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PUBLIC DISCLOSURE COPY

Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

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.



AI	or th	e 2019 calendar year, or tax year beginning and	ending				
Ba	Check if applicab	le: C Name of organization		D Employer identific	cation number		
	Addre						
	Name chang	ge Doing business as		20-2899240			
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final			212-353-			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,898,458.		
	Amer	1 ODAL, CA 93023		H(a) Is this a group re			
	Appli tion pend			for subordinates			
	-	¹ 1/94 MCNELL ROAD, OJAL, CA 93023		H(b) Are all subordinates in			
		tempt status: $X 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1) ()$	or 🛄 527	1	list. (see instructions)		
		te: WWW.TURTLECONSERVANCY.ORG	1	H(c) Group exemption	-		
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2005	State of legal domicile: CA		
Pa	1	Summary			TON OF		
e	1	Briefly describe the organization's mission or most significant activities: PROT THREATENED TURTLES AND TORTOISES AND THE	TD UND	TTATC			
Governance		Check this box Check this box			vo oto		
ver	2	······································		1.1	15 sets.		
	4	Number of independent voting members of the governing body (Part VI, line 1a)			14		
s S	-	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		····· - +	19		
Activities &	6	Total number of volunteers (estimate if necessary)			27		
ctiv	7 a		lated business revenue from Part VIII, column (C), line 12				
٩		Net unrelated business taxable income from Form 990-T, line 39			675.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		1,404,554.	1,729,598.		
Revenue	9	Program service revenue (Part VIII, line 2g)		102,606.	99,188.		
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		197.	267.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		347,698.	22,521.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,855,055.	1,851,574.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		185,704.	259,459. 0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		655,674.	770,078.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0,074	0.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	49.	•••	0.		
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		968,355.	952,883.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,809,733.	1,982,420.		
	19	Revenue less expenses. Subtract line 18 from line 12		45,322.	-130,846.		
or				ginning of Current Year	End of Year		
Assets - Balanc		Total assets (Part X, line 16)		1,694,272.	1,577,104.		
~~		Total liabilities (Part X, line 26)		166,340.	180,018.		
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		1,527,932.	1,397,086.		
Pa	art II						

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

	O'mentance of officers			
Sign	Signature of officer		Da	le
Here	ERIC GOODE, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	BRIAN COUSINO			self-employed P01363025
Preparer	Firm's name HINRICHER & COUS		Firi	n's EIN ▶ 77-0291466
Use Only	Firm's address 3275 OLD CONEJO	ROAD		
	THOUSAND OAKS, C	A 91320	Ph	one no. (805)496-1883
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2019)

Form	990 (2019) TURTLE CONSERVANCY	20-2899240	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE TURTLE CONSERVANCY IS DEDICATED TO PROTECTING THRE AND TORTOISES AND THEIR HABITATS WORLDWIDE, AND TO PRO APPRECIATION BY PEOPLE.		S
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	es?Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	others, the total expenses, a	and
4a	(Code:) (Expenses \$ 1,007,262. including grants of \$) (Rove CAPITVE BREEDING PROGRAM: BAED IN SOUTHERN CALIFORNIA, CONSERVANCY BREEDS MORE CRITICALLY ENDANGERED TURTLES TERMS OF COMBINED SPECIES AND NUMBERS THAN ANY OTHER IN WORLD. WE MANAGE 16 OF THE WORLD'S 40 MOST ENDANGERED 522 ANIMALS FROM 41 TAXA. DURING 2019 WE HATCHED 122 F AND TORTOISES. THE CENTER CREATES A LONG-TERM PLAN FOR THAT WE BREED AND DEFINES THE DESIRED OUTCOME IN TERMS NEED FOR REPATRIATION, REINTRODUCTION, OR OTHER CONSER	, THE TURTLE AND TORTOISES INSTITUTION IN SPECIES, AND ENDANGERED TUR R EACH SPECIES S OF POTENTIAL	THE HAVE
4b	PROMOTING APPRECIATION FOR THE WONDER OF TURTLES WORLI CONSERVATION AWARENESS AND ACTION TO SAVE THE WORLD'S TORTOISES, THE TURTLE CONSERVANCY USED A NUMBER OF DIF DURING 2019 (1) PUBLICATION OF THE TORTOISE, VOLUME 2, NUMBER 3 -	TURTLES AND FFERENT APPROA A CUTTING EDG D AN EVER JNCEMENTS AND THE WORLD WIT	CHES E
4c	(Code:)(Expenses \$ 163,443. including grants of \$ 112,500.) (Rote of the second secon	(MEXICAN SRVE IN THE BO THIS IS THE THE TURTLE THE PRESERVE,	LAST
	Other program services (Describe on Schedule O.) (Expenses \$ 283,272. including grants of \$ 146,959.) (Revenue \$ Total program service expenses ▶ 1,659,947.	82,805. ₎	
		Form 9	90 (2019
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 TURTLE
 CONSERVANCY

 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		X
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		<u> </u>
D	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		x
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		X
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
20a	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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 TURTLE
 CONSERVANCY

 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			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete</i>			
	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		
25a	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		X
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%		v	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
-	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	X	
	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?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		_ 55		I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
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	Λ			

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Form 990	(2019)	TURTLE CONSERVANCY
Part V	Sta	atements 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 19					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	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 Accounts (FBAR).	_		v		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				
	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 organization solicit	60		х		
h	any contributions that were not tax deductible as charitable contributions?	6a		- 23		
b		6b				
7	Organizations that may receive deductible contributions under section 170(c).	00				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х			
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
-	to file Form 8282?	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
a	Gross income from other sources (Do not net amounts due or paid to other sources against					
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12d				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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.	104				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	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		X		
	If "Yes," complete Form 4720, Schedule O.					

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TURTLE CONSERVANCY

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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						Σ	
Sec	tion A. Governing Body and Management							
				4 -		Yes	N	
1 a	Enter the number of voting members of the governing body at the end of the tax year	. [_1	la	15	2			
	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 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	. [1	lb	14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip w	vith	any other				
	officer, director, trustee, or key employee?				2		2	
3	Did the organization delegate control over management duties customarily performed by or under	the c	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3			
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990) wa	s filed?	4			
5	Did the organization become aware during the year of a significant diversion of the organization's a	asset	s?		5			
6	Did the organization have members or stockholders?				6			
7a								
	more members of the governing body?				7a			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members						\top	
	persons other than the governing body?				7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y							
a	The governing body?		-	-	8a	x		
h	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 re					<u></u>	+	
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9			
<u>er</u>	tion B. Policies (This Section B requests information about policies not required by the Internal				9		1.	
		Tieve	nue	(000e.)		Yes		
0~	Did the examination have lead chapters, branches, or affiliates?				10a	165		
	Did the organization have local chapters, branches, or affiliates?				10a		ŀ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such				101			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	x	+	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody b	peto	re filing the form?	11a			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v		
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				12b	X	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					<u></u>		
	in Schedule O how this was done				12c	X	<u> </u>	
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 appro	oval b	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ר?						
а	The organization's CEO, Executive Director, or top management official				15a	X		
b	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).							
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	jemei	nt w	ith a				
	taxable entity during the year?				16a		2	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orc	aniza	atio	ı's				
	exempt status with respect to such arrangements?				16b			
ec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \triangleright 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	/) avai	lah	
	for public inspection. Indicate how you made these available. Check all that apply.	ana	000		<i>)</i> , o on nj	,, ava	lab	
	X Own website Another's website X Upon request Other (expla	in on	ı Sc	hedule ()				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			,	nd fina	ncial		
	statements available to the public during the tax year.	5011		a antoroot policy, a	.a ma			
20	State the name, address, and telephone number of the person who possesses the organization's t	200k	e or	d records				
.0	LYNN RIMKUS - 212-353-5060	JUUK	s an					
	1794 MCNELL ROAD, OJAI, CA 93023							
					Form	1 990	(00	
12000	6 01-20-20 6				FUI	1990	(20	
01	216 784003 10050 2019.04030 TURTLE CONSERV	72N	ICV	,	100	050		
чт	ZIC (CHOUS ICONC ZOIS CONSER)	<u>۱</u>			T 0 (

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Empl	loyees,	Highest	Compens	sated
	Employees, and Independe	ent Contrac	ctors					

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d I	recto	or/trus	stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		voldr	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	ey en	Highest compensated employee	orme			organizationo
(1) ERIC GOODE	40.00				×	1 0	<u> </u>			
PRESIDENT		x		x				0.	Ο.	Ο.
(2) MATTHEW FRANKEL	10.00									
TREASURER		X		X				0.	0.	0.
(3) MAURICE RODRIGUES	1.00									
SECRETARY		X		Х				0.	0.	0.
(4) GREGORY GEORGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) CULLEN GEISELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JOHN MITCHELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) RUSSELL MITTERMEIER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) ANDERS RHODIN	1.00									_
CHAIRMAN		X		х				0.	0.	0.
(9) RICK RIDGEWAY	1.00									•
BOARD MEMBER		х						0.	0.	0.
(10) JULIAN SANDS	1.00									-
BOARD MEMBER		X						0.	0.	0.
(11) CRAIG STANDFORD	1.00									_
BOARD MEMBER		X						0.	0.	0.
(12) FISHER STEVENS	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) MICHAEL ZILKHA	1.00									_
BOARD MEMBER		X						0.	0.	0.
(14) SIBILLE HART PRITCHARD	1.00									_
BOARD MEMBER		X						0.	0.	0.
(15) MARTIN DIECK	1.00									-
BOARD MEMBER		X						0.	0.	0.
		<u> </u>					<u> </u>			
		-								

932007 01-20-20

Form 990 (2019)

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	990 (2019) TURTLE CC	ONSERVAN	1C.7	ζ						20-28	899:	240	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss per	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
1b	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wł	no re	eceived more than \$100),000 of reportabl	e		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>			-	•	-		Ŭ	phest compensated emp	2		3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4		X
	rendered to the organization? If "Yes," com tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest con the organization. Report compensation for t	•	•								pensa	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE									C	(C ompei	;) nsatio	n	
2	Total number of independent contractors (ii		ot 11-	mita	d to	the	eo lir		tabove) who received a	ore than				
	\$100,000 of compensation from the organiz	•		me))	5180				Form	990 (2	2019)

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		Check if Schedule O contains a response		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated business revenue	Revenue exclud
1	а	Federated campaigns					
1		Membership dues 1b	60,291.				
		Fundraising events 1c					
		Related organizations 1d					
		Government grants (contributions) 1e					
		All other contributions, gifts, grants, and					
	•		,669,307.				
	a	Noncash contributions included in lines 1a-1f	,,				
	-	Total. Add lines 1a-1f		1,729,598.			
		Total. Add lines 1a.11	Business Code				
	_	MEMBERSHIP FEES	713990	51,384.	51,384.		
2		ANIMAL ADOPTIONS	713990	31,421.	31,421.		
		OJAI TOURS	713990	16,383.	16,383.		
		UDAI IOURS	113990	10,303.	10,303.		
	d						
2	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	🕨	99,188.			
3		Investment income (including dividends, inte	rest, and				
		other similar amounts)	🕨	267.			26
4		Income from investment of tax-exempt bond	proceeds 🕨				
5		Royalties	🕨				
		(i) Real	(ii) Personal				
6	а	Gross rents					
		Less: rental expenses 6b 13,810	•				
		Rental income or (loss) 6c 30,740	•				
		Net rental income or (loss)		30,740.			30,74
7		Gross amount from sales of (i) Securities					-
1.		assets other than inventory 7a					
	h	Less: cost or other basis					
		and sales expenses7b					
	~						
	ل ما	Gain or (loss)					
		Net gain or (loss)					
8		Gross income from fundraising events (not					
		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8	b				
	С	Net income or (loss) from fundraising events	>				
9	а	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses 9	5				
		Net income or (loss) from gaming activities					
10	а	Gross sales of inventory, less returns					
		and allowances 10	a 15,182.				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	-	-17,892.			-17,89
1			Business Code				
11	а	INSURANCE PAYOUT	713990	7,923.			7,92
1''	a b	ADVERTISING	541800	1,750.		1,750.	.,,,
				±,,50•		<u> </u>	
	C						
		All other revenue	L	0 672			
		Total. Add lines 11a-11d	🕨	9,673. 1,851,574.	99,188.	1,750.	21,03
12		Total revenue. See instructions		1 ADI D/4		1 1.70.	- 21.03

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TURTLE CONSERVANCY

Form 990 (2019) TURTLE (Part VIII Statement of Revenue

TURTLE CONSERVANCY

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).

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	184,459.	184,459.		
	Grants and other assistance to domestic	101/1000	101,1001		
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	75,000.	75,000.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	688,928.	532,397.	82,882.	73,649
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,300.	17,301.	2,384.	1,615 6,087
	Payroll taxes	59,850.	46,534.	7,229.	6,087
	Fees for services (nonemployees):				
а	Management				
b	Legal	14,184.	7,259.	6,925.	
с	Accounting	59,656.	30,425.	24,459.	4,772
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	6 9 7 9	0 (7)		1
	column (A) amount, list line 11g expenses on Sch 0.)	6,273.	2,674.	2,373.	<u> </u>
	Advertising and promotion	19,938.	10,747.		8,884
	Office expenses	49,130.	23,665.	9,556.	15,909
	Information technology	10,141.	4,082.	1,696.	4,363
	Royalties	252 100		E E 24	
	Occupancy	253,180. 64,988.	247,656. 42,791.	5,524.	
		04,988.	42,/91.	22,197.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14,317.	7,172.	7,145.	
	Conferences, conventions, and meetings	14,31/•	/,⊥/∠•	7,145.	
	Payments to affiliates	90,511.	88,650.	1,861.	
	Depreciation, depletion, and amortization	3,647.	00,000	3,647.	
	Insurance	5,047.		5,047.	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) PROGRAM EXPENSES	77,678.	77,678.		
-	MEMBERSHIP EXPENSES	75,355.	71,254.		4,101
	GLOBAL EDUCATION	73,497.	67,212.	357.	5,928
-	REPAIRS AND MAINTENANCE	52,475.	51,317.	997.	161
	All other expenses	87,913.	71,674.	11,385.	4,854
	Total functional expenses. Add lines 1 through 24e	1,982,420.	1,659,947.	190,924.	131,549
	Joint costs. Complete this line only if the organization	1,502,1200	-,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here from the following SOP 98-2 (ASC 958-720)				
					Form 990 (201

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	5	Loans and other receivables from any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	se person	s		5	
	6	Loans and other receivables from other disqualit	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			79,410.	8	46,304.
Ä	9	Prepaid expenses and deferred charges			18,318.	9	19,338.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,430,845.			
	b	Less: accumulated depreciation		667,963.	839,546.	10c	762,882.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	988.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			129,890.	14	123,254.
	15	Other assets. See Part IV, line 11			2,227.	15	771.
	16	Total assets. Add lines 1 through 15 (must equa			1,694,272.	16	1,577,104.
	17	Accounts payable and accrued expenses	111,347.	17	124,137.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to any current or form	ner officer	, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iabi		controlled entity or family member of any of thes	s	54,993.	22	55,881.	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, page	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			166,340.	26	180,018.
6		Organizations that follow FASB ASC 958, che	ck here				
ice		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			899,089.		994,702.
lΒε	28	Net assets with donor restrictions		<u></u>	628,843.	28	402,384.
nnc		Organizations that do not follow FASB ASC 9	58, checl	k here 🕨 🛄			
ΓĒ		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
tAŝ	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
Ne	32	Total net assets or fund balances	1,527,932.	32	1,397,086.		
	33	Total liabilities and net assets/fund balances			1,694,272.	33	1,577,104.
							Form 990 (2019

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

Cash - non-interest-bearing

2 Savings and temporary cash investments

3 Pledges and grants receivable, net

4 Accounts receivable, net

(B)

End of year

608,091.

15,476.

(A)

Beginning of year

611,346.

13,535.

