less: accumulated depreciation		768,236.	762,882.	10c	677,52
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line	11		988.	12	1,09
13		Investments - program-related. See Part IV, line			100 051	13	445 61
14	4	Intangible assets			123,254.	14	115,64
14	5	Other assets. See Part IV, line 11			771.	15	4 450 46
10	6	Total assets. Add lines 1 through 15 (must eq			1,577,104.	16	1,479,46
17	7	Accounts payable and accrued expenses \dots	124,137.	17	60,37		
18	8	' /			18		
19	9	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
22		Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub			FF 001		260 05
22		controlled entity or family member of any of th			55,881.	22	268,95
23		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	0.		726,02
		of Schedule D		·····	180,018.		1,055,34
20	:6	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			100,010.	26	1,000,04
		and complete lines 27, 28, 32, and 33.	ieck nei				
2	7				994,702.	27	-103,27
2		Net assets with donor restrictions		·····	402,384.	28	527,39
2	.0	Organizations that do not follow FASB ASC			102/3011	20	32,733
		and complete lines 29 through 33.	900, CH	sck liefe P			
29	a	Capital stock or trust principal, or current fund	c			29	
30		Paid-in or capital surplus, or land, building, or				30	
2° 28 30 31		Retained earnings, endowment, accumulated				31	
: ³		Total net assets or fund balances			1,397,086.	32	424,11
32							

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			4			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	31	9,6	30.
3	Revenue less expenses. Subtract line 2 from line 1	3				71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	<u>39'</u>	7,0	86.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		424	4,1	15.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	<u> </u>		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
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 reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	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	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	o. 🗍			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?		L	3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					$\overline{\Omega}$	/ ·

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TURTLE CONSERVANCY **Employer identification number** 20-2899240

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		· ·			ii).	
4	一	A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDO			the hoopital o haine,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in
3				nege of university owner	o opera	ted by a g	overnmentar unit descrit	Ded III
_		section 170(b)(1)(A)(iv). (C				.	()	
6	v	A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	•	· · · ·	•		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga				•	, ,	, aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·				
		organization. You must o						, app 69
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	avina
~		control or management o	•					-
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	od with
·		its supported organization					•	ea with,
d		Type III non-functionally		•				ization(a)
u								• •
		that is not functionally int	-		-		-	iveriess
		requirement (see instruct	•	-				
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.		
f		er the number of supported of						
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	162	NO	,	, , , , , , , , , , , , , , , , , , ,
Γota	11							I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2533630.	1604231.	1404554.	1729598.	1210556.	8482569.
2	Tax revenues levied for the organ-						
	ization'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	2533630.	1604231.	1404554.	1729598.	1210556.	8482569.
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)						3774254.
6							4708315.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2533630.	1604231.	1404554.	1729598.	1210556.	8482569.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	115,842.	141,819.	128,487.	44,817.	22,590.	453,555.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on		10,526.	1,592.	630.	0.	12,748.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,756.	19,980.	287,154.	9,673.	10,110.	337,673.
11	Total support. Add lines 7 through 10						9286545.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (I					14	50.70 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	55.85 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		·	•	•	VI how the organiz	ation
	meets the facts-and-circumstances to	· ·	•				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circle						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
O.L.		
9b		
9c		
10a		
40.		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		<u> </u>	<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			<u> </u>
	aon 217 m Typo m oupporting organizationo		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	tions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization evercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
c	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020 TURTLE CONSERVANCY	20-2899240 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
	(occ instructions.)	

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

TURTLE CONSERVANCY 20-2899240

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule								
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.							
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

TURTLE CONSERVANCY

20 – 2899240

TOKID	E CONDENVANCI	20	2077240
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$815,959 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$33,733.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TURTLE CONSERVANCY 20-2899240

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>14,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$17,500.	Person X Payroll

TURTL	E CONSERVANCY		20-2899240
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 contributio	(d) Type of contribution
13		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
14		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

TURTLE CONSERVANCY

20-2899240

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of org	ganization			Employer identification nu
TURTLE	CONSERVANCY			20-2899240
Part III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 through (e) and the following lir charitable, etc., contributions of \$1,00 	ne entry. For organizat	(8), or (10) that total more than \$1,000 for t
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o		ship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
	Transferee's name, address, a	(e) Transfer o		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	ship of transferor to transferee		
	. ,			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TURTLE CONSERVANCY

Employer identification number 20 - 2899240

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
I al	Complete if the organization answered "Yes" on Form	-	nei oliillai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balance about works
ıa	of art, historical treasures, or other similar assets held for pul	, .	
	service, provide in Part XIII the text of the footnote to its final	,	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furth	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	•	ga, provido
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

032051 12-01-20

Schedule D (Form 990) 2020

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

	t III Organizations Maintaining C	ollections of A	t, Hist	torical Tr	easures, d	or Othe	r Similar	Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following tha	ıt make si	gnificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exen	npt purpose	in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			<u>. L</u>	Yes	No No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on	Form 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance								1	
	Did the organization include an amount on Fo						ty?	<u>L</u>	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	TV Endowment Funds. Complete if									
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three year	s back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ınd administe	ered for th	e organizati	on	_	
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered				1					
	Description of property	(a) Cost or o			or other	٠,	cumulated		(d) Book	/alue
		basis (investn	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings			1 1 4	C 072		11 000	.—	C 2 4	005
	Leasehold improvements				6,073.		11,988			,085.
d	Equipment			∠9	9,692.	2	56,248) •	43	,444.
	Other							_	C 17 17	<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)			▶	6//	,529.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 TURTLE CONS	ERVANCY	2	0-28992 4 0 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or el	ad of year market value
	(b) DOOK value	(c) Wethod of Valuation. Cost of el	Tid-Oi-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	<u>_</u>	<u> </u>
	are Faure 000. David IV. line	- 11 116 Car Faver 000 Part V line (
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, Ilne	e TTe or TTf. See Form 990, Part X, line 2	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(N) DOOK VAIUE
(1) Federal income taxes (2) PPP LOAN			138,997
(3) PURCHASE COMMITMENT - LONG	G TERM		266,667
(4) ACCRUED EXPENSES AND OTHER			200,007
(5) LIABILITIES			53,694
()	RT TERM		266,667
(7)			+

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

(8)

726,025.

4	Complete if the organization answered "Yes" on Form 990, Part IV, lir				1 256 520
1	Total revenue, gains, and other support per audited financial statements			1	1,356,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments			-	
b	Donated services and use of facilities			-	
	Recoveries of prior year grants		0 000	-	
d	Other (Describe in Part XIII.)		9,880.		0 000
_	Add lines 2a through 2d			2e	9,880, 1,346,659,
3	Subtract line 2e from line 1			3	1,340,033
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0.
	Add lines 4a and 4b			4c	1,346,659
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St			5 Dotu	
Par	Complete if the organization answered "Yes" on Form 990, Part IV, lir		Expenses per	Retu	m.
					2,329,510
1	Total expenses and losses per audited financial statements			1	4,349,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا			
а	Donated services and use of facilities				
	Prior year adjustments			-	
С	Other losses		0 000	-	
d	Other (Describe in Part XIII.)	·	9,880.		0 000
е	Add lines 2a through 2d			2e	9,880
3	Subtract line 2e from line 1			3	2,319,630
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8 <i>.)</i>		5	2,319,630.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional inform	ation.		
ה א ד	m vr i the 2D omited additionments.				
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
אים ס	MAI EVDENCEC NEMMED ACATNOM DENMAI INC	OME.			0 000
\mathbf{crr}	TAL EXPENSES NETTED AGAINST RENTAL INC	OME			9,880.
	m vit iine 2D omiled anticomenos.				
	T XII, LINE 2D - OTHER ADJUSTMENTS:				
PAF		OME			0.000
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:	OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880
PAF		OME			9,880.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

TURTLE CONSERVA	NCY			20-289924	0
Part I General Infor	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	'es" on
Form 990, Part IV	/, line 14b.				
			ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
=	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
United States.	ha fallassinas Dast	. I line O telele e			
3 Activities per Region. (The second	(b) Number of		an be duplicated if additional space is an an activities conducted in the region		(f) Total
(ii) (iii)	offices in the region	employees,	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service,	expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING	PROJECT EXPENSES	97,136.
				TRAVEL & PROJECT	
NORTH AMERICA	0	0	PROGRAM SERVICES	PLANNING	7,232.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROJECT EXPENSES	20,000.
				GRANT FOR LOCAL	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	NON-PROFIT	13,753.
3 a Subtotal	0	0			138,121.

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

Schedule F (Form 990) 2020

and 3b)

b Total from continuation sheets to Part Ic Totals (add lines 3a

138,121.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPERATING OF LAND PRESERVE	97,136.	WIRE TRANSFER	0.		CASH
		SUB-SAHARAN	TO ASSIST WITH THE GEOMETRIC TORTOISE PROJECT.	20,000.	WIRE TRANSFER	0.		CASH

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

	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Page 4

Schedule F (Form 990) 2020 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TURTLE CO	NSERVANCY	Z					Employer identification number 20-2899240
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assistance. Describe in Part IV the organization's process.	stance?				y for the grants or ass		tion Yes X No
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TURNER CONSERVATION TRUST 1123 RESEARCH DRIVE							PROVIDE SUPPORT FOR THE CRITICAL CONSERVATION OF
BOZEMAN, MT 59718	47-3768643	501C3	20,000.	0.			TURTLES WORLDWIDE.
THE TERRAPIN NESTING PROJECT 2910 MADISON AVENUE ARLINGTON, PA 19001	83-3497456	501C3	1,000.	0.			SUPPORT THE ORGANIZATION'S MISSION TO PROTECT THE DIAMOND BACK TERRAPIN, THEIR NESTS,
THE TURTLE ROOM PO BOX 521 LITITZ, PA 17543	83-1757833	501C3	1,000.	0.			SUPPORT CRITICAL CONSERVATION OF TURTLES WORLDWIDE.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			ne line 1 table				_

<u>Schedule I (Form 990) 2020</u> TURTLE CONSERVANCY 20-2899240 Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	•
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: THE TE	RRAPIN NES	TING PROJE	СТ	
(H) PURPOSE OF GRANT OR ASSISTANCE	: SUPPOR	T THE ORGA	NIZATION'S	MISSION	
TO PROTECT THE DIAMOND BACK TERRAP	IN, THEI	R NESTS, A	ND HATCHLI	NGS ON LONG	
BEACH ISLAND AND THE SURROUNDING A	REAS.				

