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DLN: 93493272002496

# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A Fo	or the	: 2015 ca	lendar year, or tax year beginr	ning 01-01-2015 $$ , and ending 12-31-2	015		
<b>B</b> Che	ck ıf a	applicable	C Name of organization SEA TURTLE CONSERVANCY			D Employe	er identification number
☐ Add	ress ch	hange	SEN TORTEE CONSERVANCE			59-615	1069
┌ Nar	ne cha	inge	Doing business as				
┌ Inıt	al retu	ım					
Fina	al			mail is not delivered to street address) Room/	suite	E Telephone	e number
		minated	4424 NW 13TH STREET SUITE B-:	11		(352)3	73-6441
┌ Am	ended	return		ountry, and ZIP or foreign postal code			
┌ App	lication	n pending	GAINESVILLE, FL 32609			<b>G</b> Gross reco	eipts \$ 3,090,511
			<b>F</b> Name and address of p	rıncıpal officer	H(a) I	s this a group re	aturn for
			DAVID GODFREY			ubordinates?	TYes <b>F</b> No
			4424 NW 13TH STREET S GAINESVILLE, FL 32609		<b>H(b)</b> △	re all subordina	ates 「Yes「No
			GATIVESVILLE, LE 32003	,		ncluded?	L. b. / b b \
	κ-exem	npt status	▼ 501(c)(3)	(insert no ) 4947(a)(1) or 527			list (see instructions)
		14/14/	W CONSERVETURTLES ORG		H(c) (	Group exemptio	n number 🟲
	ebsite	e: <b>F</b> vv vv	W CONSERVETORTLES ORG				
		ganızatıon	Corporation Trust Associa	tion Other 🕨	<b>L</b> Year	of formation 1960	M State of legal domicile FL
Pa	rt I	Sum	mary				
Governance		EPEND	H, EDUCATION, TRAINING,				
			,				ı
Activities &	3 1	Number	of voting members of the gover	rning body (Part VI, line 1a)			<b>3</b> 22
Ė	4 1	Number	of independent voting members	· · · <u> </u>	4 21		
ទ្ធ				n calendar year 2015 (Part V, line 2a)		<u> </u>	5 14
•			•	necessary)			6 297
				Part VIII, column (C), line 12		<u> </u>	<b>7a</b> 0
	b N	et unrela	ited business taxable income f	from Form 990-T, line 34			7b
						Prior Year	Current Year
<u> </u>	8		- ,	line 1h)		1,768,43	2,288,421
enne	9	Progra	ım service revenue (Part VIII)	, line 2g)		1,768,43 592,12	2,288,421 27 627,582
Revenue	9 10	Progra Invest	im service revenue (Part VIII, ment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)		1,768,43 592,12 14,82	2,288,421 27 627,582 22 23,615
Revenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A	nn (A), lines 3, 4, and 7d)		1,768,43 592,12	2,288,421 27 627,582 22 23,615
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GAINESVILLE, FL 32601

May the IRS discuss this return with the preparer shown above? (see instructions)

**Use Only** 

. ▼Yes □No

	1990 (2015)			Page
Par	t 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	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 💆	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.  I	11a	Yes	
	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		No
	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		No
	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	•	No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
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		No
17	IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	"Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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 "Yes," complete Schedule J</i>	23		No
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		No
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		
	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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	_ <del>_</del>

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Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance 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 1a 35			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CS  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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
Ū	The state of sp, and the organization me form occorrections in the state of the sta	5c		
	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		No
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).			
а	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		No
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 to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		110
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
h	required?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds.	7		
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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			
	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  Cathiar FO1(a)(12) approximations Foton			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	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			
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		. (22 = -
		Fo	rm <b>990</b>	(2015)