1 2

3

4

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Part X Balance Sheet

Form 990 (2019)

1

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 -130, 846. 4 1, 527, 932. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 8 6 9 0. 9 0. 10 1, 397, 086. 20umn (B) 9 Check if Schedule O contains a response or note to any line in this Part XI 11 1, 397, 086. 11 1, 397, 086. 12 1, 397, 086. 14 1, 397, 086. 15 Note check if Schedule O contains a response or note to any line in this Part XII 16 1, 397, 086. 17 1, 397, 086. 18 Prior period adjustments 19 Check if Schedule O contains a response or note to any line in this Part XII 10 1, 397, 086. 11 Accounting method used to prepare the Form 990:	Form	990 (2019) TURTLE CONSERVANCY	20-28	99240	Pag	ge 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 851, 574. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 982, 420. 3 Revenue less expenses. Subtract line 2 from line 1 3 -130, 846. 4 4 1, 527, 932. 5 Net uncealized gains (losses) on investments 6 6 6 6 7 7 7 8 9 0. 9 0. 9 0. 1 A starsets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 1, 397, 086. Part XII Financial Statements and Reporting 1 1, 397, 086. 2 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 . 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other . 2a X 1 Accounting method used to prepar	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,982,420. 3 Revenue less expenses. Subtract line 2 from line 1 3 -130,846. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,527,932. 5 Net unrealized gains (losses) on investments 6 6 6 7 Investment expenses 7 7 8 6 9 0. 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 1,397,086. Check if Schedule 0 contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule 0. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule 0. 2a Were the organization changed its method of		Check if Schedule O contains a response or note to any line in this Part XI						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,982,420. 3 Revenue less expenses. Subtract line 2 from line 1 3 -130,846. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,527,932. 5 Net unrealized gains (losses) on investments 6 6 6 7 Investment expenses 7 7 8 6 9 0. 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 1,397,086. Check if Schedule 0 contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule 0. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule 0. 2a Were the organization changed its method of								
3 -130,846. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,527,932. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 1,397,086. 9 0. 10 1,397,086. 9 0. 11 Accounting method used to prepare the Form 90: Cash X Accrual Other 11 Accounting method used to prepare the Form 90: Cash X Accrual Other 1 12 Accounting method used to prepare the Form 90: Cash X Accrual Other 1 14 Accounting method used to prepare the Form 90: Cash X Accrual Other 1 16 Yes, 'check ab box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2a X 17 Yes, 'check ab ab balow to indicate whether the financial statements for the year were audited on a separate basis. 2b X	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,527,932. 5 Net unrealized gains (losses) on investments 5 5 6 0 7 5 7 8 Prior period adjustments 8 9 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)) 1, 397, 086. Part XII Financial Statements and Reporting 1, 397, 086. Column (B) Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X 1 Yes' to hice 2a or 2b, does the organization's financial statements and selection process during the taxyear, explain on Schedule O. 3a X 1 Yes'' t	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5 Net unrealized gains (losses) on investments 6 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: 1 2a 2a 2a 2b 2a 2b 3c 1 1 2a 2a 2a 2b 2c 2c 2c 2c 2c 2c 2c 3c 1 3c 3c 3c 3c 3c 3c 3c 3c 3c	3	1						
6 Donated services and use of facilities 7 Investment expenses 8 7 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 (E)) 10 1, 397, 086. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Mere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 f"Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis b Were the organization's financial statements and selection of an independent accountant? 1 f"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, or both: Separate basis Separate basis, or compilation of its financial statements and selection of an independent accountant? 1 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? 1 f"Y	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 10 1, 397, 086. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash 1 Accounting method used to prepare the Form 990: 2a X 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 b 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 compiled or reviewed on a separate basis b 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: Separate basis Consolidated basis b Both consolidated basis c 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: Separate basis Consolidated basis <	5	Net unrealized gains (losses) on investments						
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b								
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X		
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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Employer	ide	ntification	numbe
	Δ	20002	10

		TURT	'LE CONSERV	ANCY					0-2899240			
Pa	art I	Reason for Public	Charity Status (/	All organizations must co	omplete th	iis part.) Se	ee instructions.					
The	organ	ization is not a private found										
1	Ŭ	A church, convention of ch			•							
2		A school described in sect										
3		A hospital or a cooperative					ii).					
4	\square	A medical research organiz						Enter	the hospital's name			
т		city, and state:		injunction with a noopital				Lintoi	the hoopital o hame,			
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental unit c	loscrik	oed in			
5		section 170(b)(1)(A)(iv). (C				icu by a g						
6				mantal unit described in	nantion 1	70/6//4//4/	(LA)					
6	X	A federal, state, or local go	-									
'	11	An organization that norma	-	antial part of its support i	rom a gov	remmental	unit or from the g	eneral	public described in			
~		section 170(b)(1)(A)(vi). (Complete Part II.)										
8	\square	 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 										
9												
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the	colleg	je or			
		university:										
10		An organization that norma										
		activities related to its exen	-									
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	ired by the organi	zation	after June 30, 1975.			
		See section 509(a)(2). (Co										
11		An organization organized	-		•							
12		An organization organized	-	-			-					
		more publicly supported or							Check the box in			
		lines 12a through 12d that										
a		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported ore	ganization(s), typic	ally by	/ giving			
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trustees o	of the s	supporting			
		organization. You must o										
k		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s),	by ha	aving			
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage tl	he sup	oported			
		_ organization(s). You mus	st complete Part IV,	Sections A and C.								
c	: [_	Type III functionally interest	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally in	tegrat	ed with,			
		_ its supported organizatio	on(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.					
c	i 🗌	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its supported	organi	ization(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an	attent	iveness			
		_ requirement (see instruct	tions). You must con	mplete Part IV, Sections	s A and D,	, and Part	V .					
e		Check this box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	a Type I, Type II, Ty	ype III				
		functionally integrated, o	r Type III non-functio	onally integrated support	ing organi:	zation.						
1	Ente	er the number of supported of	organizations									
<u></u>		vide 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	anization listed ing document?	(v) Amount of mon	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instruc	tions)	support (see instructions)			
_												
Tot	al											

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 13

2019.04030 TURTLE CONSERVANCY

Schedule A (Form 990 or 990-EZ) 2019 TURTLE CONSERVANCY

20-2899240 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2158911.	2533630.	1604231.	1404554.	1729598.	9430924.			
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	2158911.	2533630.	1604231.	1404554.	1729598.	9430924.			
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)						3705690.			
6	Public support. Subtract line 5 from line 4.						5725234.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	2158911.	(b) 2016 2533630.	1604231.	1404554.	1729598.	9430924.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	48,687.	115,842.	141,819.	128,487.	44,817.	479,652.			
9	 Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on			10,526.	1,592.	630.	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.	327,563.			
11	Total support. Add lines 7 through 10						10250887.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12				
	First five years. If the Form 990 is for		,			n 501(c)(3)				
	organization, check this box and stor	here			-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, o	olumn (f))		14	55.85 %			
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	54.52 %			
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organizatior	1			►X			
b	33 1/3% support test - 2018. If the c									
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation						
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"				-	-				
b	10% -facts-and-circumstances tes									
	more, and if the organization meets th									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organizatio						s			
	<u>_</u>					dule A (Earm 990				

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

14501216 784003 10050

Schedule A (Form 990 or 990 EZ) 2019 TURTLE CONSERVANCY

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

20-2899240 Page 3 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
5	furnished by a governmental unit to						
	, .						
~	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganization,
	check this box and stop here	-			•		
Se	ction C. Computation of Publ	ic Support Pe	ercentage				ŕ
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inve					1.01	,,,
	Investment income percentage for 20)	17	%
	Investment income percentage from		B			18	%
	33 1/3% support tests - 2019. If the			on line 14 and lin			
150	more than 33 1/3%, check this box a						
F	33 1/3% support tests - 2018. If the						▶□
ĥ	line 18 is not more than 33 1/3%, che						
20							
	Private foundation. If the organization	THUR TOL CHECK A					n 990 or 990-EZ) 2019
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Yes No

Part IV Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 supported organization,			
	describe how the powers to appoint and/or remove 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 (2), did the organization's supported organizations have a			
	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 (a) 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 (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise 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.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019
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Schedule A (Form 990 or 990-EZ) 2019 TURTLE CONSERVANCY

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n 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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions 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 .	Fotal (add lines 1a, 1b, and 1c)	1d		
el	Discount claimed for blockage or other			
1	actors (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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	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	v integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	Ŭ
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 TURTLE CONSERVANCY

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2019

Employer identification number

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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

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

Special Rules

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

20-2899240

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,094,551.	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
2		\$20,000.	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
3		\$20,223.	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
4		\$25,000.	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
5		\$48,800.	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
6		\$95,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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TURTLE CONSERVANCY

Name of organization

Page 2 Employer identification number

TURTLE CONSERVANCY

20-2899240

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$11,000.	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
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		\$20,000.	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		\$ <u>30,000.</u>	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
		\$ <u>5,500.</u>	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
923452 11-06-		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523432 II-U6-	23	Schednie R (Form	990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

TURTLE CONSERVANCY

Employer identification number

20-2899240

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 14 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 7,100. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 6,250. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

20-2899240

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 10,475. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990	, 990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

TURTLE CONSERVANCY

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(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		
		—			
		\$			
923453 11-06			90, 990-EZ, or 990-PF) (2019)		

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Part III	E CONSERVANCY Exclusively religious, charitable, etc., contributions	to organizations described	in costion F		20 - 2899240
art III	from any one contributor. Complete columns (a) thro	ough (e) and the following line	e entry For o	rganizations	
	completing Part III, enter the total of exclusively religious, charit	table, etc., contributions of \$1,000	0 or less for th	e year. (Enter this info. onc	e.) ► \$
a) No.	Use duplicate copies of Part III if additional spa	ice is needed.			
from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I					
	-				
Γ	· · · · ·	(e) Transfer of	f gift		
L	Transferee's name, address, and 2	<u>2IP + 4</u>	Re	lationship of tra	nsferor to transferee
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
L					
		(e) Transfer of	gift		
	T			1	
H	Transferee's name, address, and Z	<u>1P + 4</u>	Re	elationship of tra	nsferor to transferee
		<u> </u>			
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I		(0) 000 01 gitt		(4) 2000	inplien et neu gittle neu
	-				
F		(e) Transfer of	f gift		
			-		
L	Transferee's name, address, and Z	<u>/IP + 4</u>	Re	elationship of tra	nsferor to transferee
a) No. from	I				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer of	f gift		
				lation-his -ft	
	T		-	unitionenin of tra	
	Transferee's name, address, and 2		Re		nsferor to transferee
	Transferee's name, address, and 2		Re		nsferor to transferee
	Transferee's name, address, and 2		Re		nsferor to transferee
-	Transferee's name, address, and 2		Re		nsferor to transferee

SCHEDULE D

(Form 990)

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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						nspection
-	e of the organizat			ification number		
		TURTLE CONSERVANCY				899240
Par		ations Maintaining Donor Advise		ar Funds or Ad	ccounts.Comp	lete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin		- / -		
			(a) Donor advised fund	d) 21) Funds and othe	er accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year		<u> </u>		
5	-	on inform all donors and donor advisors in	-			
•	-	on's property, subject to the organization's				Yes No
6		on inform all grantees, donors, and donor a				
		poses and not for the benefit of the donor o	· · ·			
Par	impermissible priv	vation Easements. Complete if the org	vanization answord "Vos" on [Yes No
1		servation easements held by the organizati		101111 990, Fait IV, I		
•		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	ervation of a histor	ically important la	and area
		of natural habitat		ervation of a certifi		
		n of open space		ervation of a certifi		ure
2		through 2d if the organization held a qualit	ied conservation contribution i	in the form of a cor	servation easem	ent on the last
-	day of the tax yea	• • •				End of the Tax Yea
а	• •	onservation easements		-	2a	
					2b	
		rvation easements on a certified historic str			2c	
		vation easements included in (c) acquired		_		
		nal Register			2d	
3		rvation easements modified, transferred, re			zation during the	tax
	year 🕨				Ū	
4	Number of states	where property subject to conservation ea	sement is located >			
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, h	andling of		
	violations, and en	forcement of the conservation easements i	t holds?			Yes 🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enf	orcing conservatio	n easements dur	ing the year
	▶					
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	g conservation eas	ements during th	ne year
	▶\$					
8		rvation easement reported on line 2(d) abov			··	
		ı)(4)(B)(ii)?				Yes 🛄 No
9		be how the organization reports conservati				
		d include, if applicable, the text of the footi	note to the organization's finan	cial statements tha	at describes the	
De		counting for conservation easements.	f Aut Iliotovical Traceru	vaa av Othav S		
Par		ations Maintaining Collections o		res, or Other S	Similar Assets	5.
		f the organization answered "Yes" on Form				
та		elected, as permitted under FASB ASC 95				
		easures, or other similar assets held for pul			ce of public	
•-	· •	Part XIII the text of the footnote to its final			ala ak weder of	
b	•	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	of public service	3
	-	ing amounts relating to these items:				
		uded on Form 990, Part VIII, line 1			► \$	
~		ed in Form 990, Part X			▶ \$	
2	•	received or held works of art, historical tre		• •	novide	
~	•	unts required to be reported under FASB A	loc sos relating to these items	i.	▶ \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

14501216 784003 10050

b

Assets included in Form 990, Part X

Schedule D (Form 990) 2019

\$

►

28 2019.04030 TURTLE CONSERVANCY

Sche	dule D (Form 990) 2019 TURTLE	CONSERVANC	Y					20-28	9924	0 Pa	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checł	any of the	following tha	at make si	gnificant	use of its			
2	collection items (check all that apply):			oan or ove	hange progra	am					
a b	Scholarly research	ť			nange progra						
c b	Preservation for future generations	e									
4	Provide a description of the organization's co	ollections and evolai	in how th	ov furthor t	no organizati	ion's ever	not ouroc	se in Par			
5	During the year, did the organization solicit of										
Ŭ	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			5				, ,	,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						1d				
е	Distributions during the year						. 1e				
	Ending balance										
	Did the organization include an amount on F						• • • • • • • • •		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i					1			() [
4.	De sinsis e de seu la dese	(a) Current year	(b)P	rior year	(c) Two yea	rs back (d) Three y	ears dack	(e) Four	years	раск
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
e	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1)	a. column (a	a)) held as:						
а	Board designated or quasi-endowment	5	%	0 , (
	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	zation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment f	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere							. 1			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis		.,	cumulate reciation	d	(d) Bool	k value	3
1a	Land										
	Buildings										
	Leasehold improvements				5,763.		.56,94			8,82	
d	Equipment			28	5,082.	2	11,0	22.	7	4,00	50.
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)				76	2,88	82.

Schedule D (Form 990) 2019

14501216 784003 10050

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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 "Yes"	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 end-of-year market value
(1)		
(2)		
(0)		

(-)	
(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 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 "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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) 2019

932053 10-02-19

14501216 784003 10050

Sche	dule D (Form 990) 2019 TURTLE CONSERVANCY			20-	2899240 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total revenue, gains, and other support per audited financial statements			1	1,865,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		13,810.		
е	Add lines 2a through 2d			2e	13,810.
3	Subtract line 2e from line 1			3	1,851,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,851,574.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total expenses and losses per audited financial statements			1	1,996,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	. 2d	13,810.		
е	Add lines 2a through 2d			2e	13,810.
3	Subtract line 2e from line 1			3	1,982,420.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h					
	Other (Describe in Part XIII.)	4b			
c	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	0.
				4c 5	0. 1,982,420.
с _5	Add lines 4a and 4b				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE

932054 10-02-19

14501216 784003 10050

Schedule D (Form 990) 2019

13,810.

13,810.

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer id	dentification number
TURTLE CONSERV	ANCY				20-289	9240
		ctivities Ou	tside the United States. Comple	ete if the organ	ization answe	ered "Yes" on
Form 990, Part	•					
the grantees' eligibility	for the grants or a	assistance, and	ds to substantiate the amount of its grather the selection criteria used to award the	e grants or ass	istance?	-
United States.			procedures for monitoring the use of it	c .	ther assistanc	e outside the
			an be duplicated if additional space is I			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (c gram service, e specific type (s) in the regic	expenditures for and investments
NORTH AMERICA	0			TRAVEL & PF PLANNING	ROJECT	31,854.
				I DAMAING		51,054.
SUB-SAHARAN AFRICA	0		PROJECT SERVICES	PROJECT EXE	PENSES	40,579.
SUB-SAHARAN AFRICA	0			GRANT FOR I NON-PROFIT	LOCAL	28,000.
EAST ASIA AND THE PACIFIC	0		PROGRAM SERVICES	PROJECT EXP	PENSES	5,623.
EAST ASIA AND THE PACIFIC	0			GRANT FOR I NON-PROFIT	LOCAL	75,000.
SOUTH AMERICA	0		PROGRAM SERVICES	PROJECT EXE	PENSES	6,917.
3 a Subtotal	0	0				187,973.
 b Total from continuation sheets to Part I 	0	0				0.
c Totals (add lines 3a and 3b)	0	0				187,973.

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.

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

932071 10-12-19

SCHEDULE F

(Form 990)

10050___2

TURTLE CONSERVANCY

Page 2

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)
		SUB-SAHARAN AFRICA	OPERATING OF LAND PRESERVE	28,000.		0.		
			TO ASSIST WITH THE MANNING RIVER TURTLE PROJECT	75,000.		0.		
	ch the grantee or cou	unsel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lette					·

Schedule F (Form 990) 2019

(a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

(d) Amount of

(e) Manner of

(c) Number of

Schedule F (Form 990) 2019

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.