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization ידי	יוופייו. ד. ככ	NSERVANC	v					-	dentifi 924		number
				section 50)1(c)(4) and se	ction 501(c)(29) orga				<u> </u>	
						o, or Form 990-EZ, Pa					
1	(b) F	Relationship bety						0 400		(d) Cor	rected?
(a) Name of disqualified p	erson	person and or			(c) Description of trans	saction			Yes	No
											110
2 Enter the amount of tax is	ncurred by the o	organization man	agers or	disqualifi	ed persons dur	ing the year under					
section 4958							▶	• \$ _			
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by th	e organiza	ation		▶	· \$_			
Part II Loans to and	l/or From Int	terested Pers	sons.								
•	· ·			0-EZ, Part	V, line 38a or F	orm 990, Part IV, lin	e 26; or	if the	organi	zation	
reported an amo								1/1	Annr	nyadi	
(a) Name of interested person	(b) Relationship with organization		(d) Loan from th	e nrin	e) Original cipal amount	(f) Balance due	(g) Ir defaul	<u>'</u> [ˈt	1) Appro Dy board	d or 😲	Written eement?
interested person	With organization	Orioan	organizati		cipai amount				committ	00: -	_
MCNELL PROPERTI	TTC OWNE			rom	1 002	1 002				No Ye X X	
		PURCHASE		 	1,992. 66,958.	1,992. 266,958.		X X		X	
ERIC GOODE	FOUNDER	PURCHASE	^		00,950.	200,930.		^		^ ^	-
			\vdash								+
								+			+-
								-			+
								-+		_	+
											+
								-			+
								_			+
Total					> \$	268,950.			<u> </u>		
Part III Grants or As	sistance Be	nefiting Inter	ested	Person							
Complete if the c	rganization ans	wered "Yes" on F	orm 990	0, Part IV,	line 27.						
(a) Name of interested p	person	(b) Relationship	between	, (c) Amount of	(d) Type	of		(e) F	Purpose	of
		interested pers	on and		assistance	assistano	e		as	sistance)
		the organiza	ation								
								\perp			
								\perp			
								- 1			

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2020 TURTLE CONSERVANCY 20-2899240 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No 132,000 THE TURTLE MCNELL PROPERTIES LLC OWNED BY ERIC G X 266,958.THE ERIC GOODE LOAN TO ENTITY FROM TURTLE X SIBILLE PRITCHARD 800,000.THE BOARD MEMBER TURTLE X Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: MCNELL PROPERTIES, LLC RELATIONSHIP WITH ORGANIZATION: LLC OWNED BY FOUNDER (C) PURPOSE OF LOAN: OUTSTANDING LIABILITY (A) NAME OF PERSON: ERIC GOODE PURPOSE OF LOAN: PURCHASE OF MUSEUM ACQUISITIONS SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: NAME OF PERSON: MCNELL PROPERTIES RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: LLC OWNED BY ERIC GOODE DESCRIPTION OF TRANSACTION: THE TURTLE CONSERVANCY OPERATINGS ON LAND OWNED BY THE LLC AND PAYS MONTHLY RENT TO THE LLC. (A) NAME OF PERSON: ERIC GOODE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LOAN TO ENTITY FROM ERIC GOODE

(D) DESCRIPTION OF TRANSACTION: THE TURTLE CONVSERVANCY BORROWED FUNDS FROM THE FOUNDER TO PURCHASE MUSEUM QUALITY COLLECTION AND RELATED ITEMS Schedule L (Form 990 or 990-EZ) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TURTLE CONSERVANCY

Employer identification number 20-2899240

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE TURTLE CONSERVANCY MAINTAINED ITS KEY PROGRAMS FOR THE BOLSON TORTOISE IN MEXICO AND THE GEOMETRIC TORTOISE IN SOUTH AFRICA. IT CONTINUED ENGAGEMENT IN MADAGASCAR TORTOISE CONSERVATION, AND PARTICIPATED IN A NUMBER OF SMALL PROJECTS (PACIFIC POND TURTLE HABITAT RESTORATION, REWILDING BOLSON TORTOISES IN NORTH AMERICA) AS WELL AS CONTINUING TO MONITOR GLOBAL ILLEGAL TRADE IN TURTLES AND TORTOISES. EXPENSES \$ 201,330. INCLUDING GRANTS OF \$ 139,136. REVENUE \$ 72,016.

FORM 990, PART VI, SECTION B, LINE 11B:

INITIAL REVIEW OF FORM 990 PERFORMED BY FINANCIAL CONTROLLER. THE FORM 990 IS PASSED TO THE PRESIDENT AND OTHER BOARD MEMBERS FOR FINAL REVIEW AND APPROVAL FOR SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE. PROCESS ADMINISTERED BY CHAIRMAN.

FORM 990, PART VI, SECTION B, LINE 15:

USE OF VARIOUS 3RD PARTY SOURCES TO DETERMINE EQUITABLE SALARY FOR SIMILAR POSITIONS IN THE LOCALITY. FULL REVIEW BY PRESIDENT AND BOARD OF DIRECTORS. THE CEO OF THE ORGANIZATION CHOOSES TO DONATE HIS TIME AND DOES NOT SALARY. THIS IS SUPPORTED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) 2020

TURTLE CONSERVANCY	20-2899240					
TURTLE CONSERVANCY PROVIDES A COPY OF THE GOVERNING DOCUM	ENTS, CONFLICT OF					
INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST.						
FORM 990 PART XII LINE 2C;						
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION	ON PROCESS					
FROM THE PRIOR YEAR.						

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Upen to Public Inspection

TURTLE CONSERV	JANCY				E	20-28992	40	ımber
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total income	me End-of-year		Direct c	f) ontrolling tity	l
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one	or mor	re related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	Section 5 contri enti	olled
				501(c)(3))			Yes	No
HABIO AC 1033 PAFOS CALLE SAN PABLO, CHIHUAHUA, MEXICO	TORTOISE CONSERVATION AND PRESERVE	MEXICO			TURTLI CONSEI	E RVANCY		х
· ·								

Pari III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.
	organizations trouted as a partitioning the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box	Gener mana partr	iging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
]											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No	
									<u> </u>	
									├ ──	
									Щ_	

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_		Yes	No
1 During the tax year, did the organization engage in any of the following transactions						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b	Х	
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1a		Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1i		X
				-,		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related orga				11	Х	
m Performance of services or membership or fundraising solicitations by related orga				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
o Sharing of paid employees with related organization(s)				10		X
C (,						
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved		
1) HABIO AC	В	97,136.	CASH			
2)						
- J						
3)						
<u>i)</u>						
5)						
3)	15		Cab adula D			
	47		Cahadula D	/Ears	~ OOV)	$\alpha \alpha \alpha \alpha \alpha$

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	all s sec. (3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	ral or Pe ging ner?	(k) ercentage wnership
		country	Sections 5 12-5 14)	Yes	No	income	433013	Yes	No	(F01111 1003)	Yes	No	
	1												
	-												
											\square	\perp	
	_												
	-												
	1												
										Calcadada			

032165 10-28-20

Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	1	OMB No. 1545-0047
		For calendar year 2020 or other tax year beginning , and ending	.	2020
Depar Interna	tment of the Treasury al Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 	. (Open to Public Inspection for 501(c)(3) Organizations Only
ΑL	Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	DEmplo	yer identification number
B Ex	xempt under section	Print TURTLE CONSERVANCY	2	0-2899240
X	501(c)(3) 408(e) 220(e)	Type Number, street, and room or suite no. If a P.O. box, see instructions. 1794 MCNELL ROAD		exemption number structions)
	408A 530(a) 529S	City or town, state or province, country, and ZIP or foreign postal code OJAI, CA 93023	F L	Check box if
		C Book value of all assets at end of year ► 1,325,645.		an amended return.
G (Check organization	type 🕨 🔀 501(c) corporation 🔲 501(c) trust 🔛 401(a) trust 🔲 Other trust 🔲 A	oplicat	le reinsurance entity
H (Check if filing only to	o Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>I</u> (Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		>
J	Enter the number of	f attached Schedules A (Form 990-T)		1
		· · · · · · · · · · · · · · · · · · ·	▶	Yes X No
		ame and identifying number of the parent corporation.	4.0	
		re of ► LYNN RIMKUS Telephone number ► 2	12-	353-5060
Ра		related Business Taxable Income		
1		business taxable income computed from all unrelated trades or businesses (see		0
	instructions)		1	0.
2	Reserved		2	
3	Add lines 1 and 2		3	
4		outions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operating loss. See instructions	6	
7	Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro		7	4 000
8	Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
9		99A deduction. See instructions	9	4 000
10		s. Add lines 8 and 9	10	1,000.
11	Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		•
D-	enter zero		11	0.
Ра	rt II Tax Com	•		
1		xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2		t trust rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		2	
3	Proxy tax. See ins		3	
4		s. See instructions	4	
5		um tax (trusts only)	5	
6		Iliant facility income. See instructions	6	0.
7		through 6 to line 1 or 2, whichever applies	7	
LHA	For Paperwork I	Reduction Act Notice, see instructions.		Form 990-T (2020)

Form 990-T (2020) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) b 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 1e 0. Subtract line 1e from Part II, line 7 2 2 3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Uther (attach statement) 3 Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). section 1294. Enter tax amount here 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 534 Payments: A 2019 overpayment credited to 2020 6a 2020 estimated tax payments. Check if section 643(g) election applies _____ > ___ 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Form 4136 Uther 534. Total payments. Add lines 6a through 6g 7 R Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 534. 10 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 534 • Refunded ▶ Enter the amount of line 10 you want: Credited to 2021 estimated tax Statements Regarding Certain Activities and Other Information (see instructions) Part IV At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year _____ > \$ X Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V | Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign	correct, and complete. Declaration of preparer (other that			edge.		_		
Here	Signature of officer	Date PRES		May the IRS discuss this return with the preparer shown below (see instructions)? X Yes N				
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	_		
Paid Preparer	BRIAN COUSINO			self- employe	P01363025			
Use Only	I E I TITAD TOTTOD C	Firm's name ► HINRICHER & COUSINO LLP						
000 0,	3275 OLD (3275 OLD CONEJO ROAD						
	Firm's address ▶ THOUSAND (Phone no.	o. (805)496-1883					

Form 990-T (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A N	ame of the organization TURTLE CONSERVANCY				B Employ	er identific		per
c ı	Inrelated business activity code (see instructions) > 54180	0			D Sequer	nce:	1 of	1
E [escribe the unrelated trade or business ADVERTISING							
Pai	t I Unrelated Trade or Business Income		(A) Inco	me	(B) Expen	ses	(C) Net
					.,,,			,
	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)) (see instructions)	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
_	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
40	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11 12						
12 12	Other income (see instructions; attach statement)	13		0.				
13	Total. Combine lines 3 through 12							
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			is on ded	uctions) De	eductior	ns must	be
1	Compensation of officers, directors, and trustees (Part X)					. 1		
2	Salaries and wages							
3	Repairs and maintenance							
4	Bad debts							
5	Interest (attach statement) (see instructions)							
6	Taxes and licenses							
7	Depreciation (attach Form 4562) (see instructions)			7				
8	Less depreciation claimed in Part III and elsewhere on return		8	Ва		8b		
9	Depletion					. 9		
10	Contributions to deferred compensation plans					. 10		
11	Employee benefit programs					. 11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					. 13		
14	Other deductions (attach statement)					. 14		
15	Total deductions. Add lines 1 through 14					. 15		0.
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from l	Part I, line 1	3,			_
	column (C)					. 16		0.
17	Deduction for net operating loss (see instructions)							0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3						
LHA	For Paperwork Reduction Act Notice, see instructions.					Schedul	le A (Form	990-T) 2020

	ule A (Form 990-1) 2020				Page 2
Part		hod of inventory valua		т. г	
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				_
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	•			
9	Do the rules of section 263A (with respect to property				
Part	, , , ,				
1	Description of property (property street address, city,	state, ZIP code). Che	ck if a dual-use (see in	structions)	
	A				
	B				
	c				
	D	1	1	-	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter he	re and on Part I, line 6	, column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. Er		I, line 6, column (B)	<u></u>	0.
Part		,			
1	Description of debt-financed property (street address,	city, state, ZIP code)	. Check if a dual-use (s	see instructions)	
	A				
	В				
	C				
	D	1	1	1	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		6 9	%	%
7	Gross income reportable. Multiply line 2 by line 6		1	1	
8	Total gross income (add line 7, columns A through D)		art I, line 7, column (A) •	0.
	_ , , , .		, , ,		
9	Allocable deductions. Multiply line 3c by line 6				_
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here a	nd on Part I, line 7, co	lumn (B)	0.
11	Total dividends-received deductions included in line				0.

