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Form **990** Department of the Treasury

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

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

OMB No 1545-0047
2009
Open to Public

A For the 20		year, or tax year beginning	ve to use a copy of this return to	U Salisty Sta	te reporting requ	irements.	Inspection
B Check if applix	-		an Conservation Co	rporat	ion	D Emple	oyer identification num
Address chan	III APII	Inc.				D Linpi	oyer identification film
Name change		Doing Business As				59-	6151069
Initial return	type.	Number and street (or P O box if mail is no		<u> </u>	Room/suite	E Telepi	hone number
\equiv	See Specific	4424 NW 13th Stree	et, Suite B-11			352	<u>-373-6441</u>
Termination	Instruc-	City or town, state or country, and 2			Į.	G Gross reco	eipts\$ 1,788,64
Amended retu		Gainesville	FL 32609				
Application pe	citating	e and address of principal officer					a group return for es? Yes X
		vid Godfrey,CEO me as C above				affihat H(b) Are al	laffiliates 🗏 📈
		inesville	FL 32609			includ	ed? Tes
I Tax-exemp		501(c) (3) ◄ (insert no.)	4947(a)(1) or 527			II NO,	attach a list. (see instructions
		conserveturtles.o				H(c) Group	exemption number
K Type of organ			Other >	L	Year of formation 1		M State of legal domicile
Part I	Summa	ry					
		the organization's mission or most					
5 E		e the survival of se					
Tal /	tlantic	through research, e	education, trainin	g, advo	cacy and	protec	tion of
ל לפּ		ral habitats upon wh					
U		if the organization discontinu		of more than	25% of its net a	1 1	00
og 3 Nur		g members of the governing body		•	•	3	23
# 1 Tot	•	pendent voting members of the government employees (Part V, line 2a)	verning body (Part VI, line 1b)		•	5	<u>23</u> 13
₹ 6 Tot		volunteers (estimate if necessary)			• •	6	191
		elated business revenue from Part	• •		•	7a	
		usiness taxable income from Form	• •			7b	
					Prior Yea	r	Current Year
9 8 Cor		nd grants (Part VIII, line 1h)			1,403		1,395,7
Ψı	_	revenue (Part VIII, line 2g)				607	184,3
10 Inve		me (Part VIII, column (A), lines 3, 4	•			2, 333	41,5
		Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equa	•		1 732	9,613 2,269	70,6 1,692,2
		lar amounts paid (Part IX, column (300	7,183	332,0
		or for members (Part IX, column (A				7, 105	332,0
45 0-4		compensation, employee benefits ())	727	7,852	613,1
w ı		chaising fees (Part IX, column (A),	* **	•			
<u> </u>	dH ùndraisiù(rexpenses (Part IX, column (D), lir	ne 25) ▶ 170,5	72			
	ner expenses	(Part IX column (A), lines 11a-11	d, 11f-24f)			1,752	831,3
Se Tqt	al expenses	Add fines 93-17 (must equal Part	IX, column (A), line 25)		1,911		1,776,6
28 Beg	venue less e	xpenses Subtract line 18 from line	12		-179 Beginning of Cur	,518	-84,40
	POSE R				3,106		End of Year 3, 593, 0
21-Tot		Part X, line 26)				3,140	142,4
80 cm		nd balances. Subtract line 21 from	line 20		2,938		3,450,6
Part II		re Block					
	Under pena	Ities of perjury, I declare that I have exa	amined this return, including accomp	panying sched	dules and statemen	ts, and to th	he best of my knowledge
	and belief, i	t is true, correct, and complete Declara	mon of preparer (other than officer)	is based on a	ill information of wh		
Sign	_73	the Clostly		- :		191	30/10
Here		ure of officer	<i>"</i>	~ =:=4		Date	•
		trica McCloskey		Cont	roller		
	r iype o	r print name and title		1 - :			Preparer's identifying nui
Paid	Preparer's	At at All	stull CPA	Date	Check self-		(see instructions)
Preparer's	signature	Vywww /a	COMPANY CPH	109/2	28/10 employ		<u> </u>
Use Only	Firm's name	00000 171 4 6	Company, P.L.			EIN D	<u> </u>
•	if self-emplo					Phone	252_205 65
Marrisha IDO	1	roturn with the property shown sho				no	<u> 352−395−65</u>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Form **990** (2009) G-17

rm 990 (2009) Caribbean Conservation Corporation, 59-6151069	Page 2
Part III Statement of Program Service Accomplishments	-
Briefly describe the organization's mission:	
To ensure the survival of sea turtles within the Wider Caribbea	
Atlantic through research, education, training, advocacy and property	rotection of
the natural habitats upon which they depend.	•
Did the organization undertake any significant program services during the year which were not listed on	
the prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 651,214 including grants of \$ 327,836) (Revenue \$	
the state's globally important sea turtle nesting beaches. The this effort is on preventing coastal armoring, protecting near foraging and developmental habitats, serving on advisory commit creating partnerships with other stakeholders. Along with policinitiatives, CCC conducts educational programming to raise away threats to sea turtles and actions people can take to reduce in turtles and their habitats. Specific efforts are made to raise about lighting impacts to turtles and to promote beach-friendly by residents and tourists. CCC also hosts Tour de Turtles, an	shore ttees, and cy reness about mpacts on awareness y practices
4b (Code) (Expenses \$ 456,411 including grants of \$) (Revenue \$ Costa Rica Sea Turtle Research and Conservation Program— CCC is its sea turtle monitoring and protection program at Tortuguero Begun in the mid-1950s, this program is now the longest running conservation program of its kind in the world. Every year, between and December, CCC researchers and volunteers conduct nesting a monitoring studies at Tortuguero Beach, home to the largest conturtles in the Western Hemisphere. The research takes place our biological field station, where researchers and volunteer part gather each year to monitor and protect the nesting colony. The conservation program, CCC has helped increase the green turtle	, Costa Rica g ween March nd population lony of green t of CCC's icipants rough this
population in Tortuguero by more than 500%.	
population in Tortuquero by more than 500%. 4c (Code:)(Expenses \$ 125,523 including grants of \$) (Revenue \$ Barrier Island Center - The Barrier Island Center (BIC) is an facility located in the Archie Carr National Wildlife Refuge (in Melbourne, Florida. The Refuge is one of the world's most it turtle nesting sites. The BIC is a focal point for the Refuge, educational exhibits, a presentation hall, and ongoing educational promote stewardship of the area's coastal resources. Thro partnership with Brevard County, Florida, CCC manages and condeducational programs offered at the BIC, including a summer castewardship workshops and various annual events.	the Refuge) mportant sea providing onal program ugh a ucts the
4c (Code:)(Expenses \$ 125,523 including grants of \$) (Revenue \$ Barrier Island Center - The Barrier Island Center (BIC) is an facility located in the Archie Carr National Wildlife Refuge (in Melbourne, Florida. The Refuge is one of the world's most in turtle nesting sites. The BIC is a focal point for the Refuge, educational exhibits, a presentation hall, and ongoing educational that promote stewardship of the area's coastal resources. Throw partnership with Brevard County, Florida, CCC manages and conducational programs offered at the BIC, including a summer care.	the Refuge) mportant sea providing onal program ugh a ucts the
4c (Code:)(Expenses \$ 125,523 including grants of \$) (Revenue \$ Barrier Island Center - The Barrier Island Center (BIC) is an facility located in the Archie Carr National Wildlife Refuge (in Melbourne, Florida. The Refuge is one of the world's most inturtle nesting sites. The BIC is a focal point for the Refuge, educational exhibits, a presentation hall, and ongoing educational promote stewardship of the area's coastal resources. Thro partnership with Brevard County, Florida, CCC manages and cond educational programs offered at the BIC, including a summer castewardship workshops and various annual events.	the Refuge) mportant sea providing onal program ugh a ucts the
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Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." X complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI. 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. 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. Did the organization report an amount for other assets related 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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2009)