TURTLE CONSERVANCY

Part III can be duplicated if additional space is needed.

20-2899240

(f) Amount of

(g) Description of

(h) Method of valuation (book, FMV, appraisal, other)

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 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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) 2019

PART I, LINE	2:							
REQUIRE REGU	LAR R	EPORTING	DURING	GRANT	PERIOD -	- INTER	IM AND FI	NAL.
EQUIRE REPO	RTING	AGAINST	BUDGET	CONTA	INED WITH	I GRANT	APPLICA	ION.
ESTRICTIONS	ON E	XPENDITUR	RE IF OU	JTSIDE	SCOPE OF	BUDGE'	F AND GRA	NT.
PART I, LINE	3:							
CCRUALS								

 Schedule F (Form 990) 2019
 TURTLE
 CONSERVANCY

 Part V
 Supplemental Information

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 2019 Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization TURTLE CO	NSERVANCY	ζ					Employer identification number $20 - 2899240$
Part I General Information on Grants a	Ind Assistance						
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to					anization answered	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	· ·	ional space is need		(f) Mathad of	1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TURNER CONSERVATION TRUST 1123 RESEARCH DRIVE BOZEMAN, MT 59718	47-3768643	501C3	10,000.	0.			PROVIDE SUPPORT FOR THE CRITICAL CONSERVATION OF TURTLES WORLDWIDE.
RAINFOREST TRUST 7078 AIRLIE ROAD WARRENTON, VA 20187	13-3500609	501C3	112,500.	0.			SUPPORT FOR LAND PURCHASE FOR BOLSON TORTOISE IN MEXICO
THE TERRAPIN NESTING PROJECT 2910 MADISON AVENUE ARLINGTON, PA 19001	83-3497456	501C3	2,500.	0.			SUPPORT THE ORGANIZATION'S MISSION TO PROTECT THE DIAMOND BACK TERRAPIN, THEIR NESTS,
GLOBAL WILDLIFE CONSERVATION PO BOX 129 AUSTIN, TX 78767	26-2887967	501C3	20,000.	0.			SUPPORT CRITICAL CONSERVATION OF TURTLES WORLDWIDE.
 Enter total number of section 501(c)(3) a Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	I ne line 1 table			1	Schedule I (Form 990) (2019)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE TERRAPIN NESTING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE ORGANIZATION'S MISSION

TO PROTECT THE DIAMOND BACK TERRAPIN, THEIR NESTS, AND HATCHLINGS ON LONG

BEACH ISLAND AND THE SURROUNDING AREAS.

SCHEDU	LEL	Tr	ansaction	ıs V	Vith	Intereste	d F	Persons			ON	1B No.	1545-00	047	
(Form 990 o	or 990-EZ) 🕨 C		organization and	swere	d "Yes	s" on Form 990, P -EZ, Part V, line 3	art IV	V, line 25a, 25b, 2	26, 27,	28a,		20	19)	
Department of the	Treasury		Atta	ch to	Form	990 or Form 990-	EZ.					oen T		lic	
Internal Revenue		► Go t	o www.irs.gov/Fo	orm99	0 for ii	nstructions and th	ne la	test information.				spect			
Name of the o	-			137						-	r identi		on nu	Imber	
Part I			ONSERVANC			ion 501(c)(4), and	oooti	$a_{2} = 501(a)(20)$ area			992	40			
											• •				
1	Complete il trie o		Relationship betv			art IV, line 25a or 2 lified	.5D, C	DI FOITT 990-EZ, P	art v, i	ine 40	. ac	(d)	Corre	ctod?	
(a) Name	e of disqualified p	erson	person and or		•	inieu	(c) [Description of tran	sactio	n			es	rected?	
				-								<u> </u>			
2 Enter the	e amount of tax ir	ncurred by the	organization man	agers	or dise	qualified persons o	during	g the year under							
section 4										\$					
3 Enter the	e amount of tax, i	if any, on line 2	2, above, reimburs	ed by	the or	ganization				▶ \$					
Part II	Loans to and	Vor From l	nterested Per	eone											
						Dout V line 290 o				or if +k		nizoti	~~		
	-	-	90, Part X, line 5, 6			, Part V, line 38a o	or For	m 990, Part IV, IIn	ie 26; i	oritt	ne orga	nizati	on		
	Name of	(b) Relationshi			an to or	(e) Original		(f) Balance due	(g)	In	(h) App	proved	(i) V	/ritten	
	ted person	with organizatio			n the zation?	principal amount		(I) Dalarice due		default?		by board or committee?		ment?	
					From				Yes No		Yes	No	Yes	No	
MCNELL	PROPERTI	ENTITY	OUTSTAND			55,881	•	55,881.		X		X		X	
								-							
								FF 001							
Total Part III	Granta ar Aa	aiatanaa P	enefiting Inter	conto	d Do		\$	55,881.							
			-												
	ne of interested p		swered "Yes" on I				£		of		(0)	Dure		£	
(a) Nari	ne of interested p	berson	(b) Relationship interested pers			(c) Amount o assistance	т	(d) Type assistan) Purp assista		T	
			the organiza												
								1		-+					
LHA For Pa	perwork Reduct	ion Act Notic	e, see the Instruc	tions	for Fo	rm 990 or 990-EZ	<u>.</u>	Sch	edule	L (Fo	rm 990) or 99	90-ЕZ	2019	

SEE PART V FOR CONTINUATIONS

932131 10-21-19

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Schedule L	(Form	990 or	990-EZ	2019 (TURT	LE	CONS	ERVANCY	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		ship betwee and the orga			(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
							Yes	No
MCNELL PROPERTIES	ENTITY	OWNED	ΒY	ERI	132,000.	RENTAL OF I	2	X

Part V 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

(C) PURPOSE OF LOAN: OUTSTANDING LIABILITY

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MCNELL PROPERTIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY OWNED BY ERIC GOODE

(D) DESCRIPTION OF TRANSACTION: RENTAL OF PROPERTY

Schedule L (Form 990 or 990-EZ) 2019

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(Form 990 or 990-EZ)

Name of the organization

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 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

OMB No 1545-0047 9 **Open to Public** Inspection

TURTLE CONSERVANCY

Employer identification number 20 - 2899240

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE TURTLE CONSERVANCY ENGAGED IN A NUMBER OF SMALLER PROJECTS

INVOLVING EMERGENCY RESPONSE TO THE PLOUGHSHARE TORTOISE CRISIS IN

AS WELL AS CONTINUED MADAGASCAR, HABITAT PROTECTION IN THE PHILIPPINES,

Supplemental Information to Form 990 or 990-EZ

MONITORING OF GLOBAL ILLEGAL TRADE IN TURTLES AND TORTOISES.

EXPENSES \$ 313,517. INCLUDING GRANTS OF \$ 128,433. REVENUE \$ 72,414.

EXPENSES \$ 283,272. INCLUDING GRANTS OF \$ 146,959. REVENUE \$ 82,805.

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 TAKE A SALARY. THIS IS SUPPORTED BY THE BOARD.

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

TURTLE CONSERVANCY PROVIDES A COPY OF THE GOVERNING DOCUMENTS, CONFLICT OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

41 2019.04030 TURTLE CONSERVANCY

Name of the orga	inization TI	URTLI	E CONSERVAI	NCY			Employer identification numb 20-2899240
NTEREST	POLICY	AND	FINANCIAL	STATEMENTS	UPON	REQUEST.	
32212 09-06-19						Coh	nedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

SCH	IEDULE 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. OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

20-2899240

Name of the organization

TURTLE CONSERVANCY

Pa

rt I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.
------	--

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HABIO AC							
1033 PAFOS CALLE	TORTOISE CONSERVATION AND				TURTLE		
SAN PABLO, CHIHUAHUA, MEXICO	PRESERVE	MEXICO			CONSERVANCY		х

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 TURT	LE CONSERVA	NCY							20-289	92	40	Page 2	
Part III Identification of Related Or organizations treated as a pa	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.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(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	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or Iging her?	Percentage ownership	
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	No		
	1												
	-												
	4												
	-												

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. Part IV

(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	Sec 512(cont	(i) ction (b)(13) trolled tity?	
		country)							No	

Schedule R (Form 990) 2019 TURTLE CONSERVANCY

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

Not	e: 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 with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
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)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
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 who must complete this 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 involved
(1)			
(2)			
_(3)			
_(4)			
(5)			
<u>(6)</u>	15		

Schedule R (Form 990) 2019 TURTLE CONSERVANCY

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)	Are partner 501 (c org: Yes	e) all s sec. :)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2019

TURTLE CONSERVANCY

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Form 990-T Exempt Organization Bus	sine	ss Income T	ax Return	ŀ	OMB No. 1545-0047
(and proxy tax und					2019
For calendar year 2019 or other tax year beginning Goto www.irs.gov/Form990T for in		, and ending	ation	- ·	2013
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may				ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed Name of organization (Check box if name c	hanged	and see instructions.)	1	Emp	oyer identification number loyees' trust, see uctions.)
B Exempt under section Print TURTLE CONSERVANCY				2	0-2899240
\mathbf{X} 501(c)(3) or Number, street, and room or suite no. If a P.O. box	x, see in	structions.	E	E Unre (See i	ated business activity code instructions.)
408A530(a)City or town, state or province, country, and ZIP o529(a)OJAI, CA93023			C.	541	800
C Book value of all assets at end of year 1,577,104. F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp					
1,577,104. G Check organization type \blacktriangleright X 501(c) corp	poration	501(c) trust	401(a) t		Other trust
H Enter the number of the organization's unrelated trades or businesses.	1	Describe t	he only (or first) unre		
trade or business here > ADVERTISING			complete Parts I-V. If		
describe the first in the blank space at the end of the previous sentence, complete Pa	arts i an	a II, complete a Schedule	IVI for each additiona	ii trad	e or
business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parel	nt_cubci	diary controlled group?		Y	es X No
If "Yes," enter the name and identifying number of the parent corporation.	111-20021	ulary controlled groups.	F L	10	
J The books are in care of LYNN RIMKUS		Telepho	ne number 🕨 21	12-	353-5060
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sales					
b Less returns and allowances c Balance	1c				
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract line 2 from line 1c	3				
4 a Capital gain net income (attach Schedule D)	4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (attach statement)	5				
6 Rent income (Schedule C)	6				
7 Unrelated debt-financed income (Schedule E)	7				
 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 	8				
 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 	10				
11 Advertising income (Schedule J)	11	1,750.			1,750.
12 Other income (See instructions; attach schedule)	12	_,			
13 Total. Combine lines 3 through 12	13	1,750.			1,750.
Part II Deductions Not Taken Elsewhere (See instructions for		tions on deductions.)			-
(Deductions must be directly connected with the unrelated busin	ness in	come.)			
14 Compensation of officers, directors, and trustees (Schedule K)				14	
15 Salaries and wages				15	
16 Repairs and maintenance			····· _	16	
17 Bad debts				17	
18 Interest (attach schedule) (see instructions)				18	
 19 Taxes and licenses 20 Depreciation (attach Form 4562) 				19	
 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 				21b	
22 Depletion				22	
23 Contributions to deferred compensation plans				23	
24 Employee benefit programs				24	
25 Excess exempt expenses (Schedule I)				25	
26 Excess readership costs (Schedule J)				26	
27 Other deductions (attach schedule)				27	
28 Total deductions. Add lines 14 through 27				28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract	ct line 28	3 from line 13		29	1,750.
30 Deduction for net operating loss arising in tax years beginning on or after Janua (see instructions)				30	0.
(see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29				30 31	1,750.
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.					Form 990-T (2019)

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Form 990-T (2019) TURTLE CONSERVANCY

Part		Total Unrelated Business Taxal	ble Income					
32	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses (s	see instruc	tions)	32	2 1,750	Ο.
33	Amoun	ts paid for disallowed fringes				33	3	
34	Charita	ble contributions (see instructions for limitation	n rules)	STMT	1	34	4 7!	5.
		nrelated business taxable income before pre-20					5 1,67	5.
		ion for net operating loss arising in tax years be						
		f unrelated business taxable income before spe					7 1,67	5.
		c deduction (Generally \$1,000, but see line 38 i						
		ted business taxable income. Subtract line 38						
		ne smaller of zero or line 37	0	,		39	9 675	5.
		Tax Computation					<u> </u>	
		zations Taxable as Corporations. Multiply line	39 by 21% (0.21)		•	- 40	0 142	2.
		Taxable at Trust Rates. See instructions for ta					,	
		ax rate schedule or Schedule D (Form				- 4 [.]	1	
42		ax are instructions						—
								—
44	Tax on	tive minimum tax (trusts only) Noncompliant Facility Income. See instructio	ne			4		
44 45	Total /	Add lines 42, 43, and 44 to line 40 or 41, which	aver annlies			4		2
		Tax and Payments	ever applies			. 4;	<u>) 147</u>	<u> </u>
		-	ata attach Form 1110)	460			_	
		n tax credit (corporations attach Form 1118; tru				-		
						_		
		I business credit. Attach Form 3800				-		
		for prior year minimum tax (attach Form 8801 o						
		redits. Add lines 46a through 46d						
47	Subtra	ct line 46e from line 45				47		4.
		axes. Check if from: Form 4255						
		ax. Add lines 47 and 48 (see instructions)						
		et 965 tax liability paid from Form 965-A or For					0 0	0.
		nts: A 2018 overpayment credited to 2019			676	•		
b	2019 e	stimated tax payments		51b		_		
		posited with Form 8868				_		
		n organizations: Tax paid or withheld at source				_		
		withholding (see instructions)						
f	Credit f	for small employer health insurance premiums	(attach Form 8941)	51f				
g	Other c	redits, adjustments, and payments:						
			her Total					
52	Total p	ayments. Add lines 51a through 51g				52	2 676	5.
53	Estima	ted tax penalty (see instructions). Check if Form	n 2220 is attached 🕨 🛄			53	3	
54	Tax du	e. If line 52 is less than the total of lines 49, 50,	and 53, enter amount owed		►	- 54		
55	Overpa	syment. If line 52 is larger than the total of lines	49, 50, and 53, enter amount overpaid		🕨	- 5	5 534	4.
56	Enter tl	ne amount of line 55 you want: Credited to 202	0 estimated tax 🕨	534	🛛 Refunded 🕨 🕨	- 56	6	0.
Part	VI	Statements Regarding Certain	Activities and Other Informa	ation (se	ee instructions)			
57	At any	time during the 2019 calendar year, did the org	anization have an interest in or a signature	e or other	authority		Yes N	No
	over a	financial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may hav	ve to file			
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of th	e foreign c	country			
	here						2	Х
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or t	transferor	to, a foreign trust?			X
	-	see instructions for other forms the organizati			, 0			
59	Enter th	ne amount of tax-exempt interest received or ac	ccrued during the tax year 🕨 \$					
	U	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	and statemer	nts, and to the best of my ki	nowledg	ge and belief, it is true,	—
Sign	C	prrect, and complete. Declaration of preparer (other than	i taxpayer) is based on all information of which pr	eparer has a	any knowledge.			
Here			PRESI	DENT			e IRS discuss this return with parer shown below (see	1
		Signature of officer	Date Title					No
		Print/Type preparer's name	Preparer's signature	Date	Check	if F	PTIN	_
D -1-1			parter e erginatario		self- employe			
Paid		BRIAN COUSINO					P01363025	
Prep			COUSINO LLP		Firm's EIN		77-0291466	
Use	Unly	3275 OLD C						
		Firm's address THOUSAND O			Phone no.	(80)5)496-1883	
923711 (01-27-20				1 1010 10.	, 50	Form 990-T (20	10)
			49				1 onni 550-1 (20	(61

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Form 990-T (2019) TURTLE CONSERVANCY

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation > N	/A				
1 Inventory at beginning of year						6		
2 Purchases			7 Cost of goods sol			-		
3 Cost of labor	·		from line 5. Enter					
4a Additional section 263A costs						7		
(attach schedule)	4a		8 Do the rules of sec			,	Yes	No
b Other costs (attach schedule)					d for resale) apply to			
5 Total. Add lines 1 through 4b								
Schedule C - Rent Income (F		Property an	d Personal Prope	tv I eas	ed With Real Pro	nertv)	
(see instructions)	i oni neur	r toporty un		ty Loud		perty	/	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the perce rent for personal property is more the 10% but not more than 50%)	entage of han	of rent for	and personal property (if the pe personal property exceeds 50% nt is based on profit or income)	centage or if	- 3(a) Deductions directly columns 2(a) a			e in
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2(here and on page 1, Part I, line 6, column ((a) and 2(b). En (A)	iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt	t-Financec	I Income (see	instructions)					
			2. Gross income from		 Deductions directly cor to debt-finant 			
1. Description of debt-fina	nced property		or allocable to debt- financed property	(a	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc blumn 6 x total of c 3(a) and 3(b))	olumns
(1)				%		+		
(2)				%				
(3)				%				
(4)				%				
<u>···</u>			•		Enter here and on page 1, Part I, line 7, column (A).		ter here and on pa art I, line 7, columr	•
Totals					0			0.
Total dividends-received deductions incl	uded in columr	18		<u> </u>		•		0.