ENTITY 1

Page	3
	_

Part	VI Interest, Annu	uities, R	oyalties, and R	ents fro	m Contro	lled O	rganizatio	15 (s	ee instruct	tions)		
						. E	xempt Contro	lled Or	ganizatior	ıs		
Name of controlled organization		2. Employer identification number			al of specified ments made that is included controlling org tion's gross in		s included rolling orga	in the aniza-		Deductions directly connected with come in column 5		
(1)									J			
(2)												
(3)												
(4)												
			No	nexempt (Controlled O	rganizati	ions					
7	7. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		10. Part of that is incontrolling gross	luded	in the zation's		COI	ductions directly nnected with ne in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	l	er h	olumns 6 and 11. ere and on Part I, 8, column (B)
Totals									0.			0.
Part	VII Investment	Income	of a Section 50)1(c)(7),	(9), or (17) Orga	nization (s	ee inst	tructions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connuctation (attach state)	ected	4. Set- (attach s		'	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals				>	Add amou column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	, Other	Than Adv	ertisir	ng Income (see in	structions)		
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	ne from trade or bus	iness. Ente	er here and o	n Part I	, line 10, colum	nn (A)		2		
3	Expenses directly con line 10, column (B)		•							3		
4	Net income (loss) from lines 5 through 7	unrelated	trade or business.	Subtract li	ne 3 from lin	ie 2. If a	gain, complete	e 		4		
5	Gross income from ac	tivity that	is not unrelated bus	iness inco	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	art II, line	12							7		
									S	chedu	le A	(Form 990-T) 2020

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more perio	dicals on a c	onsolidated basis	3.	
	A					
	В					
	c					
	D					
Entor		aarraan an din a aalu	mn			
Enter	amounts for each periodical listed above in the					
_			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	Part I, line 11, colur	mn (A)		▶	0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	Part I, line 11, colur	mn (B)		▶	0.
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than		<u> </u>			
′						
	line 5, subtract line 6 from line 5. If line 5 is le					
•	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the line 8a,	columns tota	ıl or zero here an	d on	^
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and Tr	ustees (see	e instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
<u> </u>						
Total	. Enter here and on Part II, line 1					0.
Part		e instructions)				
		<u> </u>				
-						

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

Calendar	Year 2020 or fiscal year beginning (mm/dd/yyyy) , and ending (r	mm/dd/yyy	/y)			
	on/Organization name			ration number	er	
TURT	LE CONSERVANCY		27478	359		
Additional	information. See instructions.	FE	IN			
			20-28	39924	.0	
Street add	ress (suite or room)		PMB no.			
1794	MCNELL ROAD					
City	1	State	ZIP code			
OJAI		CA	93023	3		
_						
A First	t return Yes X No I Did the organization have	any chan	nes to its o	nuidelines		
					• Yes	X No
	(/ / /			-		X No
• [
Ente						
		-				X No
					100 1	
_					• X Yes	□ No
	uis a group filing? See instructions • Yes X No N Is the organization under	audit by th	ne IRS or I	nas the		
					• Yes	X No
	• • • • • • • • • • • • • • • • • • • •					
Part	Complete Part I unless not required to file this form. See General Information B and C.					
			•	1	119,2	203 00
				2		
	3 Gross contributions, gifts, grants, and similar amounts received	STMT	1 •	3	1,210,5	556 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.					
	This line must be completed. If the result is less than \$50,000, see General Information B		• [4	1,368,5	88 00
_	5 Cost of goods sold STMT 3 STMT 2 • 5					
Reven			00			
				7	12,0	49 00
			-	8	1,356,5	39 00
	9 Total expenses and disbursements, From Side 2, Part II, line 18			9	2,221,6	27 00
Expen				10	-865,0	88 00
	11 Total payments		•	11		00
	12 Use tax. See General Information K		•	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		•	13		00
Filing				14		00
	15 Penalties and Interest. See General Information J			15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		●	16		00
City Care Care						
		Date				
11010	Signature of officer PRESIDENT			(2	12)482-8	3113
Sevent address (pulse or room) 1794 MCNELL ROAD						
	Preparer's signature	self-en	nployed	<u> </u> ₽0	1363025	
Paid	•	Ī				
Prepare						5
Use Only	v employed) 3275 OLD CONEJO ROAD				•	
	and address THOUSAND OAKS, CA 91320				05)496-1	1883
	May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No	

TURTLE CONSERVANCY

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951	12-22-20

		1	Gross sales or receipts from all b	usiness activities. See instruc	tions	•	1	14,487 00
		2	Interest			T	2	110 00
		3	Dividends				3	00
Rece	ipts	4				_	4	22,480 00
from		5	Gross royalties			T T	5	00
Othe	r	6	Gross amount received from sale	of assets (See Instructions)		•	6	00
Sour	ces	7	Other income		SEE STA	TEMENT 4 •	7	82,126 00
		8	Total gross sales or receipts from	n other sources. Add line 1 th	rough line 7. Enter here and o	on Side 1, Part I, line 1	8	119,203 00
		9	Contributions, gifts, grants, and s	similar amounts paid	STA	TEMENT 5 ●	9	139,136 00
		10	Disbursements to or for member	S		•	10	00
		11	Compensation of officers, directo	rs, and trustees	SEE STA	TEMENT 6 \bullet	11	0 00
		12	Other salaries and wages			• [12	529,976 ₀₀
Expe	nses	13	Interest				13	292 00
and		14	Taxes				14	47,935 00
Disb	ırse-	15	Rents			•	15	218,798 00
ment	s	16	Depreciation and depletion (See i	nstructions)		•	16	00
		17	Other expenses and disbursemen	nts	SEE STA	TEMENT 7 •	17	1,285,490 00
		18	<u> </u>				18	2,221,627 00
	edu	le L	Balance Sheet	Beginning of			ot taxa	ible year
Asse) I-		-	(a)	(b) 608,091	(c)		(d) • 585,389
			o receivable		000,091		- '	• 585,389 •
			s receivable ceivable					<u>-</u>
					46,304			• 42,880
			state government obligations		20,002			• 12,000
			in other bonds				,	•
			in stock		989		-	•
8 1	Nortga	ge lo	ans				•	•
9 (Other in	nvest	ments STMT 8					• 1,098
10 8	a Depr	eciab	ole assets	1,430,845		1,445,7	65	
			ımulated depreciation	(667,963	762,882	(768,23	5)	677,529
11 L	.and				150.000			150 565
			STMT 9		158,838		'	• 172,565
			3		1,577,104			1,479,461
			et worth		124,137			• 60,371
			yable		124,137			<u> 60,371</u>
16 6	onde.	ond n	is, gifts, or grants payable		55,881			• 268,950
					33,001			• 2007330
	Other li							726,025
			k or principal fund				-	•
			ital surplus. Attach reconciliation					•
21 F	Retaine	ed ear	nings or income fund		1,397,086		•	• 424,115
			ties and net worth		1,577,104			1,479,461
Sch	edu	le N	1-1 Reconciliation of income p			on than CEO OOO		
	lot in a	om s	<u> </u>	ule if the amount on Schedul	088 7 Income recorded			
			per books		not included in the			•
			me tax pital losses over capital gains			s return not charged		
			recorded on books this year			ome this year	- 1	•
			corded on books this year not		9 Total. Add line 7		1	
	-		this return	•	10 Net income per re			
			ne 1 through line 5				Ì	-865,088
				<u> </u>				<u> </u>

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	ГАТЕМЕНТ	1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
ERIC GOODE	4403 THACHER ROAD OJAI, CA 93023		815,95	59.
GLOBAL WILDLIFE CONSERVATION	PO BOX 129 AUSTIN, TX 78767		33,73	33.
MOHAMED BIN ZAYED SPECIES CONSERVATION FUND	PO BOX 131112 ABU DHABI UNITED ARAB EMIRATES		6,50	00.
FOCUS ON NATURE	1 RUE DE L'EST GENEVA SWITZERLAND		25,00	00.
MARTIN DIECK	2233 BYRON STREET PALO ALTO, CA 94301		75,00	00.
THE SHANBROM FAMILY FOUNDATION	603 WEST OJAI AVE, STE B OJAI, CA 93023-3732		10,00	00.
FORGOTTEN NATURE	CLASSENSGADE 59 5TH, 2100 COPENHAGEN 0 DENMARK		30,00	00.
ANN DEBOLT	2032 S CRYSTAL WAY BOISE, ID 83706		5,00	00.
JENNIFER SEGERSTROM	PO BOX 25 CORONA DEL MAR, CA 92625		6,00	00.
GREATER HOUSTON COMMUNITY FOUNDATION	515 POST OAK BLVD, STE 1000 HOUSTON, TX 77027		14,50	00.
BRETT STEARNS	1125 MUSTANG DRIVE SANTA YNEZ, CA 93460		5,00	00.
MICHAEL ZILKHA	3808 INVERNESS DRIVE HOUSTON, TX 77019		17,50	00.
LINDA EASLER	1110 LUNETA DRIVE DEL MAR, CA 92014		5,00	00.
JOHN MITCHELL	136 BUCKMANVILLE ROAD NEW HOPE, PA 18938		5,00	00.
TOTAL INCLUDED ON LINE 3			1,054,19	92.

FOR	м 199		_	GOODS SOLD PART I, LINE 5		STATEMENT 2
COS	I OF GOODS SOLD					
1.	INVENTORY AT BEGINNING	G OF YEAR	•			46,304
2. 3. 4. 5.	MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIE OTHER COSTS ADD LINES 1 THROUGH 5	s	•	· · · · · · · · · · · · · · · · · · ·	8,625	54,929
7.	INVENTORY AT END OF Y	EAR	•			42,880
8.	COST OF GOODS SOLD (L	INE 6 LES	S L	INE 7)		12,049

TURTLE CONSERVANCY 20-2899240

CA 199 COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION	AMOUNT
OTHER COSTS	8,625.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5	8,625.
CA 199 OTHER INCOME	STATEMENT 4
DESCRIPTION	AMOUNT
MISCELLANEOUS ANIMAL ADOPTIONS OJAI TOURS MEMBERSHIP FEES	10,110. 32,835. 1,823. 37,358.
TOTAL TO FORM 199, PART II, LINE 7	82,126.

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PAI		FATEMENT 5
ACTIVITY CLASSIFICAT:	ION: TURTLE CONSERVANCY		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HABIO AC	9368 SAN PEDRO DEL REAL - PARTIDO SENECU, CHIHUAHUA, MEXICO 32459		97,136.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MAPULA TRUST	ZONNESTRAAL FARM, ALPHEN HILL ROAD, - CONSTANTIA, WESTERN CAPE, SOUTH AFRIC	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SOUTHERN AFRICA TORTOISE CONSERVATION TR	27 HOOP STREET - KUILS RIVER CAPE TOWN, SOUTH AFRICA, SOUTH AFRICA 7850	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TURTLE CONSERVATION FUND	1123 RESEARCH DRIVE - BOZEMAN, MT 59718	NONE	20,000.
	TOTAL FOR THIS ACTIVITY		137,136.
TOTAL INCLUDED ON FOR	RM 199, PART II, LINE 9		137,136.

CA 199 C	OMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 6
NAME AND ADDRE	SS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ERIC GOODE 1794 MCNELL RC OJAI, CA 9302		PRESIDENT (DONATES ALL TIM	0.
MATTHEW FRANKE 1794 MCNELL RC OJAI, CA 9302	AD	TREASURER 10.00	0.
GREGORY GEORGE 1794 MCNELL RC OJAI, CA 9302	AD	BOARD MEMBER 1.00	0.
CULLEN GEISELM 1794 MCNELL RC OJAI, CA 9302	AD	SECRETARY 1.00	0.
JOHN MITCHELL 1794 MCNELL RC OJAI, CA 9302		BOARD MEMBER 1.00	0.
RUSSELL MITTER 1794 MCNELL RC OJAI, CA 9302	AD	BOARD MEMBER 1.00	0.
ANDERS RHODIN 1794 MCNELL RC OJAI, CA 9302		CHAIRMAN 1.00	0.
RICK RIDGEWAY 1794 MCNELL RO OJAI, CA 9302		BOARD MEMBER 1.00	0.
JULIAN SANDS 1794 MCNELL RO OJAI, CA 9302		BOARD MEMBER 1.00	0.
CRAIG STANDFOR 1794 MCNELL RO OJAI, CA 9302	AD	BOARD MEMBER 1.00	0.
FISHER STEVENS 1794 MCNELL RO OJAI, CA 9302	AD	BOARD MEMBER 1.00	0.