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X

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Part VI

	rt V Statements Regarding Other IRS Filings and Tax Compliance	009	<u> </u>		P	age 5
F	rt V Statements Regarding Other IRS Filings and Tax Compliance					T
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				Yes	No
ıa	U.S. Information Returns. Enter -0- if not applicable	.	7		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>1a</u> 1b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ahla		İ	
·	gaming (gambling) winnings to prize winners?	eporte	aDIO	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		16-	<u> </u>	-
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reti			2b	X	·
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (se			· ·		
	instructions)	•				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	red by	,			
	this return?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		• •	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authe	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other f		•			
	account)?			4a	x	
b	If "Yes," enter the name of the foreign country: ▶ See Schedule O	•	• • •			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreig	n Ban	k .	1	1	
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	? .	. 5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re	gardır	ng			
	Prohibited Tax Shelter Transaction?			<u>5c</u>		
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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions c	or			
_	gifts were not tax deductible?			_6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	is		_=	
	and services provided to the payor?			7a	X	├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_7b	X	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas				
	required to file Form 8282?	اید	ı ·	7c	 	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	 		1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	hai20	ndi	7-	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?	•	7e 7f	 -	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g	-	 ^
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098		•	'M	<u> </u>	
	required?	0 40		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1			1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorin	•				
	organization, have excess business holdings at any time during the year?	•		8		-
9	Sponsoring organizations maintaining donor advised funds.			·····		
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b		X
0	Section 501(c)(7) organizations. Enter:				1 7	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
1	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.)	11b	l			ļ
2a	• • • • • • • • • • • • • • • • • • • •			12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		l	1	1

Form **990** (2009)

	n 990 (2009) Caribbean Conservation Corporation, 59-6151069 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or		, an	
	Schedule O. See instructions.			
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		_	
b	Enter the number of voting members that are independent]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		J	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		1
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			l
	of the governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			5 * {
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1 1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Rev</u>	/enue Code.)		_	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a			. ",	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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	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.)			
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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			~
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			. 1
	the organization's exempt status with respect to such arrangements?	16b		l '
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	•	•	•
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
-	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ Patricia McCloskey 4424 NW 13th St, Ste B-11			
G		2-37	3_4	. 4 4 1
		,	(, T T L

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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. List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization (A)	on did not comp (B)	ensa T	te ar		urrer C)	cer,	. "	(E)		
Name and Title	Average hours per			checl	k all i	that ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Landon T Clay	1 00						i			
Chairman Laura Forte	1.00	X	-	X		\vdash		0	0	0
President	1.00	x		x		1		0	0	_
Nicholas A Shufr		┢		^	-	\vdash	_	0		0
Treasurer	1.00	x		X				o	0	o
F. Peter Rose	1.00	ı.				1				
Secretary	1.00	x		x	ŀ			o	0	l o
Mario A Boza		 				1				
Board Member	1.00	X			l			0	0	l o
Michael P Bruyer									·	
Board Member	1.00	X						0	0	0
Archie F Carr II	I PhD									
Board Member	1.00	X						0	0	0
Peggy Cavanaugh									-	
Board Member	1.00	X			L			0	0	0
Sing Chan										
Board Member	1.00	X						0	0	0
William G Conway		l						_		
Board Member	1.00	X			<u> </u>			0	0	0
David Ehrenfeld		١						_	_	
Board Member	1.00	X			<u> </u>	\vdash		0	0	0
H. Clay Frick, I		١,,							_	
Board Member	1.00	X	┝	<u> </u>		 		0	0	0
Anthony D Knerr Board Member	1.00	x		İ				o	_	
Tara MacIntyre	1.00	^	-	⊢		\vdash			0	0
Board Member	1.00	x		ŀ				o	0	0
Dr. Charles Maga	h	<u> </u>	\vdash	\vdash		\vdash				
Board Member	1.00	x						o	0	l o
Carmel McGill		† <u> </u>	<u> </u>	\vdash		\vdash				<u>_</u>
Board Member	1.00	x						o	0	0
Rafael Morice			Г		l	\sqcap				
Board Member	1.00	X		L				. 0	0	l
DAA										Form 990 (2009

09/28/2010 9 49 AM	_				_					
Form 990 (2009) Caribbeat Part VII Section A. Officers	n Conser 5. Directors. Tr	va uste	<u>tı</u> es. k	on (ev	<u>C</u> Emr	orp	001 es.	ration, 59-615 and Highest Compensat	1069 ed Employees (continued	Page 8
(A) Name and Title	(B)		tion (i	(()	Highest compensated employee		(D)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jeffrey S. Phipp			ě			ated				
Board Member	1.00	\mathbf{x}						ol	o	0
Chris Rajczi										<u>_</u>
Board Member	1.00	X				Ш		0	0	0
Leonor Sardinha Board Member	1 00	x								•
Rainey Sellars	1.00	^	\vdash	\vdash		H		0	0	0
Board Member	1.00	x						o	0	0
Mark D Shantzis	-					\Box				
Board Member	1.00	X		L		Ш		0	0	0
Jordan Urstadt, Board Member	Esq 1.00	x								•
David Godfrey	1.00	^	\vdash			H		0	0	0
CEO	40.00			x				85,000	o	13,973
Patricia McClosk										
CFO	40.00			X		\vdash		66,500	0	15,330
• •						1				
		┢				Ħ				
•										
		-				╁┈╅			 	
•										
						Ħ				
		L_								
1b Total		l la		. 45 -	1		<u> </u>	151,500	- 0400 000 1	29,303
2 Total number of individuals (in reportable compensation from	-		_	ons c	Se II	ISTEC	abo	ive) who received more tha	an \$100,000 in	
repertable compensation non	Title Organization									Yes No
3 Did the organization list any fe								oloyee, or highest compens	sated	
employee on line 1a? If "Yes," 4 For any individual listed on lin								on and other compensation	In from	3 X
the organization and related of										
individualDid any person listed on line	la receive or ac	CTUA	con	nen	catu	on fro	ma	env unrelated organization	for	4 X
services rendered to the orga	nization? If "Yes	s," cc	ompl	ete S	Sche	edule	J fo	or such person		5 X
Section B. Independent Contract							_		· · · · · · · · · · · · · · · · · · ·	
 Complete this table for your fi compensation from the organ 	ve highest com ization.	pens	ated	l inde	eper	ndent	con	ntractors that received mor	e than \$100,000 of	
	(A) business address							Descrip	(B) tion of services	(C) Compensation
								3000.		Compensation
										