Form 990-T (2019)

20-2899240

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Form 990-T (2019) TURTLE						20-28		3
Schedule F - Interest,	Annuities, Roy				-	zations (see ir	nstruction	ns)
		Exempt	Controlled O	rganizat	ions			
1. Name of controlled organiza	ident		nrelated income ee instructions)	4. To pay	otal of specified ments made	5. Part of column included in the cor organization's gross	ntrolling	6. Deductions directly connected with income in column 5
(1)								
(1)								
(2)								
(3)								
(4) Nonexempt Controlled Organ	izations							
7. Taxable Income	8. Net unrelated inc		I of specified pay	ments	10 Part of colu	mn 9 that is included	11 D	eductions directly connected
	(see instructio		made	menta	in the controll	ing organization's sincome		h income in column 10
(1)								
(2)								
(3)								
(4)								
					Enter here and	nns 5 and 10. I on page 1, Part I,		dd columns 6 and 11. here and on page 1, Part I,
					line 8, o	column (A).		line 8, column (B).
Totals				►		0.	•	0.
Schedule G - Investme		Section 501(c)	(7), (9), or	(17) O	rganizatior	ו		
(see inst	tructions)				L	i		
1. Desc	cription of income		2. Amount of	income	3. Deductio directly conne (attach sched	ected 4. Se	t-asides schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			Enter here and Part I, line 9, co					Enter here and on page 1, Part I, line 9, column (B).
Totals			•	0.				0.
Schedule I - Exploited (see instru	Exempt Activity			lvertis	ing Income	9		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (co minus colum gain, comput	d trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that attributed	kpenses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
		business income	through	7.				column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 25.
Totals ►	. 0	. 0	•					0.
Schedule J - Advertisi	ing Income (see	instructions)						

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) THE TORTOISE	0.	0.				
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Form 990-T (2019)

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Form 990-T (2019) TURTLE CONSERVANCY

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership sts	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) 🕨	0.	0.					0.
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	structions)			
1. Name			2. Title	3. Percer time devot busines	ted to		pensation attributable rrelated business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, I	ine 14	I		I			. 0

Form 990-T (2019)

Page 5

923732 01-27-20

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	1
~	ONTRIBUTIONS SUBJECT TO 100% LIMIT ONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER O FOR TAX Y FOR TAX Y FOR TAX Y FOR TAX Y FOR TAX Y	EAR 2015 EAR 2016 EAR 2017 19,942		
TOTAL CARRYO TOTAL CURRE	OVER 19,942 NT YEAR 10% CONTRIBUTIONS		
	IBUTIONS AVAILABLE19,942OME LIMITATION AS ADJUSTED75		
	RIBUTIONS 19,867 CONTRIBUTIONS 0 S CONTRIBUTIONS 19,867		
ALLOWABLE C	ONTRIBUTIONS DEDUCTION		75
TOTAL CONTR	- IBUTION DEDUCTION =		75

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 YEARCalifornia Exempt Organization2019Annual Information Return

199

									_
Ca	alendar Yea	2019 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/yy	уу)			
С	Corporation/Or	ganization name			Cal	ifornia corp	oration r	number	
т	URTIF	CONSERVANCY				2747	859	1	
_		rmation. See instructions.			FF				
							000	240	
_						20-2	099	240	
		(suite or room)				PMB no.			
1	794 M	CNELL ROAD							
С	City				State	ZIP code			
0	JAI				CA	9302	3		
F	oreign countr	y name	Foreign province/state/county	/		Foreign p	ostal co	ode	
-	Circt Date				Contine 007				
A	FIrst Rell	ırn	Yes X No J If						1
В		l Return	Yes X No er	igaged in political acti	vities? See	Instructio	ns	• Yes X	JNO
C	IRC Secti	ion 4947(a)(1) trust	Yes X No K Is	the organization exer	npt under R	&TC Sect	ion 23	701g? • 🗌 Yes 🛛 🗙] No
D	Final Info	rmation Return?	lf	"Yes," enter the gross	receipts fro	om nonme	mber s	sources \$	
	•	Dissolved Surrendered (Withdrawn)	Merged/Reorganized	organization is a publ	ic charity e>	empt und	ler R&	TC	
	Enter date:	(mm/dd/yyyy) •	Se	ection 23701d and me	eets the filin	a fee exce	ption.	check	
Е		counting method: (1) $Cash$ (2) X Accru		ox. No filing fee is req		-			
F		eturn filed? (1) \bullet X 990T(2) \bullet 990PF (3)		the organization a Lir	nitad Liabili	ty Compa	 nv/ 2	• Yes X] No
1		Other 990 series		d the exception file		ty Compa			1 110
				d the organization file				- V	1
G	ls this a g	group filing? See instructions	Yes 🔼 No re						No
Н	Is this or	ganization in a group exemption		the organization unde					_
	lf "Yes," v	vhat is the parent's name?	IR	S audited in a prior y	ear?			• Yes 🛛 🗴	No
			P Is	federal Form 1023/10)24 pending	J?		Yes X	No
Т	Did the o	rganization have any changes to its guidelines		ate filed with IRS					
		ted to the FTB? See instructions	Yes X No						
Ŧ		Complete Part I unless not required to file this f		ion B and C.					
-		1 Gross sales or receipts from other source				•	1	168,860	
								60,291	
		2 Gross dues and assessments from memb	ers and anniales		amvm	1	2		
	Receipts	 Gross contributions, gifts, grants, and sin Total gross receipts for filing requirement test. Ac This line must be completed. If the result is less if 	nilar amounts received		STMT	. <u> </u>	3	1,669,30	
	and	4 This line must be completed. If the result is less	than \$50,000, see General Inform	ation B	<u></u>	•	4	1,898,458	8 00
	Revenues	5Cost of goods soldST6Cost or other basis, and sales expenses of	MT 3 STMT 2	● 5	33,0	74 00			
	nevenues	6 Cost or other basis, and sales expenses o	of assets sold	● 6		00			
		7 Total costs. Add line 5 and line 6					7	33,074	4 00
		8 Total gross income. Subtract line 7 from					8	1,865,384	4 00
		9 Total expenses and disbursements. From					9	1,996,230	
	Expenses	10 Excess of receipts over expenses and dis					10	-130,846	
_		10 Excess of receipts over expenses and dis		ייייייייייייייייייייייייייייייייייייי	20.	•••••		1/	0 00
		11 Total payments	AMI PAID I	VIII FM 53		•••••	11		
		12 Use tax. See General Information K				• • •	12		00
		13 Payments balance. If line 11 is more than	line 12, subtract line 12 from	n line 11		•	13	10	0 00
	Filing Fee	14 Use tax balance. If line 12 is more than lin	ne 11, subtract line 11 from l	ine 12		•	14		00
		15 Filing fee \$10 or \$25. See General Inform	ation F				15	10	0 00
		16 Penalties and Interest. See General Inforn	nation J				16		00
		17 Balance due. Add line 12, line 15, and lin					17		00
		Under penalties of perjury, I declare that I have examine it is true, correct, and complete. Declaration of preparer	d this return, including accompar	nying schedules and state	ements, and to	the best o	t my kno	owledge and belief,	100
Si	gn	it is true, correct, and complete. Declaration of preparer		all information of which p		ny knowled	ge.		
	ere	Signature .	Title		Date			• Telephone	1 2
		Signature of officer	PRI	ESIDENT				(212)482-811	13
				Date	Check	if		● PTIN	
		Preparer's signature			self-er	mployed	· 🗌	P01363025	
Pa	aid	Firm's name		-				● Firm's FEIN	
	reparer's	(or yours, HINRICHER & COIL	SINO LLP					77-0291466	
	se Only	if self- employed) 3275 OLD CONEJO						Telephone	
0	So only	and address THOUSAND OAKS,						(805)496-188	82
				ations		• X	1		55
		May the FTB discuss this return with the prepar	rer snown above? See instru	CUONS		●∟Ճ	⊥ Yes	No No	

022 3651194

L

Form 199 2019 Side 1

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.

	1	Gross sales or receipts from all bus	iness activities. See instructio	ne	•	1	15,182 00
	2					2	267 00
		Interest					
Decelate	3	Dividends				3	44,550 00
Receipts		Gross rents				4	
from	5	Gross royalties			•	5	00
Other	6	Gross amount received from sale o	f assets (See Instructions)			6	
Sources	7					7	108,861 00
	8	Total gross sales or receipts from o		•		8	168,860 00
	9	Contributions, gifts, grants, and sin				9	259,459 ₀₀
	10	Disbursements to or for members		~~~ ~~~	•	10	00
	11	Compensation of officers, directors				11	0 00
	12	Other salaries and wages				12	688,928 ₀₀
Expenses	13	Interest				13	00
and	14	Taxes			•	14	59,850 ₀₀
Disburse-	15	Rents				15	253,180 ₀₀
ments	16	Depreciation and depletion (See ins	tructions)		•	16	90,511 ₀₀
	17	Other Expenses and Disbursements	3	SEE STAT	EMENT 6 \bullet	17	644,302 ₀₀
	18	Total expenses and disbursements	. Add line 9 through line 17. E	nter here and on Side 1, Part	, line 9	18	1,996,230 00
Schedu	le L	Balance Sheet	Beginning of tax	able year		of taxable	year
Assets			(a)	(b)	(C)		(d)
				611,346		•	608,091
2 Net acc	counts	receivable				•	
3 Net no	tes rec	ceivable				•	
				79,410		•	46,304
		state government obligations				•	
6 Investr	ments	in other bonds				•	
7 Investr	ments	in stock				•	989
		ins				•	
		nents				•	
10 a Dep	reciab	le assets	1,424,609		1,430,8	45	
b Less	s accu	mulated depreciation (585,063	839,546	667,96	3)	762,882
						•	
12 Other a	assets	STMT 7		163,970		•	158,838
				1,694,272			1,577,104
Liabilities				, ,			/ - / -
		yable		111,347		•	124,137
15 Contrib	oution	s, gifts, or grants payable		, -		•	, -
		otes payable STMT 8		54,993		•	55,881
		ayable				•	
		es					
		or principal fund				•	
		al surplus. Attach reconciliation				•	
		nings or income fund		1,527,932		•	1,397,086
		ies and net worth		1,694,272		-	1,577,104
Schedu			r hooke with income per setur				-, -, -, -04
Schedu		I-1 Reconciliation of income pe Do not complete this schedul			nan \$50 000		
1 Notice	oma -						
		er books				•	
		ne tax		not included in this r		····· 🖵	

	• • • • • • • • • • • • • • • • • • • •	_		5		
2	Federal income tax	•		not included in this return	•	
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged		
4	Income not recorded on books this year	•		against book income this year	•	
5	Expenses recorded on books this year not		9	Total. Add line 7 and line 8		
	deducted in this return	•	10	Net income per return.		
6	Total. Add line 1 through line 5	-130,846		Subtract line 9 from line 6		-130,846

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3652194

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
ERIC GOODE	4403 THACHER ROAD OJAI, CA 93023	12/31/19	1,094,551.	
RAINFOREST TRUST	7078 AITLIE ROAD WARRENTOWN, VA 20187	12/31/19	20,000.	
FOUNDATION SERGE	UNTER ALSTADT 28 SWITZERLAND	12/31/19	20,223.	
POINTBREAK FOUNDATION	126 E 56TH ST, STE 2620 NEW YORK, NY 10022-3613	12/31/19	25,000.	
NATIONAL GEOGRAPHIC SOCIETY	1145 17TH STREET NW WASHINGTON DC, DC 20036	12/31/19	48,800.	
GLOBAL WILDLIFE CONSERVATION	PO BOX 129 AUSTIN, TX 78767	12/31/19	95,475.	
MOHAMED BIN ZAYED SPECIES CONSERVATION FUND	PO BOX 131112 ABU DHABI UNITED ARAB EMIRATES	12/31/19	11,000.	
FRANKEL FAMILY FOUNDATION	1040 N LAKE SHORE DRIVE, APT 18C CHICAGO, IL 60611	12/31/19	5,000.	
FOCUS ON NATURE	1 RUE DE L'EST GENEVA SWITZERLAND	12/31/19	20,000.	
MARTIN DIECK	2233 BYRON STREET PALO ALTO, CA 94301	12/31/19	30,000.	
ANGELA JANKLOW	15760 VENTURA BLVD, STE 1620 ENCINO, CA 91436	12/31/19	5,500.	
CATHERINE JUILLARD	629 THOMPKINS AVE SAN FRANCISCO, CA 94110	12/31/19	5,200.	
ALEXANDER BALKNINSKI	270 WHISKEY HILL RD WOODSIDE, CA 94062-2533	12/31/19	10,000.	
EARTHSENSE FOUNDATION	PO BOX 778 NEW YORK, NY 10013-0778	12/31/19	10,000.	
JOSHUA WILWOHL	19111 DETROID RD, UNIT 306 CLEVELAND, OH 44116	12/31/19	5,000.	
MONIMOS FOUNDATION	PO BOX 1868 OJAI, CA 93024	12/31/19	5,000.	

TURTLE CONSERVANCY			20-2899240
CRISTINA HUDSON	5398 SONOMA HWY NAPA, CA 94559-9710	12/31/19	7,100.
CRYSTAL MEERS	8383 WILSHIRE BLVD, STE 400 BEVERLY HILLS, CA 90211-2400	12/31/19	6,250.
ANDREW SABIN FAMILY FOUNDATION	PO BOX 5026 EAST HAMPTON, NY 11937-6091	12/31/19	10,475.
THE SAN FRANCISCO FOUNDATION	ONE EMBARCADERO CENTER, STE 1400 SAN FRANCISCO, CA 94111	12/31/19	10,000.
THE SHANBROM FAMILY FOUNDATION	603 WEST OJAI AVE, STE B OJAI, CA 93023-3732	12/31/19	25,000.
TOTAL INCLUDED ON LINE 3			1,469,574.

FOR	м 199		-	GOODS SOLD PART I, LINE 5		STATEMENT 2
COS	T OF GOODS SOLD					
1.	INVENTORY AT BEGINNIN	G OF YEAR	•			79,410
2. 3. 4. 5. 6.	MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIE OTHER COSTS ADD LINES 1 THROUGH 5	 S	• • •	· · · · · · · · · · · · · ·	-32	79,378
7.	INVENTORY AT END OF Y	EAR	•			46,304
8.	COST OF GOODS SOLD (L	INE 6 LES:	S L	INE 7)		33,074

TURTLE CONSERVANCY

20-2899240

CA 199	COST OF GOODS SOLD - OTHER COSTS STATEMENT	3
DESCRIPTION	AMOUNT	
OTHER COSTS		32.
TOTAL INCLUDED ON FOR	M 199, PART I, LINE 5 -	32.
CA 199	OTHER INCOME STATEMENT	4
DESCRIPTION	AMOUNT	
INSURANCE PAYOUT ADVERTISING ANIMAL ADOPTIONS OJAI TOURS MEMBERSHIP FEES	7,9 1,7 31,4 16,3 51,3	50. 21. 83.
TOTAL TO FORM 199, PA	RT II, LINE 7 108,8	61.
CA 199 COMPENSA	TION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT TITLE AND	5
NAME AND ADDRESS	AVERAGE HRS WORKED/WK COMPENSAT	ION
ERIC GOODE 1794 MCNELL ROAD OJAI, CA 93023	PRESIDENT 40.00	0.
MATTHEW FRANKEL 1794 MCNELL ROAD OJAI, CA 93023	TREASURER 10.00	0.
MAURICE RODRIGUES 1794 MCNELL ROAD OJAI, CA 93023	SECRETARY 1.00	0.
GREGORY GEORGE 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
CULLEN GEISELMAN	BOARD MEMBER	

TURTLE CONSERVANCY		20-2899240
JOHN MITCHELL 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
RUSSELL MITTERMEIER 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
ANDERS RHODIN 1794 MCNELL ROAD OJAI, CA 93023	CHAIRMAN 1.00	0.
RICK RIDGEWAY 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
JULIAN SANDS 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
CRAIG STANDFORD 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
FISHER STEVENS 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
MICHAEL ZILKHA 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
SIBILLE HART PRITCHARD 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
MARTIN DIECK 1794 MCNELL ROAD OJAI, CA 93023	BOARD MEMBER 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

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PROGRAM EXPENSES	77,678.
MEMBERSHIP EXPENSES	75,355.
GLOBAL EDUCATION	73,497.
REPAIRS AND MAINTENANCE	52,475.
	13,810.
OTHER EMPLOYEE BENEFITS	21,300.
LEGAL FEES	14,184.
ACCOUNTING FEES	59,656.
OTHER PROFESSIONAL FEES	6,273.
ADVERTISING AND PROMOTION	19,938.
OFFICE EXPENSES	49,130.
INFORMATION TECHNOLOGY	10,141.
TRAVEL	64,988.
CONFERENCES AND CONVENTIONS	14,317.
INSURANCE	3,647.
ALL OTHER EXPENSES	87,913.
TOTAL TO FORM 199, PART II, LINE 17	644,302.