TURTLE CONSERVANCY				20-2899240
MICHAEL ZILKHA 1794 MCNELL ROAD OJAI, CA 93023		BOARD MEMBI		0.
SIBILLE HART PRITCHARD 1794 MCNELL ROAD OJAI, CA 93023		BOARD MEMBI		0.
MARTIN DIECK 1794 MCNELL ROAD OJAI, CA 93023		BOARD MEMBI		0.
TOTAL TO FORM 199, PART II, LINE	11			0.
CA 199	OTHER	EXPENSES		STATEMENT 7
DESCRIPTION				AMOUNT
MUSEUM COLLECTION MEMBERSHIP EXPENSES GLOBAL EDUCATION ANIMAL CARE AND SUPPLIE OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE	17			800,000. 55,572. 46,174. 38,826. 9,880. 18,834. 52,138. 67,443. 2,034. 16,712. 40,005. 4,047. 6,872. 5,403. 42,125. 79,425.
CA 199	OTHER :	INVESTMENTS		STATEMENT 8
DESCRIPTION			BEG. OF YEA	R END OF YEAR
OTHER INVESTMENTS		_		0. 1,098.
TOTAL TO FORM 199, SCHEDULE L, L	INE 9	=		0. 1,098.

TURTLE CONSERVANCY 20-2899240

CA 199 OTHER	ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EMPLOYEE ADVANCES TRAVEL ADVANCES PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS	50. 720. 15,476. 19,338. 123,254.	0. 0. 18,994. 37,927. 115,644.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	158,838.	172,565.
CA 199 BONDS AND 1	NOTES PAYABLE	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, TRUSTER KEY EMPLOYEES, ETC.	ES AND 55,881.	268,950.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	55,881.	268,950.
CA 199 OTHER L	IABILITIES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PPP LOAN PURCHASE COMMITMENT - LONG TERM ACCRUED EXPENSES AND OTHER LIABILITIES PURCHASE COMMITMENT - SHORT TERM	0. 0. 0.	138,997. 266,667. 53,694. 266,667.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	726,025.

Date Accepted

TAXABLE YEAR Ca

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

	Exempt organizations		
Exempt O	Organization name	Identifying n	ımber
TURT	TLE CONSERVANCY	20-28	99240
Part I	Electronic Return Information (whole dollars only)		
1 To	otal gross receipts (Form 199, line 4)	1	1,368,588
	otal gross income (Form 199, line 8)	_	1,356,539
3 To	otal expenses and disbursements (Form 199, line 9)	3	2,221,627
Part II	Settle Your Account Electronically for Taxable Year 2020		
4	Lectronic funds withdrawal 4a Amount 4b Withdrawal date (mm/	dd/yyyy)	
Part III	Banking Information (Have you verified the exempt organization's banking information?)		
5 Rou	uting number		
6 Acc	count number 7 Type of account: L Chec	king LS	avings
Part IV	Declaration of Officer		
I authori on line 4	ize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electron 4a.	nic funds withdra	wal for the amount listed
transmit Californi a balanc organiza statemer	enalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to n tter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines ia electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt of ation will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization returns be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt of a the transmitted to the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	of the exempt or te. If the exempt rganization's fee rn and accompar	panization's 2020 organization is filing liability, the exempt ying schedules and
Sian	PRESIDENT		

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I Date

I Check if

I Check

I FRO's PTIN

ERO Must	signature Firm's name (or yours	if self- employe	P01363025 Firm's FEIN 77-0291466								
Sign	if self-employed) and address	3275 OLD C THOUSAND O	ONEJO DAKS, (ZIP code	91320	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.											
Paid Prepa	preparer's if self-								Paid preparer's PTIN		
Must Sign	if self-employed)										
	and address								ZIP code		

For Privacy Notice, get FTB 1131 ENG/SP.

Signature of officer

Here

FTB 8453-EO 2020

TAXABLE YEAR **2020**

California Exempt Organization Business Income Tax Return

028961 12-21-20

FORM **109**

Calendar Ye	ar 20	20 or fiscal year beginning (mm/dd/yyyy)		, an	ıd ending (mn	n/dd/yyyy)				
•	-	nization name CONSERVANCY					Ca		a corporation numb 47859	er
Additional	infor	mation. See instructions.					FE	IN 20-	-2899240	
		uite/room no.) VELL ROAD					PMB no.			
City (If the c	orpo	ration has a foreign address, see instructions.)			State CA	ZIP code 93023			
Foreign co	untr	y name	Foreign province/s	state/county	,		Foreign p	ostal c	ode	
R&TC Set Is the or audited if Final return to the first term of	n edu ectior ganiz n a p urn? Disso te (m d retu	cation IRA within the meaning of 23712? ation under audit by the IRS or has the IRS rior year? Ved	Yes X No	described I Is this or Military E Manufact Area (ME J Is this or bonus pl K Unrelated L Is this a l	Base Recovery turing Enhand (A) tax benefit ganization a q an as describe d Business Ac	on 4947(a) Liming any Area (LAN Cement Lis? Liualified pe Livity (UBA	o(1)? former; Ente MBRA), Targ nsion, profit dection 401(a c) code	rprise z eted Ta -sharin a)?	Zone (EZ), Local Aç ix Area (TTA), or • Yes g, or stock • Yes	X No
Taxable Corpora- tion	1	Unrelated business taxable income from Side Mult. In 1 by the avg. apport. pctg Enter the lesser amt from In 1 or In 2. If the unrelated	% from the Sch. R, App I bus. activity is wholly in Co	port. Formula Wi	ksht, Part A, In 2	or Part B, Ir	n 5. See instr. •	1 2 3 4		00 00 0 00
Trust Tax Compu- tation		Unrelated business taxable income from Side Unrelated business taxable income from line EZ, LAMBRA, or TTA NOL carryover deducti Net Operating Loss deduction. See General II Add line 6 and line 7 Net unrelated business taxable income. Subt Tax 8 • 8 4 % x line 9. See Gene Tax credits from Schedule B. See instruction	3 or line 4 ion nformation N tract line 8 from line 5 eral Information J				•	5 6 7 8 9 10		00 00 00 00 00 00
Total Tax		Balance. Subtract line 11 from line 10. If line Alternative minimum tax. See General Inform Total tax. Add line 12 and line 13	11 is greater than line nation 0	10, enter -0- _.			•	12 13 14		00 00 00
Payments	15 16 17 18	Overpayment from a prior year allowed as a c 2020 estimated tax payments. See instructio Withholding (Form 592-B and/or 593). See in Amount paid with extension (form FTB 3539	credit ons instructions	• • • • • • • • • • • • • • • • • • •	15 16 17		00 00 00 00	-		
Use Tax/	19 20 21	Payments balance. If line 19 is more than line	e 20, subtract line 20 fr	om line 19			•	19 20 21		00 00 00
Tax Due/ Overpay- ment	22 23 24	Use tax balance. If line 20 is more than line Tax due. Subtract line 21 from line 14. Pay el Overpayment. Subtract line 14 from line 21. Subtract line 14 from line 21.	entire amount with retur	n. See instruc	tions		•	22 23 24		00 00
	25	Enter amount of line 24 to be applied to 202						25		00

	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24		_	26	Τ	Too
	a Fill in the account information to have the refund directly deposited. Routing number		_	20		00
Refund or	b Type: Checking • Savings • C Account Number					
Amount			•	27	1	00
Due	 Penalties and interest. See General Information M Check if estimate penalty computed using Exception B or C and attach form FTB 5806 					100
					1	Too
Unrolat	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24ed Business Taxable Income		. •	29		00
	Inrelated Trade or Business Income					
			_	140		Too
		alance		2	 	00
	goods sold and/or operations (Schedule A, line 7)			3	 	_
1 a Cani	orofit. Subtract line 2 from line 1c tal gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			48		00
	gain (loss) from Part II, Schedule D-1			4b		00
				40		00
	tal loss deduction for trusts e (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.			40		100
	Schedule K-1 (565, 568, or 100S) or similar schedule			5		
	income (Schedule C)			6		00
	red debt-financed income (Schedule D)			7		00
9 Invest	nent income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		•	8		00
	t, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9		00
	ed exempt activity income (Schedule G)			10		00
11 Advert	sing income (Schedule H, Part III, Column A)		•	11		00
	ncome. Attach schedule			12		00
	nrelated trade or business income. Add line 3 through line 12			13		00
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with th			_	ncome.)	100
	nsation of officers, directors, and trustees from Schedule I			14	1	00
	s and wages			15		00
	S			16		00
	bts			17		00
	t			18		00
			•	19		00
20 Contrib	outions SEE STATEMEN	IT 12	•	20	1 0	00
	eciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) • 21a	***************************************	00			100
	: depreciation claimed on Schedule A		00	21		00
22 Depleti				22		00
	ributions to deferred compensation plans			23a		00
	loyee benefit programs			23b	,	00
24 Other (leductions		•	24		00
25 Total d	eductions. Add line 14 through line 24			25		00
26 Unrela	red business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		•	26		00
	advertising costs (Schedule H, Part III, Column B)			27		00
28 Unrela	red business taxable income before specific deduction. Subtract line 27 from line 26		•	28		00
	c deduction			29	1,000	00
30 Unrela	red business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30		00
0:	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested and search for 1131. To request this notice by mail, call 800.852.5711.			_		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	d to the best o	f my k	nowle	dge and belief, it is true, correc	ct,
11010	I	Date			 Telephone 	
	of officer ▶ PRESIDENT			- [((212)482-811	. 3
Daid	Preparer's Date (Check if self			● PTIN	
Paid Preparer's	signature ▶	employed	▶ [╗	201363025	
Use Only	Firm's name (or yours,				• Firm's FEIN	
	if self-employed) HINRICHER & COUSINO LLP			_ [77-0291466	
	and address 3275 OLD CONEJO ROAD				 Telephone 	
	THOUSAND OAKS, CA 91320				(805)496-188	13
	May the FTB discuss this return with the preparer shown above? See instructions				• X Yes No	