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

2

Pa	irt V	III Statement of Rev	enue	-				
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a			10,0,00	·· ······	312, 310, 01 314
gra	ь	Membership dues	1b	200,064				i
fts, an	С	Fundraising events	1c	4,481				
<u>P</u>	d	Related organizations	1d					
ns,	е	Government grants (contributions)	1e	685,277				
ers	f	All other contributions, gifts, grants,						1
활		and similar amounts not included above	11	505,950				
on	g	Noncash contributions included in lines 1	a-1f \$	572	,			
Çe	h	Total. Add lines 1a-1f		. •	1,395,772			
Program Service Revenue dontributions, gifts, grant∮ and other similar amounts				Busn. Code				1
Seve	2a	Volunteer Program	Revenue .	11000d	80,253	80,253	<u> </u>	
Se F	b	Turtle Spotter Sti	cker Progra	11000d	64,349	64,349		
Z	C	Interpretation Cen		11000d	28,243	28,243		
Se	d	Room & Board-Resea	rch Station		10,845	10,845		
гап	е	Conference Income		11000d	634	634		
o.	f	All other program service revi	enue					
_	_ н	Total. Add lines 2a-2f	 .	•	184,324			
	3	Investment income (including	dividends, inter	rest, and	41 510			
		other similar amounts)			41,510			41,510
	4	Income from investment of ta	x-exempt bona	proceeas	492			400
	5	Royalties (i) Real	(n) E	Personal	492			492
	6a		(11)	ersulai				:
		Less rental exps						
	ì	Rental inc. or (loss)		──				_ }
			I	•				who carton arantmentaria commet
		Gross amount from (i) Securitie	s (II)	Other			*****	· · · · · · · · · · · · · · · · · · ·
		sales of assets other than inventory						
	ь	Less cost or other	.,.					;
		basis & sales exps.						
	С	Gain or (loss)						1
		Net gain or (loss)		▶			* * * *	
e		Gross income from fundraising ev	ents			-		
evenue		(not including \$ 4,	481					
		of contributions reported on line 1	c).					,
F.		See Part IV, line 18	a	30,115				į
Other	b	Less. direct expenses	ь	34,284				1
0		Net income or (loss) from fun		▶	-4,169	-4, 169	·	
	9a	Gross income from gaming activit	ies.					
		See Part IV, line 19	. a					-
		Less: direct expenses	. b					
		Net income or (loss) from gar		•				
	10a	Gross sales of inventory, less						
		returns and allowances	. a	135,124 62,144				
		Less: cost of goods sold	. D	02,144	72 000		والمتعدد المناف المال المال المال المال المال المال المال المال المال المال المال المال المال المال المال المال	
	<u>C</u> _	Net income or (loss) from sale Miscellaneous Revenue		Busn. Code	72,980			72,980
	11a		<u> </u>	110000	1,309	***************************************	*****************	1 200
	b	Action Weakings	•		<u> </u>	-	 	1,309
	C						 	 _
	d	All other revenue					_ 	
	_	Total. Add lines 11a-11d	•	•	1,309			
	12	Total Revenue. See instructi	ons		1,692,218		0	116,291
			· .		. ,	, =		Form 990 (2009)

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>	general expenses	<u> </u>
	organizations in the U.S. See Part IV, line 21	327,836	327,836		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	4,250	4,250		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	180,803	108,835	34,848	37,120
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	307,846	251 400	0 121	47.006
8	Other salaries and wages Pension plan contributions (include section 401(k)	307,848	251,489	9,131	47,226
•	and section 403(b) employer contributions)	32,785	27,109	1,871	2 005
9	Other employee benefits	57,019	49,194	3,396	3,805 4,429
10	Payroll taxes	34,703	28, 991	2,001	3,711
11	Fees for services (non-employees):	31,703	20, 551	2,001	2,111
а	Management				
b	Legal	2,092	1,592	500	
C	Accounting	16,821	1,592 2,321	14,500	·
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	34,535		34,535	
g	Other .				
12	Advertising and promotion	3,568	3,568		
13	Office expenses	106,942	53,489	4,544	48,909
14	Information technology	24,060	17,496	2,272	4,292
15	Royalties	00.050			
16	Occupancy	80,859	71,159	4,640	5,060
17	Travel	69,527	63,428	3,608	2,491
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials				
20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,119	37,164	818	3,137
23	Insurance	11,113	7,414	3,699	3,131
	. [,, -1	3,033	
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together			ļ	
	and labeled miscellaneous may not exceed			ŧ.	
	5% of total expenses shown on line 25 below				
а	Foreign Payroll	276,795	276,795		
b	Food	62,854	62,854		
C	Materials and Supplies	53,449	41,173	2,204	10,072
d	Tagging Supplies & Pymts	24,702	24,702		
e	Satellite Transmitter Air	10,903	10,903		
f	All other expenses	12,046	11,726	100 565	320
25	Total functional expenses. Add lines 1 through 24f	1,776,627	1,483,488	122,567	170,572
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation		į		
	runuraising solicitation	<u> </u>		· <u></u>	Form 990 (2009