CA 199	OTHER ASSETS		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EMPLOYEE ADVANCES TRAVEL ADVANCES PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CH INTANGIBLE ASSETS	ARGES	50. 2,177. 13,535. 18,318. 129,890.	15,476. 19,338.
TOTAL TO FORM 199, SCHEDULE L, L	INE 12	163,970.	158,838.
CA 199 BON	DS AND NOTES PAYA	BLE	STATEMENT 8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, KEY EMPLOYEES, ETC.	TRUSTEES AND	54,993.	55,881.
TOTAL TO FORM 199, SCHEDULE L, L	INE 16	54,993.	55,881.

CA 199 OTHER EXPENSES

DESCRIPTION

JKTLE	CONSERVANCY	

STATEMENT 6

AMOUNT

TAXABLE Y 2019		fornia e-fil mpt Orgar	e Return Auth nizations	norizati	on for			FORM 8453-EO
Exempt Organiz	zation name						Iden	tifying number
TURTLE	CONSERVA	NCY					20	0-2899240
Part I E	lectronic Return I	nformation (whole	dollars only)					1 000 150
	gross receipts (Form	. ,						1 1,898,458
	pross income (Form	, ,						2 1,865,384 3 1,996,230
3 Total e	expenses and disbu	irsements (Form 19	99, line 9)					3 1,990,230
Part II S	ettle Your Accoun	t Electronically fo	r Taxable Year 2019					
	lectronic funds with		mount		4b Withdraw	al date (mm/do	l/yyyy)	
		n (Have you verifie	d the exempt organizatio	n's banking i	nformation?)			
5 Routing				7 T.		Charle		Cautana
6 Accoun	eclaration of Offic	or		<i>i</i> 1	pe of account:	Checki	ng L	Savings
I authorize th			ed as designated in Part II. I	f I check Part	I, Box 4, I author	ize an electronic	funds \	withdrawal for the amount listed
on line 4a.			of the above exempt organiz					
transmitter, c California ele a balance du organization statements b	or intermediate service ctronic return. To the e return, I understand will remain liable for th e transmitted to the F	provider and the am best of my knowledg that if the Franchise ne fee liability and all FB by the ERO, transr	ounts in Part I above agree v e and belief, the exempt orga Fax Board (FTB) does not rea applicable interest and penal nitter, or intermediate service intermediate service provid	with the amoun inization's retu ceive full and t ties. I authoriz e provider. If t	nts on the corres rn is true, correc imely payment of e the exempt org he processing of	oonding lines of t, and complete. the exempt organization return the exempt org	the exe If the e anizatio and acc	mpt organization's 2019 xempt organization is filing n's fee liability, the exempt companying schedules and
Sign	Signature of officer		Date	PRE	SIDENT			
Here	Signature of onicer		Date	nue				
Part V D	eclaration of Elect	tronic Return Orio	ginator (ERO) and Paid F	Preparer.				
I declare that am only an ir accurately re provided the 1345, 2019 H the exempt o I declare that	I have reviewed the a ntermediate service pri flects the data on the r organization officer w landbook for Authoriz rganization return is fi I have examined the a	bove exempt organiz ovider, I understand return.) I have obtain ith a copy of all forms ed e-file Providers. I led, whichever is late above exempt organiz	ation's return and that the en that I am not responsible for ed the organization officer's s s and information that I will f will keep form FTB 8453-EO r, and I will make a copy ava	tries on form reviewing the signature on fo ile with the FTI on file for fou ilable to the FT nying schedul	exempt organiza orm FTB 8453-EC 3, and I have follo years from the c B upon request. as and statement	tion's return. I do before transmit owed all other re lue date of the re If I am also the p	eclare, f ting this quireme turn or baid pre	ents described in FTB Pub.
ER	0's-			Date	Check i			ERO'S PTIN
	nature				also pai prepare		lf- loyed [₽01363025
	m's name (or yours		R & COUSINO L	'LP	I		Firr	m's FEIN 77-0291466
	d address		CONEJO ROAD OAKS, CA				ZIP	code 91320
		e that I have examine	-					d to the best of my knowledge
,		iu complete. I make t		mormation of		Ū		I Baid proparar's PTIN
Paid Preparer	Paid preparer's signature				Date	Check if self- employed		Paid preparer's PTIN
Must	Firm's name (or yours					employed		l n's FEIN
Sign	if self-employed) and address							
							ZIP	code
	N							
For Privacy	/ Notice, get FTB 1	131 ENG/SP.						FTB 8453-EO 2019

929021 11-08-19

TAXABLE YEARCalifornia Exempt Organization2019Business Income Tax Return

FORM
109

Calendar Ye	r 2019 or fiscal year beginning (n	nm/dd/yyyy)	, and ending (m	m/dd/yyyy)				
	Organization name CONSERVANCY					ornia corporation numl 2747859)er	
Additional	nformation. See instructions.				FEIN			
	a (quita/room po)			DM		20-2899240		
	s (suite/room no.) ICNELL ROAD			PIME	3 no.			
	rporation has a foreign address,	see instructions.)		State ZIP of	ode			
OJAI				CA 930	23			
Foreign co	intry name	Foreign province	e/state/county	Fore	ign post	al code		
A First Ret	rn Filed?	Yes X No	H Is the organization a r	on-exempt charit	ahle trust	. 98		
	education IRA within the meaning		described in IRC Sect				X No	
	ction 23712?		I Is this organization cl					
	anization under audit by the IRS o	or has	Revitalization Zone (L					
the IRS	udited in a prior year?	• Yes 🛛 🗶 No	(LAMBRA), Targeted					
D Final Re			Area (MEA) tax benef				X No	
		thdrawn) Level Merged/Reorganize						
	e (mm/dd/yyyy)		bonus plan as describ				X No	
E Amende	······································		K Unrelated Business A	- ()			X No	
	trade or business ADVER	Cash (2) X Accrual (3) Othe	r L Is this a Hospital? If "Yes," attach federal			• Yes		
Taxable		ncome from Side 2, Part II, line 30				1	00	
Corpora-		g% from the Sch. R, A				2	00	
tion	-	n 2. If the unrelated bus. activity is wholly in				3	0 00	
Taxable Trust		ncome from Side 2, Part II, line 30				4	00	
must		ncome from line 3 or line 4				5	00	
		NOL carryover deduction			6	00		
Tax	7 Net Operating Loss deduction	Net Operating Loss deduction. See General Information N						
Compu- tation								
lation		Net unrelated business taxable income. Subtract line 8 from line 5						
		Tax 8.84 % x line 9. See General Information J Tax credits from Schedule B. See instructions						
							00	
Total		m line 10. If line 11 is greater than lin e General Information O			-	3	00	
Tax		ie 13				4	00 00	
	15 Overnavment from a prior ve	ear allowed as a credit	• 15			Ŧ	9 100	
		ts. See instructions			00			
Payments		nd/or 593.) See instructions			00			
-	18 Amount paid with extension				00			
	19 Total payments and credits.	Add line 15 through line 18			. • 1	9	00	
	20 Use tax. See instructions					0	00	
Use Tax/		is more than line 20, subtract line 20					00	
Tax Due/		s more than line 19, subtract line 19 f					00	
Overpay- ment		m line 14. Pay entire amount with ret					00	
ment		14 from line 21. See instructions					00	
	25 Enter amount of line 24 to b	e applied to 2020 estimated tax			. • 2	:o	00	

	-			_	1	
	26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24	_	26		00
Refund or		a Fill in the account information to have the refund directly deposited. Routing number				
Amount		b Type: Checking • Savings • c Account Number	_			
Due	27	Penalties and interest. See General Information M	•	27		00
		Check if estimate penalty computed using Exception B or C and attach form FTB 5806				
	29	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	🔘	29		00
		Business Taxable Income				
Part I	Unrela	ted Trade or Business Income				
1 a Gros	s receip	b Less returns and allowances C Balance	•	10		00
2 Cost o	f good	s sold and/or operations (Schedule A, line 7)	•	2		00
3 Gross	profit.	Subtract line 2 from line 1c	•	3		00
4 a Capi	ital gai	n net income. See Specific Line Instructions - Trusts attach Schedule D (541)		4a	L	00
b Net	gain (le	oss) from Part II, Schedule D-1	•	46		00
		s deduction for trusts		40	;	00
5 Incom	e (or lo	oss) from partnerships, limited liability companies, or S corporations. See specific line instructions.				
Attach	Scheo	lule K-1 (565, 568, or 100S) or similar schedule	•	5		00
		ie (Schedule C)		6		00
7 Unrela	ted de	bt-financed income (Schedule D)	•	7		00
8 Investi	ment iı	ncome of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	•	8		00
9 Interes	st, Ann	uities, Royalties and Rents from controlled organizations (Schedule F)	•	9		00
10 Exploit	ted exe	empt activity income (Schedule G)	•	10		00
		ncome (Schedule H, Part III, Column A)		11		00
12 Other i	income	e. Attach schedule	•	12		00
13 Total u	unrelate	ed trade or business income. Add line 3 through line 12	•	13		00
		ctions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelate		ness i	ncome.)	
14 Compe	ensatic	on of officers, directors, and trustees from Schedule I		14		00
15 Salarie	es and	wages	•	15		00
				16		00
				17		00
				18		00
19 Taxes			•	19		00
20 Contril	bution	SEE STATEMENT 9	•	20		0 00
21 a Dep	reciatio	on (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) • 21a	00			
		eciation claimed on Schedule A 21b	00	21		00
22 Deplet	ion .			22		00
23 a Con	tributio	ons to deferred compensation plans		23a		00
b Emp	oloyee	benefit programs		23b		00
24 Other (deduct	ions		24		00
25 Total d	leducti	ons. Add line 14 through line 24		25		00
26 Unrela	ted bu	siness taxable income before allowable excess advertising costs. Subtract line 25 from line 13	•	26		00
27 Excess	s advei	tising costs (Schedule H, Part III, Column B)	•	27		00
28 Unrela	ted bu	siness taxable income before specific deduction. Subtract line 27 from line 26	•	28		00
29 Specif	ic dedı	Jction		29	1,00	0 00
30 Unrela	ted bu	siness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30		00
Sign	lo lea searc	in about your privacy rights, how we may use your information, and the consequences for not providing the requested information, h for 1131. To request this notice by mail, call 800.852.5711. r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best omplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	go to ft	b.ca.g	ov/forms and	
Here	and c	r penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the bes omplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my i	cnowie	age and bellet, it is true, con	rect,
	Sign	ature Title Date			 Telephone 	
	of of	ficer PRESIDENT		((212)482-81	13
Paid	Prep	arer's Date Check if se	lf-		• PTIN	
Preparer's		ature employed	ÞL	_	201363025	
Use Only	Firm	's name (or yours,			• FEIN	
	if sel	f-employed) HINRICHER & COUSINO LLP		— H	77-0291466	
	and a	address 3275 OLD CONEJO ROAD			• Telephone	
		THOUSAND OAKS, CA 91320			(805)496-18	83
	Мау	the FTB discuss this return with the preparer shown above? See instructions			• X Yes No	0
	Side 2	2 Form 109 2019 022 3642194				

Schedule A Cost of Goods Sold and/or Operations.

Met	hod of inventory valuation (specify)		N/A					
1	Inventory at beginning of year					1		00
	Purchases					2		00
	Cost of labor					3		00
4	a Additional IRC Section 263A costs. Attach schedule					4a		00
	b Other costs. Attach schedule					4b		00
5	Total. Add line 1 through line 4b					5		00
	Inventory at end of year					6		00
7	Cost of goods sold and/or operations. Subtract line 6 from I	line 5. Enter here and on	Side 2, Part I, line 2			7		00
	Do the rules of IRC Section 263A (with respect to property p	produced or acquired for	resale) apply to this	organiz	zation?	[Yes X No	
Sc	hedule B Tax Credits.							
1	Enter credit name	code •	• 1		00			
2	Enter credit name	code •	• 2		00			
3	Enter credit name	code •	• 3		00			
4	Total. Add line 1 through line 3. If claiming more than 3 cred	dits, enter the total of all o	laimed credits					
	on line 4. Enter here and on Side 1, line 11					4		00
Sc	hedule K Add-On Taxes or Recapture of Tax.							
1	Interest computation under the look-back method for comp	leted long-term contracts	s. Attach form FTB 38	334	•	1		00
2	Interest on tax attributable to installment: a Sales of certa	in timeshares or resident	ial lots		•	2a		00
	b Method for no	on-dealer installment obli	gations		•	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the	e disposition of intangible	es		•	3		00
4	Credit recapture. Credit name				•	4		00
						5		00
Sc	hedule R Apportionment Formula Worksheet. Use o	nly for unrelated trade or	business amounts.					
Par	t A. Standard Method - Single-Sales Factor Formula. Comp	plete this part only if the o		single				
			(a) Total within an	d	(b) Total within		(C) Percent within	
			outside Califorr	nia	California		California [(b) ÷ (a)] x 1	100
	Total Sales		•		•			
2	Apportionment percentage. Divide total sales column (b) b							
	and multiply the result by 100. Enter the result here and on						•	
Par	t B. Three Factor Formula. Complete this part only if the cor	poration uses the three-f	actor formula. (a)		(b)		(c)	
			(a) Total within an	d	Total within		Percent within	
_	-		outside Califorr	nia	California		California [(b) ÷ (a)] x	100
1	Property factor:		•		•		•	
2	Payroll factor: Wages and other compensation of employee		•		•		•	
3	Sales factor: Gross sales and/or receipts less returns and a		•		•		•	
	Total percentage: Add the percentages in column (c)							
Ð	Average apportionment percentage: Divide the factor on lin	-						
5	result here and on Form 109, Side 1, line 2. See instructions: hedule C Rental Income from Real Property and Pe		with Roal Bronarty					
	rental income from debt-financed property, use Schedule D, R&TC Sect		1 1	nization	. Soo instructions for a	voonti		
	escription of property	1011 237 0 19, Section 237 0 11, 2	and Section 2370 molga	-	nt received or accrued	1.		- 4-
1-				- Ren	it received or accrued		ercentage of rent attributable ersonal property	3 10
						+		%
						+		%
						+		%
4 C	omplete it any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income		5 Complete if any iten	I n in colu	mn 3 is more than 10%	, but no	ot more than 50%	/0
) Income includible, column	(a) Gross income repor				(c) Net income includible	
(a) L	(L	2 less column 4(a)	column 2 x column		(b) Deductions directly con with personal property	neclea	column 5(a) less colum	
							1	
							+	
							1	
Ado	Lolumns 4(b) and column 5(c) Enter here and on Side 2 P	art L line 6	1					

TURTLE CONSERVANCY

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed prop	2 Gross income	3 Deductions directly connected with or allocable to debt-financed property										
					allocable to debt-financed property		(a) Straigh	t-line dep	reciation (b) Othe		ther de	ductions
Amount of average acquisition	5 Average adj		6 Debt bas	is	7 Gross income		8 Allocab	le deduct	ions, tota	l of q Ne	et incor	ne
 indebtedness on or allocable to debt-financed property 	of or allocat debt-finance		percentage column 4	ge,	reportable, column 2 x col	umn 6	 column column 	s 3(a) and	3(b) x	(0)	r ioss) i	ncludible, ' less column 8
			column 5	5								
				%								
				%								
				%								
Tatal Enter have and an Cide O	Dout Line 7			70								
Total. Enter here and on Side 2 Schedule E Investmen			on 00701a	Contion	23701i, or Secti	on 00701						
	it income of a	ı — — — — — — — — — — — — — — — — — — —	ion 2370 ig,									Balance of investment
1 Description		2 Amount		3 conne	cted	4 column	estment incor 2 less colum	n 3 5 s	Set-aside	S	U ir	ncome, column 4 less column 5
Total. Enter here and on Side 2	, Part I, line 8											
Enter gross income from mem												
Schedule F Interest, A	nnuities, Roy	alties and Re	ents from Co	ontrolled	Organizations							
					Exempt Contro	lled Organ	nizations					
1 Name of controlled organizations			2 Employer Identification Number	n	3 Net unrelated income (loss)	4	Total of spe payments r		that the o orga	of column (4) is included in controlling nization's s income		Deductions directly connected with income in column (5)
1												
2												
3												
Nonexempt Controlled Organi	zations				•							
7 Taxable Income					8 Net unrelated income (loss)	9	9 Total of specified payments made				9) in 11 Deductions directly connected with income in column (10)	
1												
2												
3												
4 Add columns 5 and 10					•							
5 Add columns 6 and 11									•			
6 Subtract line 5 from line 4. I	Inter here and	on Side 2. P	art I, line 9									
	Exempt Activit			vertising	Income							
Description of exploited activity (a schedule if more than one unrelate is exploiting the same exempt act	ttach 2 d ed activity b vity) fr	Gross unrelated business incom- rom trade or business	B Expenses connecte productio	s directly ed with	4 Net income fro unrelated trade or business, column 2 less column 3	from is no	s income activity that t unrelated ness income	6 Expen attribu colum	table to	7 Excess exe expense, c 6 less colu but not mo column 4	olumn mn 5	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2	line 10		•		•							