		Cost of Goods Sold an	d/or Operations.			37 / 3						
		y valuation (specify)				N/A						
										1		00
									∟	2		00
3	Cost of labor								•	3		00
4	a Additional IF	C Section 263A costs. A	Attach schedule							4a		00
									- ⊢	4b		00
										5		00
6	Inventory at en	d of year							∟	6		00
				n line 5. Enter here and on					<u>L</u>	7		00
_			respect to propert	y produced or acquired for	resale) ap	ply to this	organi	zation?			Yes X No	
		Tax Credits.										
	Enter credit na			code •		1		0	0			
2	Enter credit na	me		code •	· •	2		0	0			
3	Enter credit na	me		code •	· •	3		0	0			
4	Total. Add line	1 through line 3. If claim	ning more than 3 cı	redits, enter the total of all	claimed cre	edits						
										4		00
	nedule K	Add-On Taxes or Rec	•									
				npleted long-term contracts					• _	1		00
2	Interest on tax	attributable to installmen	nt: a Sales of ce	rtain timeshares or residen	tial lots				• [2a		00
			b Method for	non-dealer installment obl	igations _				• [2b		00
3	IRC Section 19	77(f)(9)(B)(ii) election to		the disposition of intangibl					• [3		00
4	Credit recaptur	re. Credit name							• [4		00
5	Total. Combine	the amounts on line 1 t	hrough line 4							5		00
Scl	nedule R	Apportionment Formu	la Worksheet. Use	only for unrelated trade or	business	amounts.						
Part	A. Standard N	lethod - Single-Sales Fa	actor Formula. Co	mplete this part only if the	corporatio	n uses the	single	-sales factor form	rula.			
					Tota	(a) ા within ar	nd	(b) Total wit	hin		(c) Percent withi	n
						de Califori		Californ			California [(b) ÷ (a)]	
1	Total sales				•			•				
2	Apportionmen	t percentage. Divide tota	al sales column (b)	by total sales column (a)								
	and multiply th	e result by 100. Enter the	e result here and o	n Form 109, Side 1, line 2.							•	
Part	B. Three Facto	or Formula. Complete th	is part only if the c	orporation uses the three-	factor form	ıula.						
					Tota	(a) Il within ar	.d	(b) Total wit	hin		(c) Percent withi	n
						de Califori		Californ			California [(b) ÷ (a)]	
1	Property facto	r:			•			•			•	
				rees	•			•			•	
				l allowances	•			•			•	
		age: Add the percentages										
				line 4 by 3 and enter the								
	result here and	l on Form 109, Side 1, lir	ne 2. See instructio	ns for exceptions								
Scl	nedule C	Rental Income from R	eal Property and F	Personal Property Leased	with Real	Property						
For re	ental income from	debt-financed property, use	Schedule D, R&TC Se	ection 23701g, Section 23701i,	and Section	23701n orga	anization	ns. See instructions	for exc	eption	ıs.	
1 De	scription of prope	erty					2 Rer	nt received or accrue	ed	3 Per	centage of rent attribut	able to
										pers	sonal property	
												%
												%
												%
4 Co	mplete if any item he rent is determi	n in column 3 is more than 50 ned on the basis of profit or i	0%, or for any item income		5 Comple	te if any iter	m in colu	ımn 3 is more than 1	10%, b	ut not	more than 50%	
	eductions directly			(b) Income includible, column 2 less column 4(a)		ncome repo 2 x column	ome reportable, x column 3 (b) Deductions directly con with personal property			nected (c) Net income includible, column 5(a) less column 5		
Add	columns 4(b) a	and column 5(c). Enter h	ere and on Side 2,	Part I, line 6								

022 3643204 Form 109 2020 **Side 3**

1 Description of debt-financed proper	ty				2 Gross income to	from or	3 Deduction	ons directly c	onnected v	with or allocable to	debt-fin	anced property		
					allocable to del property	bt-finance	d	nt-line dep				ductions		
Amount of average acquisition indebtedness on or allocable to debt-financed property 5 Average adji of or allocab debt-finance		ible to	6 Debt basi percentag column 4 column 5	je, ÷	7 Gross income reportable, column 2 x column	umn 6	columi	8 Allocable deductions columns 3(a) and 3(b column 6		3(b) x (or los		ncome ss) includible, nn 7 less column 8		
				%										
				%										
				%										
Total. Enter here and on Side 2, F														
Schedule E Investment	Income of a	ın R&TC Secti	on 23701g,		23701i, or Secti									
1 Description		2 Amount		3 Deduction	tions directly cted	4 Net in colum	vestment inco n 2 less colum	me, nn 3 5 s	Set-aside	es	6 i	Balance of investment ncome, column 4 less column 5		
Total. Enter here and on Side 2, F	Part I, line 8													
Enter gross income from membe														
Schedule F Interest, An	nuities, Ro	yalties and Re	nts from Co	ntrolled										
					Exempt Contro	lled Orga	ınizations							
1 Name of controlled organizations		2	2 Employer identification number	n	3 Net unrelated income (loss)		Total of spe payments	payments made		t of column (4) is included in controlling anization's ss income		Deductions directly connected with income in column (5)		
1														
2														
 3														
Nonexempt Controlled Organiza	itions								<u> </u>					
7 Taxable income					8 Net unrelated income (loss)	9	Total of spe payments		tha the	art of column (9) at is included in a controlling ganization's		11 Deductions directly connected with income in column (10)		
									gro	oss income				
1														
· ?														
3														
4 Add columns 5 and 10														
5 Add columns 6 and 11														
Subtract line 5 from line 4. Er	nter here an	d on Side 2. Pa	art I, line 9											
		ity Income, ot												
Description of exploited activity (atta schedule if more than one unrelated is exploiting the same exempt activi	ach 2 activity ity)	Gross unrelated business income from trade or business	3 Expenses	directly d with n of	4 Net income from unrelated trade or business,		ss income n activity that ot unrelated iness income	y that attributable to expense, column 5 6 less column		at attributable to column 5		utable to expense, column 5 6 less column but not more		8 Net income includible, column 4 less column 7 but not less than zero
			1		1					1				

Total. Enter here and on Side 2, line 10

Schedule H Adve	tising Income and Excess Advertising Costs
-----------------	--------------------------------------------

Part I Income from Periodicals Repor	ted on a	Consolidat	ed Basis											
1 Name of periodical				advertising		4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete column 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.		ulation me	6 Reade costs		coli sho coli gre the coli coli Ent	olumn 5 is greater than umn 6, enter the income wwn in column 4, in Part III, umn A(b). If column 6 is ater than column 5, subtract sum of column 6 and umn 3 from the sum of umn 5 and column 2. er amount in Part III, umn A(b). If the amount sest than zero, enter -0		
					-									
Fotals														
Part II Income from Periodicals Repo	rted on	a Senarate	Basis											
I control in the cont		u copulato												
Part III Column A - Net Advertising Ir	ncome				Part	· III Colur	nn R -	Excess Advert	isina Co	sts				
Enter "consolidated periodical" and/or names of non-consolidated periodicals			nount from Part 7, and amount ns 4 or 7		(a) Ent	Part III Column B - Excess Advertising Cos (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals					(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4			
Enter total here and on Side 2, Part I, line 11					Enter t	total here and	l on Sic	le 2, Part II, lin	e 27					
Schedule I Compensation of Offic		ectors, and	Trustees					-,,						
Name of officer	•	2 SSN or IT		3 Title	e			4 Percent of tild devoted to business	a	Compensation attributable to unrelated busir	ness	6 Expense account allowances		
									%		\Box			
									%					
									%		\neg			
									%		\neg			
									%		\exists			
Total. Enter here and on Side 2, Part II, line	14	ı		-							\dashv			
Schedule J Depreciation (Corpora		d Associati	ons only. Tru	ists use	form F	TB 3885F.)								
Group and guideline class or description of property	10	Date acquired mm/dd/yyyy)		or other b		4 Depreciation allowed or a in prior years	llowable	5 Method o computing depreciati	g `	Life or rate	7	Depreciation for this year		
1 Total additional first-year depreciation (do not i	nclude in ite	ms below)								T			
2 Other depreciation: Buildings Furniture and fixtures											_			
Transportation equipment											+			
Machinery and other equipment									- +		+			
											+			
Other (specify)											+			
Other depreciation								+			+			
3 Other depreciation								-			+			
4 Total	oro on -	oturn									+			
5 Amount of depreciation claimed elsewh	ere on f	culli	0 Dort II I'-								\vdash			
6 Balance. Subtract line 5 from line 4. Ent	er nere	anu on Side	z, Part II, IIn	t∠1a							L			

022 3645204 Form 109 2020 **Side 5**

CA 109	A 109 CHARITABLE CONTRIBUTIONS CARRYOVER							
DESCRIPTION		AMOUNT						
CARRYOVER F	501 (C)(3) CHARITABLE CONTRIBUTIONS CARRYOVER FROM PRIOR YEAR(S) LESS EXCESS CONTRIBUTIONS							
TOTAL INCLU	DED ON FORM 109, PAGE 2, LINE 20	0.						

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

P.O. Box 903447 Sacramento, CA 94203-44 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

TURTLE CONSERVANCY Name of Organization	Check if: Change of address Amended report	
List all DBAs and names the organization uses or has used		
1794 MCNELL ROAD Address (Number and Street)	State Charity Registration Number CT 2747859	-
OJAI, CA 93023	Corporation or Organization No. 2747859	
City or Town, State, and ZIP Code LYNN@TURTLECONSERV.	ANCY.	-
212-353-5060 ORG Telephone Number E-mail Address	Federal Employer ID No. 20-2899240	_
'	 ULE (11 Cal. Code Regs. sections 301-307, 311, and 312)	_
Make Check Payable to Department of Justice		
Gross Annual Revenue Fee Gross Annual Revenu		
Less than \$25,000 0 Between \$100,001 an Between \$25,000 and \$100,000 \$25 Between \$250,001 an		
PART A - ACTIVITIES		_
For your most recent full accounting period (beginning $\underline{01}$./01/2020 ending 12/31/2020) list:	
Gross Annual Revenue\$ 1,346,659 Noncash Contribution	Total Expenses \$ 1,479,461	<u>-</u>
Program Expenses \$ 2,070,010	Total Expenses \$ 2 , 319 , 030	_
PART B - STATEMENTS REGARDING ORGANIZATION DURING TH	HE PERIOD OF THIS REPORT	
Note: All questions must be answered. If you answer "yes" to any	Disease various DDF 4 in atmosticus for information required	
	se. Please review RRF-1 instructions for information required. Yes No	0
 During this reporting period, were there any contracts, loans, least and any officer, director or trustee thereof, either directly or with a any financial interest? 		
2. During this reporting period, was there any theft, embezzlement, or funds?	diversion or misuse of the organization's charitable property	
3. During this reporting period, were any organization funds used to	p pay any penalty, fine or judgment?	_
4. During this reporting period, were the services of a commercial fur commercial coventurer used?	undraiser, fundraising counsel for charitable purposes, or	
5. During this reporting period, did the organization receive any gove	ernmental funding?	_
6. During this reporting period, did the organization hold a raffle for o	charitable purposes?	
7. Does the organization conduct a vehicle donation program?	х	
8. Did the organization conduct an independent audit and prepare a generally accepted accounting principles for this reporting period		
9. At the end of this reporting period, did the organization hold restri	SEE STATEMENT 14 ricted net assets, while reporting negative unrestricted net assets?	
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.		
EDIA 000DE		
ERIC GOODE Signature of Authorized Agent Printed Name	PRESIDENT Title Date	_

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT 13

THE TURTLE CONSERVANCY LEASES PROPERTY FROM MCNELL PROPERTIES LLC, WHICH IS AN ENTITY 100% OWNED BY ERIC GOODE, THE TRUTLE CONSERVANCY'S PRESIDENT & CEO. THE LEASE IS AT ARMS LENGTH BASED ON A PROPERTY VALUTION BY A THIRD PARTY.

THE ORGANIZATION BORROWED FUNDS FROM THE FOUNDER (ERIC GOODE) OF THE ORGANIZATION ON 11/1/2020. THE NOTE AGREEMENT IS IN WRITING AND BEARS INTEREST OF 0.39% PER ANNUM. THE BALANCE AT 12/31/ 2020, WAS \$266,958 AND IS PAYABLE IN A LUMP SUM PAYMENT ON 11/1/2029. THERE ARE NO PREPAYMENT PENALTIES. THE LOAN WAS MADE FOR THE PURPOSE OF ACQUIRING MUESUEM QUALITY PIECES BY THE ORGANIZATION FOR PRESERVATION, DISPLAY, AND EDUCATION.

THE MUSEUM PIECES WERE PURCHASED FROM THE ESTATE OF PETER PRITCHARD. HIS SURVIVING SPOOUSE IS ON THE BOARD OF DIRECTORS OF THE TURTLE CONSERVANCY.