Par	t X	Salance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		184,668	1	125,081
	2	Savings and temporary cash investments		548,491	2	678,470
	3	Pledges and grants receivable, net			3	40,000
		Accounts receivable, net		187,321	4	83,435
		Receivables from current and former officers, directors, trustees, key				
		employees, and highest compensated employees. Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section	•		Ť	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
		Part II of Schedule L		\$ marrows we	6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use		37,172	8	39,600
₹	9	Prepaid expenses and deferred charges	•	10,695		9,969
	-	Land, buildings, and equipment: cost or		20,000	3	3,303
		other basis. Complete Part VI of Schedule D	832, <u>4</u> 38			
ŀ	h	Less: accumulated depreciation 10b	524,575	330,607	10-	207 062
١,		Investments—publicly traded securities	324,313	1,807,545	10c	307,863 2,307,387
		Investments—publicly traded securities Investments—other securities. See Part IV, line 11		1,001,343	$\overline{}$	2,307,387
		Investments—program-related. See Part IV, line 11			12	
	4	Intangible assets			13	
	-	Other assets See Part IV, line 11		500	14	1 260
1		• • • • • • • • • • • • • • • • • • • •		3,106,999		1,260
\rightarrow		Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses				3,593,065
		Grants payable	•	103,194		89,150
		Deferred revenue	٠		18	
I `					19	
	1	Tax-exempt bond liabilities		64 046	20	F2 0F0
. -		Escrow or custodial account liability. Complete Part IV of Schedule D	•	64,946	21	53,250
≣ '	.2					
<u> </u>		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				
- 1	23	Secured mortgages and notes payable to unrelated third parties		·	22	
- 1			·		23	
		Unsecured notes and loans payable to unrelated third parties			24	· · · · · · · · · · · · · · · · · · ·
		Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		160 140	25	140 400
* 1	.0			168,140	26	142,400
2						
룔 ,	7	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		212 707		252 266
80 3		•		312,787		252,266
ַבַ		Temporarily restricted net assets		574,090		651,214
֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	.9	Permanently restricted net assets	•	2,051,982	29	2,547,185
-		Organizations that do not follow SFAS 117, check here				
°,		and complete lines 30 through 34.		* ******* ******* ****** **		
<u>ت</u> اق		Capital stock or trust principal, or current funds		<u> </u>	30	
SS	1	Paid-in or capital surplus, or land, building, or equipment fund			31	
٦,	2	Retained earnings, endowment, accumulated income, or other funds		0 000 050	32	2 450 655
<u>ا ﴿</u>	3	Total net assets or fund balances		2,938,859		3,450,665
<u>- 13</u>	4	Total liabilities and net assets/fund balances		3,106,999	34	3,593,065

Form **990** (2009)

	art XI Financial Statements and Reporting		Pag	ge 12
	art At Financial Statements and neporting	·		
			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 O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	,	 x
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			,
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.		,	
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	t		
	the Single Audit 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	50		 -
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	required about or abouts, explain with in Generatie O and describe any steps taken to undergo such abouts.		000	Ь
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

tan	O+ L	ne organizati		onservation Corp	oorat	ion.					1069		ımber	
P	art I	Reas		/ Status (All organizatio			lete th	is par						
The	orgar			se it is: (For lines 1 through 11,				p.u.	,	<u> </u>				
1				sociation of churches described		-	•).						
2	_			(A)(ii). (Attach Schedule E.)		•		•						
3				ice organization described in s	ection 17	70(b)(1)(<i>A</i>	A)(iii).							
4				ed in conjunction with a hospital				(b)(1)(A	Wiii). E	nter the	hospit	al's na	ame.	
	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). (Complete Part II.)													
6		A federal, sta	ate, or local government or	governmental unit described in	section	170(b)(1)	(A)(v).							
7	,													
			section 170(b)(1)(A)(vi). (0		_				·	•				
8				170(b)(1)(A)(vi). (Complete Pa	ırt II.)									
9	X	An organizat	ion that normally receives: ((1) more than 33 1/3 % of its su	pport froi	m contrib	utions, r	nember	ship fee	s, and	gross			
				mpt functions—subject to certa										
		support from	gross investment income a	and unrelated business taxable	income (l	less secti	on 511 t	ax) fron	n busine	esses				
	_	acquired by t	the organization after June	30, 1975. See section 509(a)(2	2). (Comp	lete Part	III.)							
10		An organizat	ion organized and operated	exclusively to test for public sa	ifety. See	section	509(a)(4).						
11		An organizat	ion organized and operated	exclusively for the benefit of, to	o perform	the func	tions of,	or to ca	arry out	the				
				ted organizations described in							ion			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
		a Type	··	c Type III–Function	, ,		d		e III-O1					
е				ganization is not controlled dire					-					
				s and other than one or more po	ublicly su	pported o	rganiza	ions de	scribed	in sect	tion			
			section 509(a)(2)		.									
f				ermination from the IRS that it	ısaıype	ı, iype ii	, or typ	e III sup	porting					\Box
_			check this box		h		41		•					Ш
g			_	ation accepted any gift or contri	bution ire	om any or	เทย							
		following per		controls outhor clone or togethe				. ()					V	
			•	ontrols, either alone or together	r with per	sons des	cribea ir	1 (11)				44-0	Yes	No
			member of a person descri	of the supported organization?				•	•		•	11g(i)	 	
			•	described in (i) or (ii) above?	• •							11g(ii) 11g(iii	1	
h			·	the supported organization(s).		•						[11g(III		<u> </u>
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi) i	s the	- (vii) Am	ount of	
(-,		anization	(,	(described on lines 1–9	1'''	sted in your	the organ	ization in	organizat	on in col		sup		
				above or IRC section	governing	document?		of your cort?		zed in the S.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
							L							
_														
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					1	1		l	Į.		l			

	dule A (Form 990 or 990-EZ) 2009 Cal						Page Z
Pa	rt II Support Schedule for C					ina 170(b)(1)(A	4)(VI)
	(Complete only if you ch	<u>eckea trie bo</u>	x on line 5, 7,	or 8 of Part I.	<i>1</i>		
	tion A. Public Support	() 2005	41,000	() 0007	(4) 0000	(-) 0000	(f) T-1-1
Cai	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	L	<u> </u>	L		1 40	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	▶ □
<u> </u>	organization, check this box and stop he		ontogo				
	tion C. Computation of Public					144	
14	Public support percentage for 2009 (line			ımn (t))		. 14	
15	Public support percentage from 2008 Sci					15	
16a	33 1/3 % support test—2009. If the orga				l is 33 1/3 % or mo	ore, check this box	
	and stop here. The organization qualifies			• •		• . • :	. ▶⊔
þ	33 1/3 % support test—2008. If the orga				ne 15 is 33 1/3 %	or more, check this	, _
	box and stop here. The organization qua		-				. ▶ 📙
17a	10%-facts-and-circumstances test—20	009. If the organiz	ation did not chec	k a box on line 13	, 16a, or 16b, and	line 14 is 10% or	
	more, and if the organization meets the "	facts-and-circums	stances" test, chec	k this box and st	op here. Explain II	n Part IV how the	
	organization meets the "facts-and-circum	istances" test. Th	e organization qua	alifies as a publicl	y supported organi	ızatıon	▶ 🗆
b	10%-facts-and-circumstances test—20	008. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, or 17a	, and line 15 is 10%	6 or
	more, and if the organization meets the "				•		
	organization meets the "facts-and-circum	stances" test. Th	e organization qua	alifies as a publici	y supported organ	zation	. ▶ 📙
18	Private foundation. If the organization of	lid not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see instructions	▶ 📙