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Report 1 Name of periodical	2 Gross adver	tising	3 Direct advertising		or exce	sing income ss advertising	5 Circ inco		6 Read	dership s	CO	column 5 is greater than lumn 6, enter the income
	incom	le	costs		greater comple and 7. greater enter ti Part III Do not	ff column 2 is than column 3, ete columns 5, 6, If column 3 is than column 2, ne excess in , column B(b). complete ns 5, 6, and 7.					co gri the co co En co	own in column 4, in Part III, lumn A(b). If column 5, subtract a sum of column 6 and lumn 3 from the sum of lumn 5 and column 2. ter amount in Part III, lumn A(b). If the amount ess than zero, enter -0
THE TORTOISE		0		0								
Totals												
Part II Income from Periodicals Repo	orted on	a Separate	Basis									
Part III Column A - Net Advertising	ncome				Part			Excess Adver	tising C	Costs		
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b)		nount from Part ', and amount li n 4 or 7			er "consolidate les of non-con						nt from Part I, column 4, ied in Part II, column 4
										_		
Enter total here and on Side 2, Part I, line 1			. .		Enter t	otal here and	d on Sid	e 2, Part II, lir	ie 27			
Schedule I Compensation of Offic 1 Name of Officer	ers, Dir	2 SSN or IT		3 Title				A Deveent of ti		Companyation		C Evenence concurt
		2 SSIN OF T	IN	3 114	2			4 Percent of til devoted to business	me J	Compensation attributable to unrelated busin		6 Expense account allowances
									%			
									%			
									%			
									%			
									%			
Total. Enter here and on Side 2, Part II, line		d Accesiet:	ana anly Tru			D 20055 \						
Schedule J Depreciation (Corpora 1 Group and guideline class or		Date acquired				4 Depreciatio	n	5 Method o	f	0.1.1	.	Depreciation for
description of property	2	(mm/dd/yyyy)	3 Cost o	or other b	Dasis	allowed or a allowed or a	allowable	5 computin depreciat	g	6 Life or rate	′	this year
1 Total additional first-year depreciation ((do not i	nclude in ite	ms below)					·····			<u> </u>	
2 Other depreciation: Buildings												
Furniture and fixtures												
Transportation equipment												
Machinery and other equipment												
Other (specify)												
3 Other depreciation											\perp	
4 Total											\perp	
5 Amount of depreciation claimed elsewh	nere on r	eturn									. L	
6 Balance. Subtract line 5 from line 4. En	ter here	and on Side	2, Part II, line	e 21a							.	

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CA 109	CHARITABLE CONTRIBUTIONS CARRYOVER	STATEMENT	9
DESCRIPTION		AMOUNT	
	ARITABLE CONTRIBUTIONS OM PRIOR YEAR(S) CONTRIBUTIONS	155,75 -155,75	
TOTAL INCLUDE	ED ON FORM 109, PAGE 2, LINE 20		0.

STATE OF CALIFORNIA RRF-1					DEPARTMEN				
(Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 Street		UAL REGISTRATION RENEW O ATTORNEY GENERAL OF Section 12586 and 12587, California G 11 Cal. Code Regs. section 301-307	CALIFO	RNIA	(For Registry Use Only)	FAG	ie rore		
Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	organization' minimum tax o	mit this report annually no later than four months s accounting period may result in the loss of tax of \$800, plus interest, and/or fines or filing penalti 3703; Government Code section 12586.1. IRS ext	exemption and t es. Revenue & T	the assessment of a axation Code section					
			Check if:						
TURTLE CONSERVA	NCY			ange of address ended report					
List all DBAs and names the organization									
Address (Number and Street)	D		State Cha	arity Registration Nun	nber ct 2747859				
OJAI, CA 93023 City or Town, State, and ZIP Code		URTLECONSERVANCY.	Corporatio	on or Organization N	o. 2747859				
212-353-5060	ORG		Federal E	mployer ID No. 20	-2899240				
Telephone Number	E-mail Address	RENEWAL FEE SCHEDULE (11 Cal.	Code Reg	s. sections 301-307.	311, and 312)				
		Make Check Payable to Departr	ment of Jus	tice	· · ·				
Gross Annual Revenue Less than \$25,000	Fee 0	Gross Annual Revenue Between \$100,001 and \$250,000	<u>Fee</u> \$50	Gross Annual Rev Between \$1,000,0	<u>venue</u>)01 and \$10 million	<u>Fee</u> \$15	_		
Between \$25,000 and \$100,0	00 \$25	Between \$250,001 and \$1 million	n \$75	Between \$10,000 Greater than \$50	,001 and \$50 million million	\$22 \$30			
PART A - ACTIVITIES		01/01/00	1.0	10/01/0	01.0				
For your most recent fu	Il accounting p	period (beginning $01/01/20$	19_ end	ing <u>12/31/2</u>	019_) list:				
Gross Annual Revenue\$ Program Expen		074 Noncash Contributions\$		0 Total Asse enses \$ 1	ts \$ <u>1,57'</u> ,982,420	7,1	04		
PART B - STATEMENTS REG	ARDING ORG	ANIZATION DURING THE PERIOD	of this re	PORT					
	Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page								
°						Yes	No		
any financial interest?	tion and details		eview RRF-	-1 instructions for in hsactions between the ich officer, director of	formation required.	Yes X	No		
any financial interest?2. During this reporting period	tion and details od, were there a or trustee thereo	s for each "yes" response. Please r any contracts, loans, leases or other f	eview RRF- financial trar vhich any su	-1 instructions for in hactions between the ich officer, director of SEE ST	nformation required. le organization r trustee had ATEMENT 10				
any financial interest?2. During this reporting period or funds?	tion and details od, were there a or trustee thereo od, was there ar	s for each "yes" response. Please r any contracts, loans, leases or other f of, either directly or with an entity in w	eview RRF- financial tran which any su misuse of th	1 instructions for ir nsactions between th ich officer, director of SEE ST ne organization's char	nformation required. le organization r trustee had ATEMENT 10		No X X		
 any financial interest? 2. During this reporting period or funds? 3. During this reporting period 	tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser	s for each "yes" response. Please r any contracts, loans, leases or other f of, either directly or with an entity in w ny theft, embezzlement, diversion or	eview RRF- financial trar which any su misuse of th nalty, fine or	-1 instructions for ir nsactions between th ach officer, director or SEE ST, ne organization's char judgment?	nformation required. e organization r trustee had ATEMENT 10 ritable property		x		
 any financial interest? 2. During this reporting period or funds? 3. During this reporting period 4. During this reporting period commercial coventurer us 	tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed?	s for each "yes" response. Please r any contracts, loans, leases or other f of, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per	eview RRF- financial trar which any su misuse of th nalty, fine or ndraising co	-1 instructions for ir nsactions between th ach officer, director or SEE ST, ne organization's char judgment?	nformation required. e organization r trustee had ATEMENT 10 ritable property		x x		
 any financial interest? 2. During this reporting period or funds? 3. During this reporting period 4. During this reporting period commercial coventurer us 5. During this reporting period 	tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? od, did the orga	s for each "yes" response. Please r any contracts, loans, leases or other f of, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per rvices of a commercial fundraiser, fur	eview RRF- financial trar which any su misuse of th nalty, fine or ndraising cou	-1 instructions for ir nsactions between th ach officer, director or SEE ST, ne organization's char judgment?	nformation required. e organization r trustee had ATEMENT 10 ritable property		x x x		
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 any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer us 5. During this reporting period 6. During this reporting period 6. During this reporting period 7. Does the organization cord generally accepted account 	tion and details bd, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? od, did the organ od, did the organ od, did the organ nduct a vehicle luct an indepen inting principles	s for each "yes" response. Please r any contracts, loans, leases or other f of, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per rvices of a commercial fundraiser, fur nization receive any governmental fundraiser, fur nization hold a raffle for charitable pun donation program? dent audit and prepare audited finant	eview RRF- financial trar which any su misuse of th nalty, fine or ndraising cou anding? urposes?	-1 instructions for ir insactions between the ich officer, director of SEE ST. ne organization's char- judgment? unsel for charitable p	iformation required. le organization r trustee had ATEMENT 10 ritable property urposes, or ith	X	x x x x x x		
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 any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer us 5. During this reporting period 6. During this reporting period 6. During this reporting period 7. Does the organization condition generally accepted accouding generally accepted accouding 9. At the end of this reporting period 	tion and details bod, were there a or trustee there of bod, was there ar bod, was there ar bod, were any org bod, were the ser bod, did the organ bod, did the organ bod	s for each "yes" response. Please r any contracts, loans, leases or other f of, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per rvices of a commercial fundraiser, fur nization receive any governmental fundraiser, fur nization hold a raffle for charitable pundonation program? dent audit and prepare audited finants for this reporting period? te organization hold restricted net ass e examined this report, including a	eview RRF- financial trar which any su misuse of th nalty, fine or ndraising cou anding? urposes? acial stateme sets, while re ccompanyi ign.	-1 instructions for ir insactions between the insactions between the SEE ST. ine organization's char- judgment? unsel for charitable p ents in accordance w eporting negative unit	iformation required. le organization r trustee had ATEMENT 10 ritable property urposes, or ith restricted net assets?	x 	x x x x x x x x x		

CA RRF-1	EXPLANATION OF	FINANCIAL	TRANSACTIONS	STATEMENT	10
	PAR	T B, LINE	1		

THE TURTLE CONSERVANCY LEASES THE PROPERTY IT USES FOR THE BEHLER CHELONIAN CENTER 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. (Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instr	ructions.		Taxpaye	ridentificati	on number (TIN)	
print					~ ~ ~ ~		
File by the	TURTLE CONSERVANCY					399240	
due date filing your return. Se	ate for Number, street, and room or suite no. If a P.O. box, see instructions.						
instruction		foreign add	ress, see instructions.				
Enter th	ne Return Code for the return that this application is for (file a separa	te application for each return)				
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above) LYNN RIMKUS	06	Form 8870			12	
 If the If this box I I I the the	request an automatic 6-month extension of time until ne organization named above. The extension is for the or ▶ I calendar year 2019 or ▶ I tax year beginning The tax year entered in line 1 is for less than 12 months, I change in accounting period	t Group Exe and atta NOVEI ganization's , an check reas	emption Number (GEN) I ch a list with the names and TINs of MBER 16, 2020 , to file s return for: d ending on: Initial return	f this is fo all memb	r the whole ers the extension opt organiza	group, check this	
	this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less			0.	
_	ny nonrefundable credits. See instructions.	0		3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 606					0.	
_	stimated tax payments made. Include any prior year ove			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your p	-		0	•	0.	
	sing EFTPS (Electronic Federal Tax Payment System). So			<u>3c</u>	\$		
instruct	n: If you are going to make an electronic funds withdrawa cions.	ai (direct de	dit) with this form 8868, see form 8	453-EU ai	na Form 88	19-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instr	uctions.		Form	8868 (Rev. 1-2020)	

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Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

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.



AI	or th	e 2019 calendar year, or tax year beginning and	ending		
Ba	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	ge Doing business as		20-28992	40
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final			212-353-	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,898,458.
	Amer	1 ODAL, CA 93023		H(a) Is this a group re	
	Appli tion pend			for subordinates	
	-	¹ 1/94 MCNELL ROAD, OJAL, CA 93023		H(b) Are all subordinates in	
		tempt status: $X 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1) ()$	or 🛄 527	1	list. (see instructions)
		te: WWW.TURTLECONSERVANCY.ORG	1	H(c) Group exemption	-
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2005	State of legal domicile: CA
Pa	1	Summary			TON OF
e	1	Briefly describe the organization's mission or most significant activities: PROT THREATENED TURTLES AND TORTOISES AND THE	TD UND	TTATC	
Governance		Check this box Check this box			vo oto
ver	2	······································		1.1	15 sets.
	4	Number of independent voting members of the governing body (Part VI, line 1a)			14
s S	-	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		····· - +	19
Activities &	6	Total number of volunteers (estimate if necessary)			27
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			1,750.
٩		Net unrelated business taxable income from Form 990-T, line 39			675.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,404,554.	1,729,598.
Revenue	9	Program service revenue (Part VIII, line 2g)		102,606.	99,188.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		197.	267.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		347,698.	22,521.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,855,055.	1,851,574.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		185,704.	259,459. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		655,674.	770,078.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0,074	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	49.	•••	0.
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		968,355.	952,883.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,809,733.	1,982,420.
	19	Revenue less expenses. Subtract line 18 from line 12		45,322.	-130,846.
or				ginning of Current Year	End of Year
Assets - Balanc		Total assets (Part X, line 16)		1,694,272.	1,577,104.
~~		Total liabilities (Part X, line 26)		166,340.	180,018.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		1,527,932.	1,397,086.
Pa	art II				

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

	O'mentance of officers						
Sign	Signature of officer		Da	le			
Here	ERIC GOODE, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	BRIAN COUSINO			self-employed P01363025			
Preparer	Firm's name HINRICHER & COUS		Firi	n's EIN ▶ 77-0291466			
Use Only	Firm's address 3275 OLD CONEJO	ROAD					
	THOUSAND OAKS, C	A 91320	Ph	one no. (805)496-1883			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	12001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

Form	1990 (2019) TURTLE CONSERVANCY 20	-2899240	Page
	rt III Statement of Program Service Accomplishments		
	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 THREATEN	השמוזש כום	ΨC
	AND TORTOISES AND THEIR HABITATS WORLDWIDE, AND TO PROMOTI		
	AND TORTOISES AND THEIR HABITATS WORLDWIDE, AND TO PROMOTE APPRECIATION BY PEOPLE.	NG INEIK	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s X
	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?	Ye	s X
4	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 meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.	e total expenses	5, апо
4a	(Code:) (Expenses \$ 1,007,262. including grants of \$) (Revenue \$	16	,383
		TURTLE	
	CONSERVANCY BREEDS MORE CRITICALLY ENDANGERED TURTLES AND	TORTOISE	S IN
	TERMS OF COMBINED SPECIES AND NUMBERS THAN ANY OTHER INSTI-	TUTION I	N TH
	WORLD. WE MANAGE 16 OF THE WORLD'S 40 MOST ENDANGERED SPEC		
	522 ANIMALS FROM 41 TAXA. DURING 2019 WE HATCHED 122 ENDANG		
	AND TORTOISES. THE CENTER CREATES A LONG-TERM PLAN FOR EAC		
	THAT WE BREED AND DEFINES THE DESIRED OUTCOME IN TERMS OF		
	NEED FOR REPATRIATION, REINTRODUCTION, OR OTHER CONSERVATION	ON NEEDS	•
	(Code:) (Expenses \$ 205,970. including grants of \$) (Revenue \$		
4b	(Code:) (Expenses \$ 205,970 · including grants of \$) (Revenue \$) (Reve	: TO INS	PTRI
	CONSERVATION AWARENESS AND ACTION TO SAVE THE WORLD'S TURT		
	TORTOISES, THE TURTLE CONSERVANCY USED A NUMBER OF DIFFERE		ACHI
	DURING 2019		
		TTING ED	GE
	CONSERVATION MAGAZINE BRINGING ADDITIONAL AWARENESS TO AN	EVER	
	INCREASING GLOBAL AUDIENCE		
	(2) GLOBAL MEDIA CAMPAIGN THROUGH PUBLIC SERVICE ANNOUNCEM	ENTS AND	
	DOCUMENTARIES		
	(3) SOCIAL MEDIA - THIS PROGRAM REACHES PEOPLE AROUND THE		
	177,880 FOLLOWERS ON FACEBOOK, 20,600 FOLLOWERS ON TWITTER	AND 126	,000
	FOLLOWERS ON INSTAGRAM.		
4c			
	BOLSON TORTOISE PROGRAM: IN 2016 THE TC AND HABIO AC (MEXI		
	NON-PROFIT) COLLABORATED TO CREATE A 43,540 ACRE PRESERVE DE MAPIMI IN THE CHICHUHUAN DESERT OF NORTHERN MEXICO. THI		
	REMAINING HABITAT OF THE BOLSON TORTOISE. DURING 2018 THE		LA
	CONSERVANCY FOCUSED ON CREATING A MANAGEMENT PLAN FOR THE		
	FUTURE EXPANSION OF THE PRESERVE AND THE DEVELOPMENT OF LO		
		CHI DIM	T TIA
4d	Other program services (Describe on Schedule O.)	0 A F	
		,805.)	
4e	Total program service expenses ► 1,659,947.	Form	990 (2
3200:	2 01-20-20	1 UIII	200 (2
01	216 784003 10050 2019.04030 TURTLE CONSERVANCY	100)50_