CA RRF-1

INFORMATION REGARDING RESTRICTED ASSETS
PART B, LINE 9

STATEMENT

14

ALL OF THE ORGANIZATIONS RESTRICTED NET ASSETS ARE CARFULLY MONITORED ON A MONTHLY BASIS TO ENSURE THAT ALL RESTRICTED FUNDS ARE USED FOR THE DONOR'S RESTRICTED PURPOSE. UNRESTRICTED NET ASSETS ARE NEGATIVE AT 12/31/20 BECAUSE THE ORGANIZATION BORROWED FUNDS TO PURCHASE MUSUEM PIECES CONSISTENT WITH THE ORGANIZATION'S EXEMPT PURPOSE FOR PRESERVATION, DISPLAY, AND EDUCATION. BECAUSE THESE ARE MUSUEM PIECES AND THE INTENT IS TO PRESERVER AND DISPLAY AS MUSUEM PIECES, THE ORGANIZATION ELECTED TO TREAT THE PURCHASE AS A PROGRAM EXPENSE IN ACCORDANCE WITH GAAP GUIDANCE. THIS CAUSES UNRESTRICTED NET ASSETS TO BE NEGATIVE AT 12/31/20. HAD THE ORGANIZATION BEEN ABLE TO CAPITALIZE THE MUSEUM PIECES, UNRESTRICTED NET ASSETS WOULD NOT BE NEGATIVE. ADDITIONALLY, CASH ON HAND AT 12/31/20 EXCEEDED THE TOTAL BALANCE OF RESTRICTED NET ASSETS.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	ts, for which an extension request must be sent to the IR this form, visit <i>www.irs.gov/e-file-providers/e-file-for-chan</i>			details on	i the electronic				
illing of	tilis form, visit www.iis.gov/e-me-providers/e-me-ror-char	ities-ariu-i	ion-pronts.						
Auton	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	Cs, and trusts				
must us	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.						
Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	r identification numl	per (TIN)			
print	TURTLE CONSERVANCY				10				
File by the due date for filing your return. See	n Number, street, and room or suite no. If a P.O. box, s 1794 MCNELL ROAD								
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OJAI, CA 93023								
Enter th	e Return Code for the return that this application is for (fil	le a separa	ate application for each return)			<u>. 0 1 </u>			
Applica	tion	Return	Application			Return			
Is For			Is For			Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-BL			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)	09					
Form 99	0-PF	04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above) LYNN RIMKUS	06	Form 8870			12			
Telep	cooks are in the care of 212-353-5060 The property of the	s in the Ur Group Exe	Fax No. ▶	f this is fo	or the whole group, o				
th	equest an automatic 6-month extension of time untile organization named above. The extension is for the organization named above are calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, calendar year accounting period	ganization's	s return for:	the exem	npt organization retu ·	urn for			
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less	2-		0.			
_	ny nonrefundable credits. See instructions.	v rofundable gradite and	3a	\$	· ·				
	this application is for Forms 990-PF, 990-T, 4720, or 6069		•	25		0.			
_	timated tax payments made. Include any prior year overg	_		3b	\$	<u> </u>			
	alance due. Subtract line 3b from line 3a. Include your pa	,	, , ,	2.5		0.			
	sing EFTPS (Electronic Federal Tax Payment System). Sec			452 FO a	nd Form 9970 FO fo				
instructi	 If you are going to make an electronic funds withdrawal ons. 	i (airect de	suit) with this form 8	403-EU a	ina Form 8879-EO 10	payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (R	ev. 1-2020)			

023841 04-01-20

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identifie	cation number
Г	Addres				
F	change Name change			20-28992	40
F	Initial return		Room/suite	E Telephone numbe	
Ē	Final return/	1794 MCNELL ROAD	100111,00110	212-353-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,368,588.
	Ameno	ed OJAI, CA 93023		H(a) Is this a group re	
	Applic tion		-	for subordinates	
	pendir	1794 MCNELL ROAD, OJAI, CA 93023		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
		e: WWW.TURTLECONSERVANCY.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year o	of formation: 2005 N	1 State of legal domicile: CA
P		Summary		AND DDOMOR	TON OF
ç	1	Briefly describe the organization's mission or most significant activities: $rac{ t PROTE}{ t THREATENED}$ TURTLES AND TORTOISES AND THEI	CLION	THAME	ION OF
Governance	2	Check this box if the organization discontinued its operations or dispose			esets
Ver	3				14
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
တ္တ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			22
įį		Total number of volunteers (estimate if necessary)			23
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			10,110.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,729,598.	1,249,385.
ēn	9	Program service revenue (Part VIII, line 2g)		99,188.	72,016.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		267.	110.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,521.	25,148.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,851,574. 259,459.	1,346,659. 139,136.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		259,459.	139,130.
		Benefits paid to or for members (Part IX, column (A), line 4)		770,078.	596,745.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 141,49	7.	•	<u> </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		952,883.	1,583,749.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,982,420.	2,319,630.
	19	Revenue less expenses. Subtract line 18 from line 12		-130,846.	-972,971.
Or Sec	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,577,104.	1,479,461.
ASS	21	Total liabilities (Part X, line 26)		180,018.	1,055,346.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,397,086.	424,115.
P	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of white	ch preparer	has any knowledge.	
		Signature of officer		Date	
Sig		ERIC GOODE, PRESIDENT		Duto	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	TI PTIN
Pai	d	BRIAN COUSINO		if self-employe	
	parer	Firm's name HINRICHER & COUSINO LLP			77-0291466
	Only	Firm's address 3275 OLD CONEJO ROAD		THIN S EIN	
	•	THOUSAND OAKS, CA 91320		Phone no. (8	05)496-1883
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Other program services (Describe on Schedule O.)

201 , 330 . including grants of \$139,136.) (Revenue \$____ 72,016.)

2,078,616. Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	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	4		Х
5	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, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		Х
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		25
b	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	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 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 25a	24a		X
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	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	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	30		
. 4	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Contidued Contidued a recipolitic of flote to dirty line in this fact v		Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	
	(O O) O 12 F1 1100-1100-1100-1100-1100-1100-110			

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a 22				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Company of the second		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_		v	
	any contributions that were not tax deductible as charitable contributions?		6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-				
-	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).	iana providad to the payor		Х		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a 7b	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70	21		
C		· ·	7c		Х	
d	I	7d	70		- 11	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	<u> </u>	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	F	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	,	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a			
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401-				
_		13b				
		13c	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14a 14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		טדיו			
13	excess parachute payment(s) during the year?		15		Х	
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6									
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		Х							
~	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00									
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	tion Division (mic coolin 2 requeste information about periode not required by the internal ribrariae code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
·	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	X								
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100									
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	100									
17	List the states with which a copy of this Form 990 is required to be filed ►CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	n avail	ahle							
	for public inspection. Indicate how you made these available. Check all that apply.	,0 01115	, avan	abic							
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial								
19	statements available to the public during the tax year.	u iiiidi	iciai								
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
20	LYNN RIMKUS - 212-353-5060										
	1794 MCNELL ROAD, OJAI, CA 93023										

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization	n nor any related	orga	aniza	ation	COI	npei	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	Cer ai	iu a u	recit	Ji/ii us	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		99/	mpen		(***2/1033***********************************		and related
	below	dualt	utiona	_	oldm	st co	ie.			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC GOODE	40.00									
PRESIDENT (DONATES ALL TIME)		Х		Х				0.	0.	0.
(2) MATTHEW FRANKEL	10.00									
TREASURER		Х		Х				0.	0.	0.
(3) GREGORY GEORGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CULLEN GEISELMAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JOHN MITCHELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) RUSSELL MITTERMEIER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ANDERS RHODIN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) RICK RIDGEWAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JULIAN SANDS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) CRAIG STANDFORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) FISHER STEVENS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHAEL ZILKHA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SIBILLE HART PRITCHARD	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) MARTIN DIECK	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		<u> </u>								
		1								
										- 000

Form **990** (2020)

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Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average	(B) (C) Position (do not check more than one				(D) Reportable	(E) Reportable		(F) Estimate	ed		
	hours per week	box	, unle	ss pe	rson	tnan is bot or/trus	h an	compensation	compensation		amount	
	(list any	\vdash					Ĺ	from the	from related organizations		other compensa	
	hours for related	Individual trustee or director	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	C)	from th	
	organizations	trustee	ıal trust		yee	ueduc		(W-2/1099-WISC)			organizat and relat	
	below line)	dividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ons
	,	드	u	Б	Α	표등	윤					
										\top		
										+		
										\perp		
1b Subtotal							<u> </u>	0.		0.		0.
c Total from continuation sheets to Part V							\	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
 Total number of individuals (including but compensation from the organization 	not iimited to tr	iose	IISTE	eu ai	DOV	e) wi	10 r	eceived more than \$100	,000 of reportable			C
											Yes	No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 3											3	X
4 For any individual listed on line 1a, is the s								her compensation from			3	
and related organizations greater than \$15											4	Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-			_			5	X
Section B. Independent Contractors	ipiete Scriedui	e 	01 30	ucn	pers	5011					3	
1 Complete this table for your five highest co										ensa	tion from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir T	n the organization's tax (B)	year.		(C)	
Name and business	address	N	INC	Ξ				Description of s	services	Co	mpensatio	'n
							_					
							_					
2 Total number of independent contractors \$100,000 of compensation from the organ	. •	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than			
	•									F	orm 990 (2020)

Fai	LVII		or note to any lir	as in this Bort VIII			
		Check if Schedule O contains a response	e or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
					function revenue	business revenue	from tax under sections 512 - 514
<u>0 0</u>							30000013 312 314
ant		Federated campaigns1a	38,829.	-			
اع ق		Membership dues 1b	30,029.				
r A		Fundraising events 1c					
اة أق		Related organizations 1d					
Sin		Government grants (contributions) 1e					
ĕĔ	Ť	All other contributions, gifts, grants, and	,210,556.				
등			, 210, 330.				
Contributions, Gifts, Grants and Other Similar Amounts	9			1,249,385.			
O B	h	Total. Add lines 1a-1f	T	1,249,303.			
		MEMBERSHIP FEES	Business Code 713990	37,358.	37,358.		
/ice		ANIMAL ADOPTIONS	713990	32,835.			
le Š	b	OJAI TOURS	713990	1,823.	1,823.		
m S	С		/13990	1,043.	1,043.		
Program Service Revenue	d						
Š	e						
_	Ť	All other program service revenue		72,016.			
\dashv	g	Total. Add lines 2a-2f		12,010.			
	3	Investment income (including dividends, inte	•	110.			110.
	4	other similar amounts) Income from investment of tax-exempt bond		110.			110.
	4 5	•	<u>-</u>				
	3	Royalties(i) Real	(ii) Personal				
	6 -	 					
		0.000					
	D	Less: rental expenses 6b 9,880 Rental income or (loss) 6c 12,600					
	ا	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		12,600.			12,600.
		Gross amount from sales of (i) Securities	(ii) Other	12/000			12/0001
	ı a	assets other than inventory 7a	(ii) Guitoi				
	h	Less: cost or other basis					
ē	b	and sales expenses 7b					
er Revenue	•	Gain or (loss) 7c					
ş		Net gain or (loss)					
ē		Gross income from fundraising events (not					
됩	o u	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188					
	b	Less: direct expenses					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses 9	5				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10					
	b	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory	>	2,438.			2,438.
S			Business Code				
e eon	11 a	MISCELLANEOUS	900099	10,110.		10,110.	
enn	b						
Miscellaneous Revenue	С						
Mis	d	All other revenue		10 110			
		Total. Add lines 11a-11d	<u></u>	10,110.	F0 016	10 110	15 140
	12	Total revenue. See instructions		1,346,659.	/∠,U⊥6•	10,110.	15,148.