Schedule A (Form 990 or 990-EZ) 2009 Caribbean Conservation Corporation, 59-6151069 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) ▶ (c) 2007 (b) 2006 (d) 2008(e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,082,672 2,419,658 1,603,296 1,403,716 1,425,887 7,935,229 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 121,486 140,231 250,005 328,453 258,613 1,098,788 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 1,204,158 6 2,559,889 1,853,301 1,732,169 1,684,500 9,034,017 Amounts included on lines 1, 2, and 3 71,450 received from disqualified persons 1,283,529 175,557 197,014 63,909 1,791,459 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 175, <u>557</u> c Add lines 7a and 7b 71,450 1,283,529 197,014 63,909 1,791,459 Public support (Subtract line 7c from Tark. line 6.) -BE 7,242,558 Section B. Total Support (e) 2009 Calendar year (or fiscal year beginning in) ▶ (f) Total (a) 2005 (b) 2006 (c) 2007(d) 2008 Amounts from line 6 1,204,158 2,559,889 1,853,301 1,732,169 1,684,500 9,034,017 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 6,771 21,253 23,169 27,083 42,002 120,278 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 6,771 21,253 23,169 27,083 42,002 120,278 Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 and 12.) 1,210,929 2,581,142 1,876,470 1,759,252 9,154,295 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 79.12% 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 78.41% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 1% 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 1%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 DAA X

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
•	
•	
•	· · · · · · · · · · · · · · · · · · ·

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

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

OMB No 1545-0047 Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III

Na	me of organization Caribbean Conservation	Corporation		Employer identif	
Pa	rt I-A Complete if the organization is exempt		c) or is a secti		
1 2 3	Provide a description of the organization's direct and indirect por Political expenditures Volunteer hours			. > \$	
Pa	rt I-B Complete if the organization is exempt	under section 5016	(c)(3).		
1	Enter the amount of any excise tax incurred by the organization		<u> </u>	▶ \$	
2	Enter the amount of any excise tax incurred by organization ma		55	. ▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form 4	1720 for this year?	• ••		Yes No
4a	Was a correction made?		. ,		Yes No
A THE PERSON	If "Yes," describe in Part IV.				
<u>Pa</u>	rt I-C Complete if the organization is exempt			tion 501(c)(3).	
1		or section 527 exempt fun	ction		
_	activities			▶ \$	
2	Enter the amount of the filing organization's funds contributed to	to other organizations for	section	. .	
•	527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter h	ore and an Form 1100 PC		. * *	
3	line 17b	ele and on Form 1120-FC	JL,	▶ €	
4	Did the filing organization file Form 1120-POL for this year?			. • •	Yes No
5	Enter the names, addresses and employer identification number	er (EIN) of all section 527	political organization	ons to which paymer	. 🗀 🗀
	were made. For each organization listed, enter the amount paid		•	· ·	
	contributions received that were promptly and directly delivered			•	
	fund or a political action committee (PAC). If additional space i	s needed, provide informa	ation in Part IV.		
	(a) Name	(b) Address		(d) Amount paid from filing organization's inds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For	Privacy Act and Paperwork Reduction Act Notice, see the Ir	nstructions for Form 990	or 990-EZ.	Schedule C (Form	990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Car	ribbean Con	servation	Corporati	on,59-61510	69 Page 2
Part II-A Complete if the organ	ization is exem	ot under section	501(c)(3) and	filed Form 5768	(election
under section 501(h)).					
A Check ► ☐ if the filing organiza					
B Check ▶ ☐ if the filing organiza			control" provis	ions apply.	
Limits on Lob (The term "expenditures" r	bying Expendit means amounts p			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	oublic opinion (grass i	roots lobbying)			
b Total lobbying expenditures to influence a	legislative body (dire	ect lobbying)	. <u>L</u>		
c Total lobbying expenditures (add lines 1a	and 1b)		<u> </u>		
d Other exempt purpose expenditures			<u> </u>		
e Total exempt purpose expenditures (add	lines 1c and 1d)				
f Lobbying nontaxable amount. Enter the a columns.	mount from the follov	ving table in both			
If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	exable amount is:			;
Not over \$500,000	20% of the amount or	n line 1e		ŧ)
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,0	00	-	,
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000	,000	ŀ	1
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,	000	Į.	
Over \$17,000,000	\$1,000,000				<u> </u>
 g Grassroots nontaxable amount (enter 25° h Subtract line 1g from line 1a. If zero or les 	ss, enter -0-				
I Subtract line 1f from line 1c. If zero or les	•				····
j If there is an amount other than zero on e section 4911 tax for this year?	either line 1h or line 1	i, did the organization	file Form 4720 rep	oorting 	Yes No
(Some organizations that	I-Year Averagin made a section ow. See the inst	501(h) election	do not have	to complete all of	f the five
Lobby	ving Expenditur	es During 4-Yea	r Averaging F	Period	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

DAA

Schedule C (For	m 990 or 990-EZ) 2009			ation (Corporat	ion,59-	<u>-6151069</u>	_ Page 4
Partily	Supplemental In	formation (con	tinued)					
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Name of the organization **Employer identification number** Caribbean Conservation Corporation, 59-6151069 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 100,000 , 934 , 752 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes X No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? X Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements. 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	art III Organizations Maintaining					Page 2
3		n and other records abo	, mistorical free	asures, or	Otner Similar	Assets (continued)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records, che	ck any of the followi	ng that are a s	significant use of its	5
а	Public exhibition	d Loan o	r exchange program	s		
b	Scholarly research	e Other				
С	Preservation for future generations					_
4	Provide a description of the organization's col Part XIV.	lections and explain how	they further the orga	anızation's exe	empt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, be maintained as part of	historical treasures, the organization's co	or other simils	ar	. Yes No
P	art IV Escrow and Custodial Arra				wered "Yes" to	
-	IV, line 9, or reported an an					
1a	Is the organization an agent, trustee, custodia					
	included on Form 990, Part X?	•				Yes X No
b	If "Yes," explain the arrangement in Part XIV a	and complete the followin	g table	•	• ••	🗀 🖽 🖼 🚟
		·				Amount
C	Beginning balance				1c	· ·
d	Additions during the year	•	•	•	1d	
е	Distributions during the year	•			1e	
f	Ending balance	••	• •	•	11	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?	•	•		X Yes No
	If "Yes," explain the arrangement in Part XIV.	•	•		•	<u> </u>
	art V Endowment Funds. Compl	lete if organization	answered "Yes"	to Form 9	90. Part IV. lin	e 10.
		(a) Current year		(c) Two years b		
1a	Beginning of year balance	2,042,601	2,543,043			
b	Contributions	500	8,632			
C	Net investment earnings, gains,					
	and losses	598,777	-393,251		1	
d	Grants or scholarships					1
е	Other expenditures for facilities			****		
	and programs	100,000	115,823		ł	· ;
f	Administrative expenses					
g	End of year balance	2,541,878	2,042,601			
2	Provide the estimated percentage of the year	end balance held as:	•			
а	Board designated or quasi-endowment	%				
þ						
C	Term endowment ▶%					
3a	Are there endowment funds not in the posses	sion of the organization t	hat are held and adn	ninistered for t	the	
	organization by:	-				Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations	•		• •		3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	nedule R?	• •		3b
_4	Describe in Part XIV the intended uses of the	organization's endowme	nt funds		· ·	
Pa	art VI Investments—Land, Buildi	ings, and Equipme	nt. See Form 9	90, Part X,	line 10.	
	Description of investment	(a) Cost or other basis	(b) Cost or other) Accumulated	(d) Book value
		(investment)	basis (other)		depreciation	
1a	Land		20,	300		20,300
b	Buildings		541,		275,904	266,017
C	Leasehold improvements	,				
d	Equipment		270,	217	248,671	21,546
	Other					
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, co	olumn (B), line 10(c).) .	.	307,863