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

Se	check it schedule 0 contains a response or note to any line in this Part VI	•		•				
<u> </u>	etion 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 22							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21							
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	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did the organization have members or stockholders?	6		No				
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		No				
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	<b>b</b> Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revenu		e.)				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
L3	Did the organization have a written whistleblower policy?	13	Yes					
<b>L</b> 4	Did the organization have a written document retention and destruction policy?	14	Yes					
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	Yes					
b	Other officers or key employees of the organization	15b		Νo				
	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 arrangement with a taxable entity during the year?	16a		No				
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						
Se	ection C. Disclosure			1				
	List the States with which a copy of this Form 990 is required to be filed▶							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							

✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the  $\overline{tax}$  year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶PATRICIA MCCLOSKEY 4424 NW 13TH STREET SUITE B-11 GAINESVILLE, FL 32609 (352) 373-6441

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

- 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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) LANDON T CLAY CHAIRMAN	1 00	х	х			0	0	0
(2) LAURA FORTE PRESIDENT	1 00	х	х			0	0	0
(3) F PETER ROSE SECRETARY	1 00	х	х			0	0	0
(4) NICHOLAS A SHUFRO TREASURER	1 00	х	х			0	0	0
(5) MICHAEL P BRUYERE ESQ BOARD MEMBER	1 00	х				0	0	0
(6) ARCHIE CARR III PHD BOARD MEMBER	1 00	х				0	0	0
(7) PEGGY CAVANAUGH BOARD MEMBER	1 00	х				0	0	0
(8) SING CHAN BOARD MEMBER	1 00	х				0	0	0
(9) DAVID W EHRENFELD MD PH D BOARD MEMBER	1 00	х				0	0	0
(10) H CLAY FRICK III BOARD MEMBER	1 00	х				0	0	0
(11) ELISE FRICK BOARD MEMBER	1 00	х				0	0	0
(12) ANTHONY D KNERR PH D BOARD MEMBER	1 00	х				0	0	0
(13) TARA MACINTYRE BOARD MEMBER	1 00	х				0	0	0
(14) DR CHARLES MAGAL BOARD MEMBER	1 00	х				0	0	0
	·	<u> </u>						Form <b>990</b> (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	more than one box, unless co person is both an officer and a director/trustee) or						able sation the ation	(E) Reportable compensation from related organizations		(F) Estimated amount of othe compensation from the organization	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1 MIS		(W- 2/1099- MISC)		organiz and rel organiza	ated
(15) CARMEL B MCGILL	1 00	х							0		0		0
BOARD MEMBER (16) JEFFREY S PHIPPS	1 00				+	<u> </u>					_		
BOARD MEMBER		×							0		0		0
(17) CHRIS RAJCZI	1 00										1		
BOARD MEMBER		×							0		이		0
(18) RICK CLEVELAND	1 00	,,							0				
BOARD MEMBER		X							0		ᅦ		0
(19) MARK D SHANTZIS	1 00	x							0				0
BOARD MEMBER								ď			<u> </u>		
(20) JORDAN URSTADT ESQ	1 00	×							0		٥		0
BOARD MEMBER					_						1		
(21) MICHAEL FELD	1 00	х							0		o		0
BOARD MEMBER	1 00				_						_		
(22) SHIRLEY SANCHEZ		x							0		o		0
BOARD MEMBER (23) DAVID GODFREY	40 00				+						+		
				х					120,000		o		21,342
CEO (24) PATRICIA MCCLOSKEY	40 00				$\vdash$						+		
CFO				Х					87,430		0		17,758
					T						1		
1b Sub-Total					<u> </u>								
1b Sub-Total	VII Section A		•	•									
d Total (add lines 1b and 1c)	=			•	<b>▶</b>			207,430					39,100
Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	o those		ed a	bove	e) who	rec	eived mor	e than				
3 Did the organization list any <b>former</b> offi on line 1a? If "Yes," complete Schedule J			e, key	y em	nplo	yee, o	r hıg	nest com	oensate		3	Yes	<b>No</b>
For any individual listed on line 1a, is the organization and related organizations of individual											4		No