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	gorioral expenses	СХРСПОСО
	and domestic governments. See Part IV, line 21	22,000.	22,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	117,136.	117,136.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	500 056	451 444	20 000	45 555
7	Other salaries and wages	529,976.	451,444.	32,977.	45,555
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 034	1 (0.42	1 170	1 (10
9	Other employee benefits	18,834.	16,043.	1,172.	1,619
10	Payroll taxes	47,935.	40,832.	2,983.	4,120
11	Fees for services (nonemployees):				
а	Management	FO 120	27 040	0.0	15 000
b	Legal	52,138.	37,048.	90.	15,000 2,165
С	Accounting	67,443.	31,744.	33,534.	2,100
d	, , , , , , , , , , , , , , , , , , , ,				
e	ř ,				
f	Investment management fees				
g	,	2,034.	272.	305.	1 /57
40	column (A) amount, list line 11g expenses on Sch O.)	16,712.	6,339.	119.	1,457 10,254 5,404
12	Advertising and promotion	40,005.	29,992.	4,609.	5 /10/
13	Office expenses	4,047.	1,701.	1,706.	640
14	Information technology	4,047.	1,701.	1,700.	040
15	Royalties	218,798.	215,727.	1,721.	1,350
16 17	Occupancy	6,872.	4,867.	1,979.	26
17 10	Travel	0,012.	4,007.	1,575	20
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,403.	1,212.	4,191.	
20		292.	-,	292.	
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	107,883.	104,954.	2,929.	
23	Insurance	42,125.	36,674.	5,451.	
24	Other expenses. Itemize expenses not covered	-,==•	,	, = = = 1	
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MUSEUM COLLECTION	800,000.	800,000.		
b	MEMBERSHIP EXPENSES	55,572.	10,827.	0.	44,745
c	GLOBAL EDUCATION	46,174.	44,738.		1,436
d	ANIMAL CARE AND SUPPLIE	38,826.	38,806.		20
	All other expenses	79,425.	66,260.	5,459.	7,706
25	Total functional expenses. Add lines 1 through 24e	2,319,630.	2,078,616.	99,517.	141,497
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		608,091.	1	585,389	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		15,476.	3	18,994	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqua	rsons (as defined				
		under section 4958(f)(1)), and persons describe	etion 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			46,304.	8	42,880
Ä	9	B :1			19,338.	9	37,927
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	1,445,765.			
	b	Less: accumulated depreciation	10b	768,236.	762,882.	10c	677,529
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			988.	12	1,098
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		123,254.	14	115,644	
	15	Other assets. See Part IV, line 11		771.	15		
	16	Total assets. Add lines 1 through 15 (must equ			1,577,104.	16	1,479,461
	17	Accounts payable and accrued expenses	124,137.	17	1,479,461 60,371		
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ္ဆ	22	Loans and other payables to any current or for					
<u>i</u>		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			55,881.	22	268,950
=	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D	•		0.	25	726,025
	26	Total liabilities. Add lines 17 through 25			180,018.		1,055,346
		Organizations that follow FASB ASC 958, ch					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			994,702.	27	-103,276
Ва	28	Net assets with donor restrictions			402,384.	28	527,391
p L		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
S 0	29	Capital stock or trust principal, or current funds	;			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,397,086.	32	424,115
_	33	Total liabilities and net assets/fund balances			1,577,104.	33	1,479,461

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1 2 3 4 5 6 7	1,34 2,31 -97 1,39	6,6 9,6 2,9	30. 71.		
8	Investment expenses Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10							
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.		Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	. 3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

8

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TURTLE CONSERVANCY 20-2899240 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 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.)

university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or

more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated organization operated organization of the supervised organization org the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

	Enter the number of supported t	Jigariizations					
g	Provide the following information	n about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Ota	1						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2533630.	1604231.	1404554.	1729598.	1210556.	8482569.
2	Tax revenues levied for the organ-						
	ization'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	2533630.	1604231.	1404554.	1729598.	1210556.	8482569.
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)						3774254.
6							4708315.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2533630.	1604231.	1404554.	1729598.	1210556.	8482569.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	115,842.	141,819.	128,487.	44,817.	22,590.	453,555.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on		10,526.	1,592.	630.	0.	12,748.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,756.	19,980.	287,154.	9,673.	10,110.	337,673.
11	Total support. Add lines 7 through 10						9286545.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (I					14	50.70 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	55.85 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		·	•	•	VI how the organiz	ation
	meets the facts-and-circumstances to	· ·	•				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circle						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2020. If the						1 / Is not
	more than 33 1/3%, check this box a						▶□
k	33 1/3% support tests - 2019. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
7()	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = 1/1 \cdot 10$	ra or iun chackt	THE DAY AND COO IN	CITITOTIONS	

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10h		
_	10b	00 E 7	2020

Par	Part IV Supporting Organizations (continued)			
	(Community		Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 1	11c, provide		
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or n	nembership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the	<u> </u>		
2	2 Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that open	erated,		
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
800	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations		1	·
	4 8:11	£11	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided durin			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy			
•	organization's governing documents in effect on the date of notification, to the extent not previously			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
2	the organization maintained a close and continuous working relationship with the supported organization.			
3				
	significant voice in the organization's investment policies and in directing the use of the organization income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1		he veaksee instructions)		
' a		re yea(see man denoms).		
b				
c		overnmental entity (see instruction	ns).	
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
а		poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization det			
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in line 2a, above, constitute activities that, but for the organization's invo	lvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	xplain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors,	or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activi	ities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990 or 990-EZ) 2020

16431112 784003 10050

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations _{(continu}	ed)	- rager
	ion D - Distributions		100	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

TURTLE CONSERVANCY 20-2899240

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special Rules			
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.		
contributor, during literary, or education	the described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.		
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$		
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

20 – 2899240

TURTLE	CONSERVANCY		20-2899240
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$815,9	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$33,73	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$6,50	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$ 25,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$75,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$10,00	Person X Payroll Noncash (Complete Part II for

TURTLE CONSERVANCY

20-2899240

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$14,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TURTLE CONSERVANCY 20-2899240

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

TURTLE CONSERVANCY

20-2899240

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 20-2899240 TURTLE CONSERVANCY 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. `fŕom 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TURTLE CONSERVANCY

Employer identification number 20-2899240

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$		caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	r Othe	r Similaı	r Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	t make si	gnificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı <u> </u>	Loan or exc	hange progra	ım				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	on's exen	npt purpos	e in Parl	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			<u> L</u>	Yes	└── No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	-	ete if the	organizatio	n answered "	Yes" on	Form 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi		-						1.,	
	on Form 990, Part X?								Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table:						
									Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance								1.,	
	Did the organization include an amount on Fo	·					ty?		Yes	No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete in	-			i e			ara baak	1-1 Four	vooro hooli
4.	Danimin and complete	(a) Current year	(b) P	rior year	(c) Two year	S Dack (a) Tillee yea	ars Dack	(e) Four y	ears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for th	ie organiza	tion	F-	
	by:									res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
_	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm			, ,, ,, ,		5	ı. 40			
	Complete if the organization answered	1			1					
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements				6,073.		11,98			,085.
d	Equipment			29	9,692.	2	56,24	8.	43	,444.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)	<u></u>			677	,529.
								ahadula	D /Farm	00U) 2U2U

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 TURTLE COM	ISERVANCY	20	-2899240 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	y) (b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PPP LOAN			138,997
(3) PURCHASE COMMITMENT - LO			266,667
(4) ACCRUED EXPENSES AND OTH	IER		
(5) LIABILITIES			53,694
	HORT TERM		266,667
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

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

726,025.

Part	·		Revenue per R	eturn	l .
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	3		1	1,356,539.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities				
	Recoveries of prior year grants		0.000		
d	Other (Describe in Part XIII.)	2d	9,880.		0 000
	Add lines 2a through 2d			2e	9,880.
	Subtract line 2e from line 1			3	1,346,659.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,346,659.
Pan	t XII Reconciliation of Expenses per Audited Financia		Expenses per	нети	rn.
	Complete if the organization answered "Yes" on Form 990, Part I				2 220 E10
	Total expenses and losses per audited financial statements			1	2,329,510.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities				
	Prior year adjustments			-	
	Other losses		0 000	-	
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	9,880.		0 000
	Add lines 2a through 2d			2e	9,880. 2,319,630.
	Subtract line 2e from line 1			3	2,319,030.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			0.
	Add lines 4a and 4b			4c	2,319,630.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	ne 18.)		5	2,319,030.
		14.5 18/15 41	101 5 11/1	4.5.	V I' O D I VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			4; Part	x, line 2; Part XI,
iines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional inform	ation.		
DΔR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
1 2310	THE ALL ADOUGHENIO.				
REN	TAL EXPENSES NETTED AGAINST RENTAL I	NCOME			9,880.
1/11/	THE EXICADED NEITED NONINGI KENIKE I	INCOME			2,000.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
REN	TAL EXPENSES NETTED AGAINST RENTAL I	NCOME			9,880.
					3,000.

16431112 784003 10050

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

TURTLE CONSERVANCY					20-289924	0
	on A	ctivities Out	side the United States. Comple	ete if the organ		
Form 990, Part IV, line 14b.						
			ds to substantiate the amount of its gra			waa 🗆 Na
the grantees' eligibility for the gran	its or as	ssistance, and t	the selection criteria used to award the	grants or assi	stance? 🔼	Yes No
2 For grantmakers. Describe in Par	t V the	organization's r	procedures for monitoring the use of its	s grants and of	her assistance outs	ide the
United States.		organization o p	sreeduction membering the dec or it	o granto ana ot	To accionance can	indo tirio
3 Activities per Region. (The following	g Part I		n be duplicated if additional space is r	needed.)		
(a) Region (b) Numb		(c) Number of employees,	(d) Activities conducted in the region		rity listed in (d)	(f) Total expenditures
office in the re		agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and
in the re	gion	contractors	recipients located in the region)		s) in the region	investments in the region
		in the region				in the region
NORTH AMERICA	0	0	GRANTMAKING	PROJECT EXP	ENSES	97,136.
				TRAVEL & PR	OJECT	
NORTH AMERICA	0	0	PROGRAM SERVICES	PLANNING		7,232.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROJECT EXP	ENSES	20,000.
		•		GRANT FOR L	OCAL	40 550
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	NON-PROFIT		13,753.
3 a Subtotal	0	0				138,121.
b Total from continuation						, , = = = •
sheets to Part I	0	0				0.
c Totals (add lines 3a						

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

Schedule F (Form 990) 2020

and 3b)

138,121.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPERATING OF LAND PRESERVE	97,136.	WIRE TRANSFER	0.		CASH
		SUB-SAHARAN	TO ASSIST WITH THE GEOMETRIC TORTOISE PROJECT.	20 000.	WIRE TRANSFER	0.		CASH
2 Enter total number of	recipient organizațio	ns listed above that are	recognized as charities by the	foreign country	recognized as a tax			

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 TURTLE CONSERVANCY 20 - 2899240 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Provide the information Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
REQUIRE REGULAR REPORTING DURING GRANT PERIOD - INTERIM AND FINAL.
REQUIRE REPORTING AGAINST BUDGET CONTAINED WITH GRANT APPLICATION.
RESTRICTIONS ON EXPENDITURE IF OUTSIDE SCOPE OF BUDGET AND GRANT.
PART I, LINE 3:
ACCRUAL BASIS OF ACCOUNTING

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 20-2899240 TURTLE CONSERVANCY Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) TURNER CONSERVATION TRUST PROVIDE SUPPORT FOR THE CRITICAL CONSERVATION OF 1123 RESEARCH DRIVE 47-3768643 501C3 TURTLES WORLDWIDE. BOZEMAN, MT 59718 20,000 0 SUPPORT THE THE TERRAPIN NESTING PROJECT ORGANIZATION'S MISSION TO 2910 MADISON AVENUE PROTECT THE DIAMOND BACK ARLINGTON, PA 19001 83-3497456 TERRAPIN, THEIR NESTS, 501C3 1,000 THE TURTLE ROOM SUPPORT CRITICAL PO BOX 521 CONSERVATION OF TURTLES LITITZ, PA 17543 83-1757833 501C3 1,000 0 WORLDWIDE. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMEN	T: THE TE	RRAPIN NES	STING PROJE	СТ	
(H) PURPOSE OF GRANT OR ASSISTANC	E: SUPPOR	T THE ORGA	ANIZATION'S	MISSION	
TO PROTECT THE DIAMOND BACK TERRA	PIN, THEI	R NESTS, A	AND HATCHLI	NGS ON LONG	
BEACH ISLAND AND THE SURROUNDING		·			