Schedule D (Form 990) 2009 Caribbean Conservat		59-6151069	Page 3
Part VII Investments—Other Securities. See Form			 -
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
Financial derivatives		Cost of end-of-year man	Ket value
rinancial derivatives Closely-held equity interests			
Other		<u> </u>	
Ollei	-		
	- 		
	- 		 _
	_		
			
	_		
	>		
Part VIII Investments—Program Related. See Form	m 990, Part X, line 13.	 -	<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of valua	ation
		Cost or end-of-year mar	ket value
			 .
			
			
			·
Total (Column (h) must equal Form 000 Part V and (P) line 12	>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line			
(a) Description	10.		(b) Book value
Advances			1,260
			1,200
	•		
			-
			<u> </u>
		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	1,260
Part X Other Liabilities. See Form 990, Part X, li			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
· · · · · · · · · · · · · · · · · · ·			
			•
			
		4	
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	>		
Total. (Column (b) must equal Form 990, Fall A, Col. (b) line 25.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 Caribbean Conservation Corpo				Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audit	ed Financial Sta	<u>atement</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,692,218
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,776,627
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	<u>-84,409</u>
4	Net unrealized gains (losses) on investments			4	596,215
5	Donated services and use of facilities .			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)		•	8	
9	Total adjustments (net). Add lines 4 through 8			9	596,215
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10	511,806
_Pa	rt XII Reconciliation of Revenue per Audited Financial Stater	nents W	ith Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements			1	2,350,326
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			244	
а	Net unrealized gains on investments	2a	596,215		
b	Donated services and use of facilities	2b		- 125.	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	96,428		
е	Add lines 2a through 2d			2e	692,643
3	Subtract line 2e from line 1	•		3	1,657,683
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		1,4	
b	Other (Describe in Part XIV.)	4b	34,535	5 ³	
С	Add lines 4a and 4b		··· · · ·	4c	34,535
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,692,218
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ements V	Vith Expenses	er Retu	
1	Total expenses and losses per audited financial statements			1	1,838,520
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	•••		
а	Donated services and use of facilities	2a		اقر دد	
b	Prior year adjustments	2b		7 .	
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	96,428		
е	Add lines 2a through 2d			2e	96,428
3	Subtract line 2e from line 1		•	3	1,742,092
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		182	
b	Other (Describe in Part XIV.)	4b	34,535	5	
С	Add lines 4a and 4b		•	4c	34,535
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• 		5	1,776,627
	rt®XIV. Supplemental Information			· · · · ·	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines 1a ai	nd 4; Part IV, lines 1b)	
	2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,				
this p	part to provide any additional information		•		
P	art IV, Line 2b - Escrow Liability Arrang	ement	Explanation	on	
	he_Organization_manages_the_administrativ				le Spotters
_a	ctivity_conducted_in_Tortuguero,_Costa_Ri	ca <u> </u>	As part of	<u>these</u>	e duties, the
_	rganization collects fees and holds the f				
	hem in accordance with the directions of		· · · · · ·		
	f the Turtle Spotters program is not the				
_a	<u>mount CCC holds at year end is reported a</u>	s_g_T	rapiricA.		

Schedule D (Form 990) 2009 Calibbean Conservation Corporation, 59-6151069	Page 5
Part XIV Supplemental Information (continued)	
_Part_V,_Line_4Intended_Uses_for_Endowment_Funds	
To fund the research and conservation of all sea turtles.	
Part XII, Line 2d - Revenue Amounts Included in Financials - Other	
_Cost_of_Sales\$\$\$	52, 144
_Special Event Expenses \$ 3	3 4 , <u>2</u> 84
Part XII Line 4b - Revenue Amounts Included on Return - Other	
_Investment Fees\$\$	34,535
Part XIII, Line 2d - Expense Amounts Included in Financials - Other	
_Cost_of_Sales\$\$	
_Special_Event_Expenses	34, 284
Part XIII, Line 4b - Expense Amounts Included on Return - Other	
_Investment Fees\$\$	34,535

Schedule F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Caribbean Conservation Corporation

Employer identification number 59-6151069

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award
	the grants or assistance?

X Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central	America and 2	the Caribbear 82		Sea Turtle Conservat	726,811
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	<u></u>				
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			00-4		
				,	
otals . ►	2	82			726,81

organization (b) IRS code (c) Region (d) (d) applicable) (d applicable)	Purpose of (e) Amount of (2) Amount of (3) Amount of (h) Description cash grant cash disbursement assistance assistance	appraisal, other)									
	(c) Region	i			į				,		
	(a) Name of organization										

CCC 09/28/2010 9 49 AM

SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

Name of the organization Caribbean Conserv	ation Cor	por	at:	ion,	Employer identi 59-61510	
Fundraising Activities. Complete	if the organiz	ation	ans	wered "Yes" to Fo		
Form 990-EZ filers are not require Indicate whether the organization raised funds throug			_			
a Mail solicitations		-		rernment grants		
b Internet and email solicitations			-	nent grants		
c Phone solicitations	g Special ful	_		_		
d In-person solicitations	g opena		g 01	onto.		
Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	with any individua	l (ınclu	dıng e	officers, directors, truste	es	☐ Yes ☐ No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization	(fundraisers) purs	•		· ·		
(i) Name of individual or entity (fundraiser)	(ii) Activity	raiser custo conti	d fund- have dy or ol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
		Yes	No		· · · · · · · · · · · · · · · · · · ·	
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		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Total						
List all states in which the organization is registered or registration or licensing.	or licensed to solici	t funds	or h	as been notified it is exe	mpt from	1
registration of licensing.						
				•		
•						
		•				•
			•			
	ē					
					•	