 Form 990 (2019)
 TURTLE
 CONSERVANCY

 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)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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			
	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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		х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	л	
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	13		
15	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
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		x
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
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
932003	3 01-20-20	⊢orm	330	(2019)

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2019.04030 TURTLE CONSERVANCY

	Form 990 (2	2019)	TURTLE	CONSERVANCY
ĺ	Part IV	Checklist of	f Required Sc	hedules (continued)

TURTLE CONSERVANCY

			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	20		
	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		
	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		
	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		X
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		37	
	"Yes," complete Schedule L, Part IV	28c	Х	37
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			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
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	
35a	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
03300	(gambling) winnings to prize winners?			(2019)
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2019)	TURTLE	CONSERVANCY	
Statements	Regarding C	other IRS Filings a	Ind Tax Compliance (continued)

Form 990 (2019)

			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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		Х
	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 organization solicit			
	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 contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	^	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
ام	to file Form 8282?	7c		л
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file of one of a strength of the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	16		х
	excess parachute payment(s) during the year?	15		- 22
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 23
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

Form 990 (2	2019)
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TURTLE CONSERVANCY

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			Χ
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 1a 15			
	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	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		X
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		X
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	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? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	120		
C	in Schedule O how this was done	12c	х	
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 $\blacktriangleright CA$			
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, an	d finar	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 ►			
	1794 MCNELL ROAD, OJAI, CA 93023			
022000	3 01-20-20	Form	990	(2019)
3 32000	5 01-20-20			(2013)

2019.04030 TURTLE CONSERVANCY

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week		cer an	u a u	recio	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) ERIC GOODE	40.00									
PRESIDENT		х		Х				0.	0.	0.
(2) MATTHEW FRANKEL	10.00									
TREASURER		Х		Х				0.	0.	0.
(3) MAURICE RODRIGUES	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) GREGORY GEORGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) CULLEN GEISELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JOHN MITCHELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) RUSSELL MITTERMEIER	1.00									_
BOARD MEMBER		X						0.	0.	0.
(8) ANDERS RHODIN	1.00									_
CHAIRMAN		X		X				0.	0.	0.
(9) RICK RIDGEWAY	1.00									_
BOARD MEMBER		X						0.	0.	0.
(10) JULIAN SANDS	1.00									_
BOARD MEMBER		х						0.	0.	0.
(11) CRAIG STANDFORD	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) FISHER STEVENS	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) MICHAEL ZILKHA	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) SIBILLE HART PRITCHARD	1.00									•
BOARD MEMBER		X						0.	0.	0.
(15) MARTIN DIECK	1.00									•
BOARD MEMBER		X						0.	0.	0.
		<u> </u>				<u> </u>				
		-								

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Form 990 (2019)

	990 (2019) TURTLE CC									20-28	399	240	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Em (B) Average hours per week	ge (C) Position (do not check more than one box, unless person is both an				than o	one 1 an	(D) (E) Reportable Reportable compensation from from related			an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa rom the anizati d relate anizatio	e ion ed
1b	Subtotal							•	0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		· · · · · · · ·	· · · · · · · ·		 		0.0.		0. 0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wh	io r	eceived more than \$100	1,000 of reportabl	e		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-		-	•	-		Ŭ	phest compensated emp	2		3	100	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le cc " <i>coi</i>	ompe mple	ensa ete S	ation Sche	n and edule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors	•							•			5		х
1	Complete this table for your five highest cor the organization. Report compensation for t										pens	ation 1	from	
	(A) Name and business			ONE					(B) Description of s		С	(C ompe	C) nsatio	n
								_						
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (se lis)	stec	above) who received n	nore than				
												Form	990 (2	2019)

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		Check if Schedule O	CONT	ams a respo	iise	or note to any lin	//////////////////////////////////////	(R)		L
							(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue exclud
							Total revenue	function revenue	business revenue	from tax unde
										sections 512 - S
1	а	Federated campaigns		1a						
	b	Membership dues		1b		60,291.				
		Fundraising events								
		Related organizations								
		Government grants (conti								
		All other contributions, gifts,								
		similar amounts not included		re 1 f	1	669,307.				
	~									
	•	Noncash contributions included in					1,729,598.			
	n	Total. Add lines 1a-1f					1,125,550.			
			סקק			Business Code	51,384.	51,384.		
2		MEMBERSHIP FE				713990				
		ANIMAL ADOPTI	LON	S		713990	31,421.	31,421.		
	С	OJAI TOURS				713990	16,383.	16,383.		
	d									
2	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				►	99,188.			
3		Investment income (inclue								
		other similar amounts)	-				267.			26
4		Income from investment of								
5		Royalties			•	· · · ·				
ľ				(i) Real		(ii) Personal				
6	-	Gross rents	6a			(
ا			6b	13,81						
		Less: rental expenses	6c	30,74						
		Rental income or (loss)		50,74	• • •		30,740.			30,74
		Net rental income or (loss	s) <u></u>	(1) 0 11			30,740.			30,74
7	a	Gross amount from sales of		(i) Securit	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses								
	с	Gain or (loss)	7c							
	d	Net gain or (loss)				►				
8	а	Gross income from fundraisi	ng ev	ents (not						
		including \$	-	of						
		contributions reported on	line							
		Part IV, line 18		-	8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from								
				-		····· ►				
9	а	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
1		Net income or (loss) from	-	-	s <u></u>	🕨				
10	а	Gross sales of inventory,								
		and allowances			10a	15,182.				
	b	Less: cost of goods sold			10b	33,074.				
	с	Net income or (loss) from	sales	s of invento	<u>у</u>)	-17,892.			-17,89
						Business Code				
11	а	INSURANCE PAY	ZOU	т		713990	7,923.			7,92
		ADVERTISING				541800	1,750.		1,750.	
11	c						_,			
		All other revenue								
		All other revenue					9,673.			
1	е	Total. Add lines 11a-11d		<u></u>		····· P	<u>9,873.</u> 1,851,574.	99,188.	1,750.	21,03
12		Total revenue. See instruction								

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TURTLE CONSERVANCY

Form 990 (2019) TURTLE (Part VIII Statement of Revenue

TURTLE CONSERVANCY

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 Schedu	le O contains a respons	e or note to any line in	this Part IX		
Do not include amounts reporte		(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.			expenses	general expenses	expenses
1 Grants and other assistance to and domestic governments. S	-	184,459.	184,459.		
2 Grants and other assistant individuals. See Part IV, lin					
3 Grants and other assistand					
organizations, foreign gove	ernments, and foreign				
individuals. See Part IV, lin	es 15 and 16	75,000.	75,000.		
4 Benefits paid to or for men	nbers				
5 Compensation of current of					
trustees, and key employe					
6 Compensation not included at					
persons (as defined under sec					
persons described in section 4		688,928.	532,397.	82,882.	73,649.
7 Other salaries and wages 9 Page on plan accruals and cor		000,920.	556,557.	04,004.	13,049.
8 Pension plan accruals and cor section 401(k) and 403(b) em					
9 Other employee benefits		21,300.	17,301.	2,384.	1,615.
10 Payroll taxes		59,850.	46,534.	7,229.	6,087.
11 Fees for services (nonemp		,	- ,	, <u> </u>	
a Management					
b Legal		14,184.	7,259.	6,925.	
c Accounting		59,656.	30,425.	24,459.	4,772.
d Lobbying					
e Professional fundraising servi	ces. See Part IV, line 17				
f Investment management f					
g Other. (If line 11g amount ex		6 9 5 9	0 684	0 0 7 0	1 000
column (A) amount, list line 1		6,273.	2,674.	2,373.	1,226. 8,884.
12 Advertising and promotion		19,938. 49,130.	10,747. 23,665.	9,556.	15,909.
13 Office expenses		10,141.	4,082.	1,696.	4,363.
14 Information technology		10,141.	4,002.	1,090.	4,303.
15 Royalties		253,180.	247,656.	5,524.	
16 Occupancy 17 Travel		64,988.	42,791.	22,197.	
17 Travel18 Payments of travel or enter		01/5001	1277910		
for any federal, state, or lo	· ·				
19 Conferences, conventions	· · –	14,317.	7,172.	7,145.	
aa 1.1 1					
21 Payments to affiliates					
22 Depreciation, depletion, an		90,511.	88,650.	1,861.	
		3,647.		3,647.	
24 Other expenses. Itemize exper above (List miscellaneous exp line 24e amount exceeds 10% amount, list line 24e expenses	enses on line 24e. If of line 25, column (A)				
a PROGRAM EXPEN	SES	77,678.	77,678.		
b MEMBERSHIP EX		75,355.	71,254.		4,101.
c GLOBAL EDUCAT		73,497.	67,212.	357.	5,928.
d REPAIRS AND M	AINTENANCE	52,475.	51,317.	997.	161.
e All other expenses		87,913.	71,674.	11,385.	4,854.
25 Total functional expenses. Ad	-	1,982,420.	1,659,947.	190,924.	131,549.
26 Joint costs. Complete this line	, ,				
reported in column (B) joint co					
educational campaign and fun	-				
Check here if following	SOP 98-2 (ASC 958-720)				Form 990 (2019

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Form **990** (2019)

Form 990 (2019)

Part X Balance Sheet

TURTLE CONSERVANCY

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

		Check in Schedule O contains a response of hol			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			611,346.	1	608,091.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net			13,535.	3	15,476.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			79,410.	8	46,304.
Ä	9	B			18,318.	9	19,338.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,430,845.			
	b	Less: accumulated depreciation		1,430,845. 667,963.	839,546.	10c	762,882.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	988.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			129,890.	14	123,254.
	15	Other assets. See Part IV, line 11			2,227.	15	771.
	16	Total assets. Add lines 1 through 15 (must equ			1,694,272.	16	1,577,104.
	17	Accounts payable and accrued expenses			111,347.	17	124,137.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or forn	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of thes	se perso	ons	54,993.	22	55,881.
-	23	Secured mortgages and notes payable to unrela	ated thir	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X			
		of Schedule D			1.6.6 0.4.0	25	100 010
	26	Total liabilities. Add lines 17 through 25			166,340.	26	180,018.
ş		Organizations that follow FASB ASC 958, che	ck here				
nce		and complete lines 27, 28, 32, and 33.			000 000		004 700
ala	27	Net assets without donor restrictions	899,089.	27	994,702.		
dВ	28	Net assets with donor restrictions			628,843.	28	402,384.
'n		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
orF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
et ⊿	31	Retained earnings, endowment, accumulated in			1,527,932.	31	1 207 006
ž	32	Total net assets or fund balances			1,694,272.	32	1,397,086. 1,577,104.
	33	Total liabilities and net assets/fund balances			1,074,4/4.	33	<u> </u>

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Form **990** (2019)

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	1990 (2019) TURTLE CONSERVANCY	20-28	99240	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,851		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,982		
3	Revenue less expenses. Subtract line 2 from line 1	3	-130		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,527	', 9:	32.
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	1,397	',08	86.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			/		

Form **990** (2019)

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SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ	1
1		000	U 1		۰,

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
2019
Open to Public Inspection

Name of the o	organization
---------------	--------------

	Employer	identification number
	2	0-2899240
ction	S.	

		TURT	LE CONSERV	ANCY				2	0-2899240
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions	s.	
The	organ	ization is not a private found	dation because it is: (For lines 1 through 12. c	heck only	one box.)			
1		A church, convention of ch			-				
2		A school described in sect					•,,,•,,,•,•		
3	H	A hospital or a cooperative)		
	H							VIII) Entor	the beenitel's name
4		A medical research organiz	ation operated in co	njunction with a nospital	described	a in sectio	A)(1)(d)(1)(A)	(III). Enter	the nospital's hame,
_		city, and state:							
5		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). (C	• •						
6		A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org				ed in conju	unction with a	land-grant	college
		or university or a non-land-							
		university:	99			,	,,		,:
10		An organization that norma	ully receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons members	hin foos	and gross receipts from
10		activities related to its exen							
									-
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con							
11	\square	An organization organized a		•	•				_
12		An organization organized a	-	•	-			-	
		more publicly supported or							Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and com	nplete lines	s 12e, 12f, and	։ 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), 1	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	n majority o	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sur	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte			in connec	tion with.	and functiona	llv integrat	ed with.
		its supported organizatio						, ,	,
d		Type III non-functionally						ted organ	ization(s)
		that is not functionally int						-	
		requirement (see instruct	с С	c ,	•		•	anattoni	
		7							
е		Check this box if the orga					а туре ї, туре	n, rype m	
	- .	functionally integrated, or	• •						
t		er the number of supported of							
<u> </u>		vide the following information i) Name of supported	n about the supporte (ii) EIN		(iv) Is the orga	nization listed	(u) Amount of	monoton	(vi) Amount of other
	(organization		(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See in		
						1			
			1			1			1

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 TURTLE CONSERVANCY

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2158911.	2533630.	1604231.	1404554.	1729598.	9430924.	
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	2158911.	2533630.	1604231.	1404554.	1729598.	9430924.	
	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)						3705690.	
e							5725234.	
	Public support. Subtract line 5 from line 4.						5725254.	
	ndar year (or fiscal year beginning in)	(a) 2015	(1) 2016	(a) 2017	(4) 2019	(a) 2010		
		(a)2015 2158911.	(b) 2016 2533630.	(c)2017 1604231.	(d) 2018 1404554.	(e) 2019 1729598.	(f) Total 9430924 •	
	Amounts from line 4	2130711.	2555050.	1004251.	1404004.	1725550.	J450524•	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	10 607	115 010	111 010	100 107	11 017	470 652	
_	and income from similar sources	48,687.	115,842.	141,819.	128,487.	44,817.	479,652.	
9	Net income from unrelated business							
	activities, whether or not the			10 506	1 500	620	10 740	
	business is regularly carried on			10,526.	1,592.	630.	12,748.	
10	Other income. Do not include gain							
	or loss from the sale of capital			10 000		0 6 7 0		
	assets (Explain in Part VI.)		10,756.	19,980.	287,154.	9,673.	327,563.	
11	Total support. Add lines 7 through 10						10250887.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stop						>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	55.85 %	
	Public support percentage from 2018					15	54.52 %	
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2018. If the c							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"				-	-		
b	10% -facts-and-circumstances tes	-	-					
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organizatio							
				a, 100, 17a, 01 17k				

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 TURTLE CONSERVANCY

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

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(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization?	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) org	anization,
)
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2018. If the	•					
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization			•		0	
	23 09-25-19	- did fiot offect a					990 or 990-EZ) 2019
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10050__2

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Yes

No

Part IV Supporting Organizations

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

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			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 supported organization,			
	describe how the powers to appoint and/or remove 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	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	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	_		
' a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	5)	
2	Activities Test. Answer (a) and (b) below.	aotion	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
5	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	Oh		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise 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.	3b		0040
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Schedule A (Form 990 or 990-EZ) 2019 TURTLE CONSERVANCY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must 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		
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 1-1/2% 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 .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 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	y integrat	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
C	From 2016						
d	From 2017						
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
-	Excess from 2017						
	Excess from 2018						
e	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 TURTLE CONSERVANCY

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
932028 09-25-	19 Schedule A (Form 990 or 990-EZ) 2019

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2019

Employer identification number

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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

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

Special Rules

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

TURTLE CONSERVANCY

20-2899240

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,094,551. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 20,223. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 48,800. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 95,475. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

- -

TURTLE CONSERVANCY

20-2899240

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$11,000.	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
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		\$20,000.	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
<u>10</u>		\$ <u>30,000</u> .	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,500.	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
12		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.04030 TURTLE CONSERVANCY

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

TURTLE CONSERVANCY

Employer identification number

20-2899240

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 14 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 7,100. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 6,250. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

2019.04030 TURTLE CONSERVANCY

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Part I

(a)

Employer identification number

(d)

20-2899240

(c)

TURTLE CONSERVANCY

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>19</u>		\$10,475.	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
20		\$10,000.	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
<u>21</u>		\$25,000.	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

2019.04030 TURTLE CONSERVANCY

Schedule B (Form 990	, 990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

TURTLE CONSERVANCY

20 - 2899240

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

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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lame of or	rganization		Employer identification nur
URTLI	E CONSERVANCY		20-2899240
Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (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 of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(ạ) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	 t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
-	Transferee's name, address, a	nd 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 gif	 t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-06	6-19		Schedule B (Form 990, 990-EZ, or 990-PF)

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2019.04030 TURTLE CONSERVANCY

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.