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number Name of the organization TURTLE CONSERVANCY 20-2899240 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No 1,992. MCNELL PROPERTILLC OWNEOUTSTAND X 1,992. Х X Х 266,958. 266,958. ERIC GOODE FOUNDER PURCHASE X X X 268,950. Total Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2020 TURTLE	CONSERVANCY		20-2899	240 _{Page}
Part IV Business Transactions Involv	=			
Complete if the organization answered		8b, or 28c.	1	(e) Sharing o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organization
	person and the organization	transaction	transaction	revenues?
MCNELL PROPERTIES	LLC OWNED BY ERIC G	132 000	THE TURTLE	Yes No
	LOAN TO ENTITY FROM		THE TURTLE	X
	BOARD MEMBER		THE TURTLE	X
		200,000	1011122	
Dort V Complemental Information				
Part V Supplemental Information. Provide additional information for response.	annon to questions on Schodula I (coo	inatructions)		
Provide additional information for response	orises to questions on scriedule E (see	instructions).		
SCHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	ıs:	
(A) NAME OF PERSON: MCNELL	PROPERTIES. LLC			
(B) RELATIONSHIP WITH ORGA	NIZATION: LLC OWNED	BY FOUNDER	<u> </u>	
(C) PURPOSE OF LOAN: OUTST	ANDING LIABILITY			
(A) NAME OF PERSON: ERIC G	OODE			
(C) PURPOSE OF LOAN: PURCH	ASE OF MUSEUM ACOUI	SITIONS		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:	
(A) NAME OF PERSON: MCNELL	PROPERTIES			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	'ION:	
LLC OWNED BY ERIC GOODE				
(D) DESCRIPTION OF TRANSAC	TION: THE TURTLE CO	NSERVANCY C	PERATINGS C	N
LAND OWNED BY THE LLC AND	PAYS MONTHLY RENT TO	O THE LLC.		
(A) NAME OF DEDCOM. EDIC O	OODE			
(A) NAME OF PERSON: ERIC G				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	'ION:	

032132 12-09-20

LOAN TO ENTITY FROM ERIC GOODE

(D) DESCRIPTION OF TRANSACTION: THE TURTLE CONVSERVANCY BORROWED FUNDS

FROM THE FOUNDER TO PURCHASE MUSEUM QUALITY COLLECTION AND RELATED ITEMS

Schedule L (Form 990 or 990-EZ) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TURTLE CONSERVANCY

Employer identification number 20-2899240

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE TURTLE CONSERVANCY MAINTAINED ITS KEY PROGRAMS FOR THE BOLSON TORTOISE IN MEXICO AND THE GEOMETRIC TORTOISE IN SOUTH AFRICA. IT CONTINUED ENGAGEMENT IN MADAGASCAR TORTOISE CONSERVATION, AND PARTICIPATED IN A NUMBER OF SMALL PROJECTS (PACIFIC POND TURTLE HABITAT RESTORATION, REWILDING BOLSON TORTOISES IN NORTH AMERICA) AS WELL AS CONTINUING TO MONITOR GLOBAL ILLEGAL TRADE IN TURTLES AND TORTOISES. EXPENSES \$ 201,330. INCLUDING GRANTS OF \$ 139,136. REVENUE \$ 72,016.

FORM 990, PART VI, SECTION B, LINE 11B:

INITIAL REVIEW OF FORM 990 PERFORMED BY FINANCIAL CONTROLLER. THE FORM 990 IS PASSED TO THE PRESIDENT AND OTHER BOARD MEMBERS FOR FINAL REVIEW AND APPROVAL FOR SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE. PROCESS ADMINISTERED BY CHAIRMAN.

FORM 990, PART VI, SECTION B, LINE 15:

USE OF VARIOUS 3RD PARTY SOURCES TO DETERMINE EQUITABLE SALARY FOR SIMILAR POSITIONS IN THE LOCALITY. FULL REVIEW BY PRESIDENT AND BOARD OF DIRECTORS. THE CEO OF THE ORGANIZATION CHOOSES TO DONATE HIS TIME AND DOES NOT SALARY. THIS IS SUPPORTED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

TURTLE CONSERVANCY

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 20-2899240

(a)	(b)	(c)	(d)	(e)			(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)				Direct controlling entity		9	
Part II Identification of Related Tax-Exempt O organizations during the tax year.	Prganizations. Complete if the organization), Part IV, line 34,	because it had on	e or more	related tax-exe	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity		(f) t controlling	Section 5		
		foreign country)	section	status (if section		entity	enti	ity?	
-		foreign country)	Section	status (if section 501(c)(3))		entity	Yes	No	
HABIO AC		foreign country)	section			entity			
1033 PAFOS CALLE	TORTOISE CONSERVATION AND	foreign country)	section		TURTLE			No	
HABIO AC 1033 PAFOS CALLE SAN PABLO, CHIHUAHUA, MEXICO	TORTOISE CONSERVATION AND PRESERVE	foreign country)	section						
1033 PAFOS CALLE			section		TURTLE			No	
1033 PAFOS CALLE			section		TURTLE			No	
1033 PAFOS CALLE			section		TURTLE			No	
1033 PAFOS CALLE			section		TURTLE			No	
1033 PAFOS CALLE			section		TURTLE			No	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

			T	1					1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
		-									
										$\perp \perp$	
										+	
-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	ti) ction b)(13) rolled tity?
		country)		,				Yes	No
								/	
								/	
								igsqcup	
								/	
								/	
								igwdapprox	├ ──

Schedule R (Form 990) 2020

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	d in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>!</i>			1a		Х
b					1b	Х	
С					1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g					1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11	X	
m	Performance of services or membership or fundraising solicitations by related organic	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		X
q					1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
<u>(1)</u>	HABIO AC	В	97,136.	CASH			
(2)							
(3)							
121							
<u>(4)</u>							
<u>(5)</u>							
(6)							
03216	3 10-28-20			Schedule I	R (For	m 990)	2020

Schedule R (Form 990) 2020 TURTLE CONSERVANCY 20 – 2899240 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- amount in box 2 of Schedule K-1	General of managing partner?	(k) Percentage ownership

ENTITY

B Employer identification number

20-2899240

1

OMB No. 1545-0047

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

Name of the organization

TURTLE CONSERVANCY

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

c L	Inrelated business activity code (see instructions) > 54180	0		D Seq	uence:	1 of	1
	ADMIDELGING						
	Describe the unrelated trade or business ADVERTISING	Т		Τ			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Exp	penses	(C)	Net
	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	0 .	1	Doduction	ao must h	
13 Par	Total. Combine lines 3 through 12 TII Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	13 ions fo	or limitations on de	eductions)		ns must t	oe
13 Par 1	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	13 ions fo	or limitations on de	eductions)	1	ns must t	pe
13 Pai 1 2	Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	13 ions fo	or limitations on d	eductions)	1 2	ns must b	oe
1 2 3	Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	13 ions fo	or limitations on d	eductions)	1 2 3	ns must t	oe
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1 2 3 4 5 6 7	Total. Combine lines 3 through 12 Till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses	ions for	or limitations on de	eductions)	1 2 3 4 5 6	ns must b	pe
1 2 3 4 5 6 7 8	Total. Combine lines 3 through 12 Till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion	13 ions fo	or limitations on de	eductions)	1 2 3 4 5 6 8b 9	ns must t	pe
13 Par 1 2 3 4 5 6 7 8 9	Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	13 ions fo	or limitations on de	eductions)	1 2 3 4 5 6 8b 9 10	ns must t	De
13 Par 1 2 3 4 5 6 7 8 9 110 111	Total. Combine lines 3 through 12 Till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	13 ions fo	or limitations on de	eductions)	1 2 3 4 5 6 8b 9 10 11	ns must k	pe
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13 Par 1 2 3 4 5 6 7 8 9 110 111 112 113 114	Total. Combine lines 3 through 12 TII Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	13 ions fo	or limitations on de	eductions)	1 2 3 4 5 6 8b 9 10 11 12 13 14	ns must b	0 •
13 Par 1 2 3 4 5 6 7 8 9 10 11 11 11 11 11 11 11 11 11 11 11 11	Total. Combine lines 3 through 12 TII Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	13 ions fo	or limitations on de	eductions)	1 2 3 4 5 6 8b 9 10 11 12 13 14	ns must b	0.
13 Par 1 2 3 4 5 6 7 8 9 110 111 112 113 114 115	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S column (C)	ions for come	or limitations on des	eductions)	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	ns must b	0.
13 Par 1 2 3 4 5 6 7 8 9 110 111 112 113 114 115	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S	ions for come	or limitations on des	eductions)	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	ns must b	0.
1 2 3 4 5 6 7 8 9 110 111 112 113 114 115 116	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S column (C)	ions for come	or limitations on de	eductions)	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16 17	ns must b	0.

Part	III Cost of Goods Sold Enter meth	nod of inventory valuat	ion		. ago _
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	•			
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , , ,				
1	Description of property (property street address, city, s	state, ZIP code). Checl	k if a dual-use (see ins	ructions)	
	<u>A</u>				
	B				
	D				T
•	Doub was about an assured	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
L	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
С	50% or if the rent is based on profit or income) Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	, taa iirloo za aria zo, oolariirlo , tarioagir b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6	column (A)	0.
•	Deductions directly connected with the income	t timoagn B. Entor nord	ara orr art, iiro o,	Solariir ()	
4	in lines 2(a) and 2(b) (attach statement)				
-					
5	Total deductions. Add line 4 columns A through D. En	iter here and on Part I,	line 6, column (B)		0.
Part			•		
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use (se	e instructions)	
	A				
	В				
	c <u> </u>				
	D 🗀				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	Ç	% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	▶_	0.
		1			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total dividends-received deductions included in line		d on Part I, line 7, colu	mn (B) 🟲	0.
11					

Schedule A (Form 990-T) 2020 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the organization identification income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1)(2) (3) (4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2)(3) (4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0 0. **Totals** Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Part VII 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (add cols 3 and 4) (attach statement) (1) (2)(3) (4) Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I. here and on Part I, line 9, column (A) line 9, column (B) **Totals** 0 Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 2 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 3 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete 4

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2020

5

6

5

6

4. Enter here and on Part II, line 12

ENTITY 1

Schedule A (Form 990-T) 2020 Page **4**

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or	more periodicals on a	consolidated bas	sis.	
	A					
	В					
	С					
	D					
Enter a	amounts for each periodical listed above in the	corresno	ndina column			
Lintoi	arriburity for each periodical noted above in the	остооро	A	В	С	D
•	Orace advertising income		A	В		
2	Gross advertising income		44 1 (A)			0.
	Add columns A through D. Enter here and or	n Part I, IIn	e 11, column (A)		>	
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from li	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter zero on line 8 $_{\dots}$					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	1				
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of t	he line 8a, columns to	tal or zero here ar	nd on	_
	Part II, line 13				>	0.
Part	X Compensation of Officers, Di	irectors	, and Trustees (se	ee instructions)		
Part	X Compensation of Officers, Di	irectors	, and Trustees (se	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Di 1. Name	irectors	, and Trustees (se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
Part		irectors		ee instructions)	-	
		rectors		ee instructions)	of time devoted	attributable to
(1)		rectors		ee instructions)	of time devoted to business %	attributable to
(1) (2)		rectors		ee instructions)	of time devoted to business %	attributable to
(1) (2) (3)		rectors		ee instructions)	of time devoted to business % %	attributable to
(1) (2) (3)		rectors		ee instructions)	of time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name	rectors		ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to
(1) (2) (3) (4) Total	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
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(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title	ee instructions)	of time devoted to business % %	attributable to unrelated business