$\overline{}$	_	e G (Form 990 or 990-EZ)		Conservation Corp	oration,59-61	.51069 Page 2
P	art	Fundraising I more than \$1	Events. Complete if the or 5.000 on Form 990-FZ lin	ganization answered "Yes le 6a. List events with gros	s" to Form 990, Part I'	V, line 18, or reported
			(a) Event #1	(b) Event #2	(c) Other events	
<u>o</u>			50th Gala (event type)	BIC Events (event type)	None (total number)	(add col (a) through col (c))
Revenue	1 2	Gross receipts Less: Charitable	25,086	9,510		34,596
	3	contributions	4,481			4,481
	_	minus line 2)	20,605	9,510		30,115
	4	Cash prizes .				
	5	Noncash prizes				
enses	6	Rent/facility costs	500	590		1,090
Direct Expenses	7	Food and beverages	11,660	1,152		12,812
ÖİĞ	8	Entertainment				
	9	Other direct expenses	13,715	6,667		20,382
P	10 11 art	Net income summary C	y. Add lines 4 through 9 in column combine line 3, column (d), and lin nplete if the organization a on Form 990-EZ, line 6a.	e 10	90, Part IV, line 19, o	34,284) -4,169 r reported more
		<i>παπ ψτο,οοο</i>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (Add
Revenue	1	Gross revenue .		<u> </u>		(2)
<u></u>	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs		Anization answered "Yes" to Form 990, Part IV, line 18, or reports 26a. List events with gross receipts greater than \$5,000. (b) Event #2		
Δ	5	Other direct expenses				
	6	Volunteer labor	Yes %		I 🛏 😬	
	7	Direct expense summar	y. Add lines 2 through 5 in column	ı (d)		
	8	Net gaming income sur	nmary. Combine line 1, column d,	and line 7	<u> </u>	
9			he organization operates gaming a	• •		Yes No
a b		the organization licensed 'No," Explain:	to operate gaming activities in ear	ch of these states?		. 9a
10a	W	ere any of the organizatio	n's gaming licenses revoked, sus			
b		'Yes," Explain:				
11	Do	 pes the organization opera	ate gaming activities with nonmem	bers?	
12	ls	= -	r, beneficiary or trustee of a trust of	• • •	her entity	

Sche	edule G (Form 990 or 990-EZ) 2009 Carib	bean	Conservation	Corporation	1,59-	<u>-6151</u>	069	<u> </u>	Pa	age 3
	•								Yes	No
13	Indicate the percentage of gaming activity operate	d in.								
а	The organization's facility			• —	3a		%		- 1	
b	An outside facility				3b		%	- 1	ı	
14	Provide the name and address of the person who	prepares	the organization's gaming/s	special events books				- 1		
	and records									.
	Name ▶ .									1000
	Address ▶							:		
15a	Does the organization have a contract with a third	party from	n whom the organization re	acivos somune						1
100	revenue?	party iroi	n whom the organization re	ceives garring				15a	1	1
b		ived by th	ne organization > \$	aı	nd the		·	100		:
	amount of gaming revenue retained by the third pa	-	•					- 1]
C			• •							
	Name ►									:
			•	•		•	-	- 1		1
	Address ►				_			Ì		i
					•	•		- 1	1	
16	Gaming manager information:							l		1
	Name ▶						ļ			,
		_'	•	•	••	•	.	- 1		,
	Gaming manager compensation ▶ \$						i	- 1		
								1		}
	Description of services provided ▶	•								1
	Director/officer Employee		Independent contractor							1
17	Mandatory distributions									
а	Is the organization required under state law to mal	ke charita	ble distributions from the a	aming proceeds to						
	retain the state gaming license?							17a	- 1	,
b	Enter the amount of distributions required under s	 tate law d	listributed to other exempt o	rganizations or spent	••		·			
	in the organization's own exempt activities during	the tax ye	ar▶\$	<u> </u>				I	I	

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part 1 ×

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

▶ Attach to Form 990.

Caribbean Conservation Corporation

General Information on Grants and Assistance

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

OMB No. 1545-0047 2009

Open to Public Inspection

Employer identification number

59-6151069

City of Venice Artif Stable Isotope Profi Se the Popu Capacity Building of Comparing the Fitnes Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Where are Florida's The Turtle Hospital Genetic Population County (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Asset of X Yes Palm Beach 26 15 Ę non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash grant (e) Amount of non-cash section assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 16,632 12,298 12, 649 21,994 32,457 14,080 5,082 5,454 7,355 9 8 8 m ന ന ო Enter total number of section 501(c)(3) and government organizations ന ന 59-0756643 FL 32611-5500 59-6002052 65-0306516 GA 30602-7411 59-3186740 59-6000443 59-1259270 59-6000785 59-2807815 16-1633236 (b) EIN FL 32903 FL 33602 34236 33050 34285 FL 33405 FL 33411 (a) Name and address of organization East Coast Biologists, Inc 1600 Ken Thompson Parkway Zoological Society of the 4300 N Jog Rd, 4th Floor West Venice Avenue Mote Marine Laboratory or government 2396 Overseas Highway University of Florida The Florida Aquarium, University of Georgia 701 Channelside Drive Hidden Harbor Marine Palm Beach County 1301 Summit Blvd West Palm Beach West Palm Beach 622B Boyd GSRC City of Venice Po Box 115500 PO Box 33715 Gainesville Indialantic Sarasota Marathon Venice Athens Part Tampa 401 N

Enter total number of other organizations

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

Schedule I (Form 990) 2009

Use Part IV and Schedule I- (Form 980) if additional space is needed. (a) Type of grant or assessment (b) Number of cash grant (cash grant or cash grant or
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Schedule I (Form 990) 2009

· Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance (b) Number of recipients cash grant non-cash assistance FMV, appraisal, other)					
(a) Type of grant or assistance	to Individuals in 1 Form 990) if addi ⁱ	t he United States. Citional space is need	complete if the orgar ed.	ization answered "Yes" t	5 Form 990, Part IV, line 22.
	(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 non-cash assistanc
*ParilV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	mplete this part to	provide the inform	ation required in Par	t I, line 2, and any other a	additional information.
permitted. At twelve months, the final report is due, along with the final	hs, the fin	al report is	due, along w	ith the final	
deliverables. This will usually include documentation of the project, both	sually incl	ude documents	ation of the	project, both	
in written form and photos. If all tasks and deliverables have been met,	. If all t	asks and deli	verables hav	e been met,	
the agency will receive the final grant payment. If the project is not	e final gra	nt payment.	If the proje	ct is not	
complete, an extension to the grant may be permitted. The books, accounts,	the grant m	ay be permitt	ed. The boo	ks, accounts,	
files, and other records of the project are held for a period of five years	f the proje	ct are held f	for a period	of five years	
from the conclusion of the grant agreement by the grantee, and are	grant agre	ement by the	grantee, and	are	
available for inspection, review and audit by CCC. Monitoring procedures	review and	audit by CCC.	Monitoring	procedures	
may also include on-site visits.	isits.				