Nam	e of the organization TURTLE CONSERVANCY				Em	ployer identifi 20-28		
Pa		d Funds or Oth	er S	Similar Funds o	or Accou			
	organization answered "Yes" on Form 990, Part IV, lin							•
	5	(a) Donor ad	vise	d funds	(b) Fur	nds and other	accou	nts
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 v	writing that the asse	ts he	ld in donor advised	l funds			
-	are the organization's property, subject to the organization's	-				Y	es	
6	Did the organization inform all grantees, donors, and donor a					······································		
-	for charitable purposes and not for the benefit of the donor o							
	impermissible private benefit?	-			•		es	🗌 No
Pa								
1	Purpose(s) of conservation easements held by the organizati			,	,			
•	Preservation of land for public use (for example, recrea		[[Preservation of a	historically	important lan	d area	1
	Protection of natural habitat			Preservation of a	-	=		
	Preservation of open space						0	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntrih	ution in the form of	a conserv	ation easemen	nt on t	he last
-	day of the tax year.	ica conscivation co				Held at the En		
а	Total number of conservation easements				2a	nord at the En		
a h								
c	Number of conservation easements on a certified historic stru	ucturo includod in (a						
d	Number of conservation easements included in (c) acquired a							
u					2d			
3	listed in the National Register Number of conservation easements modified, transferred, rel					l n during the ta		
5	year	eased, extinguished	, 01 1	erminated by the c	iganizatio			
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per			ion handling of				
5	violations, and enforcement of the conservation easements it						es	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,							
U		nandling of violation	13, ai		valion cas		guiej	cai
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations an	d on	forcing conservatio	n ascama	nte durina the	voar	
'	s	ang of violations, an	u en	forcing conservatio	in caseine	nts during the	year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the require	mon	ts of section 170(h)	(A)(B)(i)			
0							es	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation						-3	
9	balance sheet, and include, if applicable, the text of the footr							
	organization's accounting for conservation easements.	iote to the organizat	1011 3	iniancial statemen	its that ue:	scribes the		
Pa	t III Organizations Maintaining Collections of	f Art. Historical	Tre	asures, or Oth	er Simi	ar Assets		
	Complete if the organization answered "Yes" on Form							
12	If the organization elected, as permitted under FASB ASC 95		rov	nuo statomont an	d balanco	shoot works		
Ia		•						
	of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar					Public		
h						at works of		
u	If the organization elected, as permitted under FASB ASC 95							
	art, historical treasures, or other similar assets held for public		л, O	research in furthe	ance or pr	UDIIC SELVICE,		
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1					¢		

b

932051 10-02-19

Sche	dule D (Form 990) 2019 TURTLE	CONSERVANC	Y					20-28	9924	0 Ра	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🛄 ı	oan or exc	hange progr	am					
b	Scholarly research	e	. [] (Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	he organizat	ion's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er simila	r assets	_	-		-
	to be sold to raise funds rather than to be m		<u> </u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, oi	•	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Or	Ending balance								N		
	Did the organization include an amount on F							L	Yes		J No]
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
I ui		(a) Current year		rior year	(c) Two yea			ears hack	(e) Fou	veare	hack
10	Beginning of year balance	(a) Current year	(0) -	nor year	(C) 1 WO yea	13 Dack	(u) mees		(e) i oui	ycars	Dack
ia b	Contributions										
c c	Net investment earnings, gains, and losses										
о Ь	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	ce (line 1)	a. column (a	a)) held as:	I					
а	Board designated or quasi-endowment	,	%								
b	Permanent endowment	%									
		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for t	he organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	', line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulate preciation	ed	(d) Boo	k value	Э
1a	Land										
b	Buildings									_	
	Leasehold improvements				5,763.		456,9			8,8	
d	Equipment			28	5,082.		211,0	22.	7	4,0	60.
	Other										
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)				76	2,8	82.

Schedule D (Form 990) 2019

932052 10-02-19

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	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 end-of-year market value
(1)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of end-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 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 "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	•
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 TURTLE CONSERVANCY			20-	2899240 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,865,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		13,810.		
е	Add lines 2a through 2d			2e	13,810.
3	Subtract line 2e from line 1			3	1,851,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,851,574.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	າ Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	1,996,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		13,810.		
е					12 010
	Add lines 2a through 2d			2e	13,810.
3				2e 3	1,982,420.
3 4	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
3 4 a	Subtract line 2e from line 1				
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			1,982,420.
4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		3	1,982,420.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b		3 4c	1,982,420.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE

932054 10-02-19

Schedule D (Form 990) 2019

13,810.

13,810.

Department of the Treasury Internal Revenue Service	Go to v	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the lates	t information.		Open to Public Inspection
Name of the organization		- · ·			Employer ic	lentification number
TURTLE CONSERVA	ANCY				20-289	9240
		ctivities Ou	tside the United States. Compl	ete if the orgar		
Form 990, Part I	,					
-	-		ds to substantiate the amount of its gr the selection criteria used to award the			Yes X No
United States.		-	procedures for monitoring the use of it	-	ther assistanc	e outside the
· · · · · · · · · · · · · · · · · · ·			an be duplicated if additional space is	· · · · · · · · · · · · · · · · · · ·	uituu lietteeliis (el	
(a) Region	(b) Number of offices in the region	(C) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type (s) in the regio	expenditures for and investments
				TRAVEL & PF	OTECT	
NORTH AMERICA	0		PROGRAM SERVICES	PLANNING	CODEC I	31,854.
SUB-SAHARAN AFRICA	0		PROJECT SERVICES	PROJECT EXI	PENSES	40,579.
				GRANT FOR I	LOCAL	
SUB-SAHARAN AFRICA	0		GRANTMAKING	NON-PROFIT		28,000.
EAST ASIA AND THE						
PACIFIC	0		PROGRAM SERVICES	PROJECT EXI	PENSES	5,623.
EAST ASIA AND THE PACIFIC	0		GRANTMAKING	GRANT FOR I NON-PROFIT	LOCAL	75,000.
SOUTH AMERICA	0		PROGRAM SERVICES	PROJECT EXI	PENSES	6,917.
3 a Subtotal	0	0				187,973.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				187,973.

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.

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

Open to Public

932071 10-12-19

SCHEDULE F

(Form 990)

TURTLE CONSERVANCY

Page 2

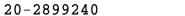
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)		
		SUB-SAHARAN AFRICA	OPERATING OF LAND PRESERVE	28,000.		0.				
		AUSSIE ARK	TO ASSIST WITH THE MANNING RIVER TURTLE PROJECT	75,000.		0.				
by the IRS, or for whic	 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities 									

Schedule F (Form 990) 2019

TURTLE CONSERVANCY 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		(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)
	1	1				Schedu	ule F (Form 990) 2019



Page 3

Schedule F (Form 990) 2019

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

Part V Supplemental Information	10-2099240 Page 5
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting r investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); a	ind Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional informatio	n. See instructions.
PART I, LINE 2:	
REQUIRE REGULAR REPORTING DURING GRANT PERIOD - INTERIM AND	FINAL.
REQUIRE REPORTING AGAINST BUDGET CONTAINED WITH GRANT APPLIC	CATION.
RESTRICTIONS ON EXPENDITURE IF OUTSIDE SCOPE OF BUDGET AND G	RANT.
PART I, LINE 3:	
ACCRUALS	
932075 10-12-19	Schedule F (Form 990) 201

TURTLE CONSERVANCY

Schedule F (Form 990) 2019

20 - 2899240

Page 5

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ii	Attach to For rs.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization TURTLE CC	NSERVANC	Z					Employer identification number $20 - 2899240$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro- 	stance?						tion Yes X No
Part II Grants and Other Assistance to					anization answered "א	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TURNER CONSERVATION TRUST 1123 RESEARCH DRIVE BOZEMAN, MT 59718	47-3768643	501C3	10,000.	0.			PROVIDE SUPPORT FOR THE CRITICAL CONSERVATION OF TURTLES WORLDWIDE.
RAINFOREST TRUST 7078 AIRLIE ROAD WARRENTON, VA 20187	13-3500609	501C3	112,500.	0.			SUPPORT FOR LAND PURCHASE FOR BOLSON TORTOISE IN MEXICO
THE TERRAPIN NESTING PROJECT 2910 MADISON AVENUE ARLINGTON, PA 19001	83-3497456	501C3	2,500.	0.			SUPPORT THE ORGANIZATION'S MISSION TO PROTECT THE DIAMOND BACK TERRAPIN, THEIR NESTS,
GLOBAL WILDLIFE CONSERVATION PO BOX 129 AUSTIN, TX 78767	26-2887967	501C3	20,000.	0.			SUPPORT CRITICAL CONSERVATION OF TURTLES WORLDWIDE.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							└───── ▶ ─────

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

TURTLE CONSERVANCY

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE TERRAPIN NESTING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE ORGANIZATION'S MISSION

TO PROTECT THE DIAMOND BACK TERRAPIN, THEIR NESTS, AND HATCHLINGS ON LONG

BEACH ISLAND AND THE SURROUNDING AREAS.

SCHEDU		Т	ransaction	ıs V	Vith	Inte	erested	Pe	ersons			ON	/IB No.	1545-00)47	
(Form 990 o	r 990-EZ) ▶ C		e organization ans 28b, or 28c, o	swere	d "Yes	s" on Fe	orm 990, Par	't IV, I	ine 25a, 25b, 2	26, 27	, 28a,		20	19)	
Department of the	Treasury		Atta	ch to	Form	990 or	Form 990-EZ	Ζ.				-	oen T		lic	
Internal Revenue S		Go t	to www.irs.gov/Fo	rm99	0 for ii	nstruct	ions and the	lates	st information				spect			
Name of the o	-			v								ridenti 992		on nu	mber	
Part I			CONSERVANC ctions (section 50			tion 501	(c)(4) and so	oction	501(c)(20) or a				40			
			nswered "Yes" on I													
1	•	(t) Relationship betv				110 204 01 201	<u>, or i</u>	0111 330-LZ, 1	ar v,		50.	(d) Correc			
• (a) Name	of disqualified p	erson	person and or				(c	c) Des	scription of trar	nsactio	n			es	No	
													_			
													_			
2 Entor th	amount of tax i	ncurrod by th	e organization man	agore	or dis	qualifiq	d porsons du	rina t	ho voar undor							
section 4		•	e organization man	Ũ		•	•	Ũ			► \$					
			2, above, reimburs								\$					
						0										
Part II	Loans to and	l/or From I	Interested Pers	sons	.											
		•	nswered "Yes" on I			Z, Part V	/, line 38a or F	Form	990, Part IV, lir	ne 26;	or if th	ne orga	inizati	on		
			990, Part X, line 5, 6		2. Dan to or					1 .		(h) Ap	proved		1	
	lame of ted person	(b) Relationsh with organizati		fron	n the		Original pal amount	(f)	Balance due		bý bó			Approved board or mmittee?		
		und or gamma	oriouri		ization? From	· ·							00111111110001			
MCNELL	PROPERTI	ENTITY	OUTSTAND		From		55,881.		55,881.	res	X	res	X	Yes	No X	
Total							▶\$		55,881.							
	Grants or As	sistance B	Benefiting Inter	este	d Pe	rsons										
	Complete if the o	organization a	nswered "Yes" on I	Form §	990, Pa	art IV, li	ne 27.									
	ne of interested p		(b) Relationship				Amount of		(d) Type	of		(e)) Purp	ose o	f	
			interested pers the organiza		d	6	assistance		assistar	ice		á	assista	ance		
			the organiza	ation												
								-+								
								\rightarrow			-+					
								+			-+					
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								\neg								
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LHA For Pa	perwork Reduct	ion Act Notic	e, see the Instruc	tions	for Fo	rm 990	or 990-EZ.		Sch	edule	L (Fo	rm 990) or 99	90-EZ) 2019	

SEE PART V FOR CONTINUATIONS

932131 10-21-19

14501216 784003 10050

Schedule L	(Form	990 or	990-EZ)	2019	TURTI	ĿĽ	CON	SERVAN	CY

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		ship betwee and the orga			(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
							Yes	No
MCNELL PROPERTIES	ENTITY	OWNED	ΒY	ERI	132,000.	RENTAL OF I	2	Х

Part V 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

(C) PURPOSE OF LOAN: OUTSTANDING LIABILITY

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MCNELL PROPERTIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY OWNED BY ERIC GOODE

(D) DESCRIPTION OF TRANSACTION: RENTAL OF PROPERTY

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

14501216 784003 10050

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 20 - 2899240

TURTLE CONSERVANCY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE TURTLE CONSERVANCY ENGAGED IN A NUMBER OF SMALLER PROJECTS

INVOLVING EMERGENCY RESPONSE TO THE PLOUGHSHARE TORTOISE CRISIS IN

MADAGASCAR, HABITAT PROTECTION IN THE PHILIPPINES, AS WELL AS CONTINUED

MONITORING OF GLOBAL ILLEGAL TRADE IN TURTLES AND TORTOISES.

EXPENSES \$ 313,517. INCLUDING GRANTS OF \$ 128,433. REVENUE \$ 72,414.

EXPENSES \$ 283,272. INCLUDING GRANTS OF \$ 146,959. REVENUE \$ 82,805.

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 TAKE A SALARY. THIS IS SUPPORTED BY THE BOARD.

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

 TURTLE
 CONSERVANCY
 PROVIDES
 A
 COPY
 OF
 THE
 GOVERNING
 DOCUMENTS
 CONFLICT
 OF

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

14501216 784003 10050

Name of the orga	nization TU	JRTLI	E CONSERVAI	NCY			Employer identification numb
NTEREST	POLICY	AND	FINANCIAL	STATEMENTS	UPON	REQUEST.	
2212 09-06-19						Sche	dule O (Form 990 or 990-EZ) (20

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Schedule O (Form 990 or 990-EZ) (2019)

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Page 2

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to w

TURTLE CONSERVANCY

Employer identification number 20 - 2899240

OMB No. 1545-0047

2019

Open to Public Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	contr	3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HABIO AC							
1033 PAFOS CALLE	TORTOISE CONSERVATION AND				TURTLE		
SAN PABLO, CHIHUAHUA, MEXICO	PRESERVE	MEXICO			CONSERVANCY		Х
	-						

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

Schedule R (Form 990) 2019

t III Identification of Related C organizations treated as a p	Drganizations Taxable partnership during the t	as a Partn ax year.	ership. Complete if	the organization answe	ered "Yes" on Forr	n 990, Part IV, lir	ie 34, b	ecaus	e it had one or mo	ore relat	ed
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managin partner	Percentac ownershi
		foreign country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes No	>
	_										
	-										
	-										
	_										
	-										
	_										

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	
		country)		,				Yes	No
	1								
	1								
	1								

Schedule R (Form 990) 2019 TURTLE CONSERVANCY

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

Not	e: 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 with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
	Gift, grant, or capital contribution to related organization(s)	1b	Х					
	Gift, grant, or capital contribution from related organization(s)	1c		Х				
	Loans or loan guarantees to or for related organization(s)	1d		Х				
	Loans or loan guarantees by related organization(s)	1e		Х				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	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 organization(s)	11	Х					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
0	Sharing of paid employees with related organization(s)	10		Х				
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
q	Reimbursement paid by related organization(s) for expenses	1q		Х				
r		1r		Х				
s	Other transfer of cash or property from related organization(s)	1s		Х				
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

Name of rela	(a) ted organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
_(4)				
(5)				
_(6)				

Schedule R (Form 990) 2019 TURTLE CONSERVANCY

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.

	(h)		(d)		<u>, </u>	(f)	(m)	(h)		(1)	1:		(k)
(a)	(b)	(c)	(U) Dradominant incomo	(e) Are a partners 501(c) orgs.) all		(g)		'	(i) Code V UBI	(j		(n) Deve evete vie
Name, address, and EIN of entity	Primary activity	Legal domicile	(related, unrelated,	partners 501(c)	s sec.)(3)	Share of total	Share of	Dispr tior	opor- nate	amount in box 20	mana	ging	Percentage
or entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.		income	end-of-year assets	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ier?	ownership
		country)	sections 5 12-5 14)	Yes I	No	Income	assels	Yes	No	(Form 1065)	Yes	NO	
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Schedule R (Form 990) 2019

TURTLE CONSERVANCY

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

932165 09-10-19

Schedule R (Form 990) 2019