Schedule I (Form 990) 2009

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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public 2009

OMB No. 1545-0047

Inspection **Employer Identification number**

Assessment of Marine Naples Sea Turtle Pu Investigation the Re Clutch Frequency of Gumbo Limbo Nature Shotgun Sequencing Genetic Population (h) Purpose of grant or assistance 59-6151069 Part 1: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II. (g) Description of non-cash assistance (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (book, EMV, appraisal, if applicable assistance other) 5,310 26, 279 5,704 20,000 27,759 8,960 27,457 Caribbean Conservation Corporation, 8 S S m 59-6000382 59-2015726 59-1157084 59-3186740 59-0756643 59-3186740 59-3086453 (P) EIN ١ ١ 1 I 30602-7411 ı I I I 1 1 1 34102 34102 33432 33701 Conservancy of Southwest Florida ı 1 1 I (a) Name and address of organization 12201 Research Pky Suite 501 I ١ 1 University of South Florida 티 1600 Ken Thompson Parkway 18 ١ 1 Gumbo Limbo Nature Center University of Central FL or government ı ١ 1 1 ١ Mote Marine Laboratory 735 8th Street South I _1550_Merrihue_Drive_ 140 7th Ave, South University of Georgia ١ 1 1 ١ 1801 N Ocean Blvd ١ I ١ 1 ı St. Petersburg 622B Boyd GSRC City of Naples ١ 1 1 1 I Boca Raton ١ 1 1 ١ Sarasota Orlando Athens 1 ١ 1 1 1

Schedule I-1 (Form 990) 2009

Page 2		(f) Description of non-cash assistance										Schedule I-1 (Form 990) 2009
	orm 990), Part III.)	(e) Method of valuation (book, FMV, appraisal, other)										
151069	States (Schedule I (F	(d) Amount of non-cash assistance										
rporation,59-61	dividuals in the United	(c) Amount of cash grant										
onservation Co	ther Assistance to Inc	(b) Number of recipients										
Schedule 1-1 (Form 990) 2009 Caribbean Conservation Corporation, 59-6151069	Part II Continuation of Grants and O	(a) Type of grant or assistance										

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No 1545-0047 Open To Public

Name of the organization

Employer identification number

Caribbean Conse						59-	<u>615</u>	10	69			
Part I Excess Benefit Transactions (Complete if the organization answered "							. line	40b.				
		<u> 5</u>	1					100.		(c) (orrect	ed?
1 (a) Name of disqualified person					n of transaction				Yes	N	lo.	
										-	+	
											\bot	_
			}						_		+	
												_
2 Enter the amount of tax imposed on the organization under section 4958	ŭ		•	•	ring the year			·				
3 Enter the amount of tax, if any, on line 2, above, repart II Loans to and/or From Interest				on	<u> </u>		▶ \$	—	_		_	==
Complete if the organization answered "				line 26, or Fo	orm 990-EZ, F	Part V, line 38	a					
(a) Name of interested person and purpose	or fro	oan to m the zation?		Original al amount	(d) Bala	ance due	(e) in c	default?	(f) Approved by board or committee?		(g) Writter agreement	
_	<u> </u>	From					Yes	No	Yes		Yes	No
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					<u> </u>	<u> </u>	<u> </u>	<u> </u>		_		_
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		l			<u></u>		—	<u> </u>	17784	4		L
Fortill Grants or Assistance Benefitt	ina Inte	rest	ed Perso	ns.	\$		<u> </u>				, \$PE	, 1,7
Complete if the organization answered "												
(a) Name of interested person			(b) Rel	Relationship between interes organization		person and the		(c) Amount		nt and type o		tance
							├			-		
			_				₩					
							t-					
Part IV Business Transactions Involv Complete if the organization answered "					o, or 28c.							
(a) Name of interested person		ested	onship between person and the anization		Amount of nsaction	(d) Desc	nption	of trar	nsactio	n	of reve	Shann org nues
Landon Clay	Boa		Member		34.535	Investr	nent	F	es		Yes	No
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											 	\perp
	_					 					+	+
	-					 					+-	+-

SCHEDULE O (Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection 😽

Internal Revenue Service Name of the organization

Department of the Treasury

Caribbean Conservation Corporation,

Employer identification number 59-6151069

Form 990, Part III, Line 4a - First Achievement education program using satellite-tracked migrations of sea turtles. The program combines research and education into a free, interactive program available online to teachers, students and anyone interested in sea turtles.

Form 990, Part III, Line 4d - All Other Achievements Panama Sea Turtle Research and Conservation Program - CCC's most recent project is working to protect and recover the globally-significant hawksbill and leatherback sea turtle nesting populations at Chiriquí Beach, Panama. The program consists of intensive monitoring of hawksbill and leatherback nesting activity, protection of nesting females and their nests, and public education in the region. CCC works in partnership with the indigenous Ngöbe Bugle community to carry out this research and encourage community support for sea turtle protection programs. CCC's research facility also hosts visiting researchers seeking to develop conservation programs based on the indigenous partnership model in their own countries.

International Policy Program - This CCC program is focused on reducing incidental capture of sea turtles in fisheries and promoting international accords for conservation. CCC staff work with governments, regional fisheries, management organizations, fishermen and conservationists to address bycatch policy and promote turtle-friendly regulation in major commercial fisheries. Some of the possible solutions include gear

Name of the organization

Caribbean Conservation Corporation,

Employer identification number 59-6151069

modification, timely fisheries closures, and designation of protected areas. CCC also engages in legal action against management agencies for failure to protect sea turtles under the Endangered Species Act. The organization also works to increase federal funding for sea turtle protection efforts nationally and internationally.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries
Costa Rica, Panama

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The Form 990 is prepared by an independent accounting firm and is reviewed and approved by the CFO and CEO of the organization. Once filed, the Form is made available to the public upon request.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board of Directors sign an annual conflict of interest statement and

these are discussed at Board Meetings which are held at least twice a year.

Upon any conflicts, they refrain from the voting process.

Possible conflicts of interest with staff members are monitored by the Controller, then referred to the Executive Director for resolution.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors annually evaluates the performance of CEO, David
Godfrey. They determine any increases in salary. The CEO completes the
evaluation of all other employees and determines compensation.