5 Did any person listed on line 1a receive services rendered to the organization?									ion or ir	ndıvıdual for	5		No
Section B. Independent Contractor	ors												
Complete this table for your five highes compensation from the organization. Re	t compensated											tay vear	
	(A) usiness address		LITE	cale	iiua	, year	enu			(B) on of services	113	(C) Compens	
Name did L	aomeoo dudleoo								Description	or octvices	$\pm$	Compens	ACOH.
											#		
											+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part V	100	Statement of Revenue									
		Check if Schedi	ule O contains a respor	nse or note to any lin				<u> </u>			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
S	1a	Federated cam	paigns 1a								
ant unt	ь	Membership du	es <b>1b</b>	204,614							
Grants mounts	С	Fundraising eve	ents 1c	6,776							
ξĒ	d	Related organiz		-							
Giffs, nilar Au											
ns,	е	Government grants	s (contributions) <b>1e</b>	611,200							
itio er (	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	1,465,831							
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines	253							
Contributions, and Other Sim		1a-1f \$			2 200 421						
Cr	h	Total. Add lines	s 1a-1f	· · · · •	2,288,421						
<u>e</u>				Business Code				ı			
wen	2a	MINERA CONTRAC	T		414,370	414,370					
<u>æ</u>	Ь	VOLUNTEER PROG	RAM REVENUE		60,485	60,485					
ЛСе	С	INTERPRETATION	CENTER FEES		38,498	38,498					
Seri	d	PERMIT HOLDERS			38,394	38,394					
: נופ	е		P AND WORKSHOPS		15,384	15,384					
Program Serwce Revenue	f	All other progra	am service revenue		60,451	60,451					
ΔŤ	g	Total. Add lines	s 2a-2f	🛌	627,582						
	3		ome (including dividen		23,615			72 <i>6</i>			
			ar amounts) stment of tax-exempt bond		23,015			23,61			
	4 5		· · · · · · · · ·	· · · · · ·	22,661			22,60			
	,	Royalties	(ı) Real	(II) Personal	,			,			
	6a	Gross rents	(i) iteal	(II) I CISCIIGI							
	ь	Less rental expenses									
	С	Rental income or (loss)									
	d	Net rental inco	me or (loss)								
			(ı) Securities	(II) Other							
	7a	Gross amount from sales of assets other than inventory									
	b	Less cost or other basis and									
	С	sales expenses Gain or (loss)									
	d	• •	[] ss)								
Other Revenue	8a	Gross income f events (not inc \$	rom fundraising luding ,776	,							
ж Н		of contributions See Part IV, lin	reported on line 1c)								
ler			a	2,870							
5	b		penses b	4,888							
	c 9a	Gross income f	(loss) from fundraising of from gaming activities ne 19	events 🛌	-2,018			-2,0			
		- 7	а								
	b	Less direct ex	penses <b>b</b>								
	С	Net income or (	loss) from gaming activ	vities							
	10a	Gross sales of returns and allo									
		recullis alla alla	owances . a	125,362							
	ь	Less cost of a	oods sold <b>b</b>	89,692							
			(loss) from sales of inve		35,670	35,670					
		Miscellaneous	s Revenue	Business Code							
	11a										
	ь										
	С										
	d	All other reven	ue								
	e	Total. Add lines	s 11a-11d	🕨							
	12	Total revenue.	See Instructions								
				7	2,995,931	663,252		44,25			

## Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A )	
	Check if Schedule O contains a response or note to any line in t				<del></del>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	745,239	745,239		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	246,530	181,417	31,995	33,118
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	399,834	345,000	16,991	37,843
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,030	32,253	1,367	3,410
9	Other employee benefits	89,318	74,609	5,441	9,268
10	Payroll taxes	46,345	37,982	3,346	5,017
11	Fees for services (non-employees)				
а	Management				
b	Legal	6,377	2,492	3,885	
C	Accounting	17,009	2,609	14,400	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	38,823		38,823	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	73,803	72,803	1,000	_
12	Advertising and promotion				
13	Office expenses	120,460	90,181	3,311	26,968
14	Information technology	51,323	44,679	1,129	5,515
15	Royalties				
16	Occupancy	78,587	65,075	8,981	4,531
17	Travel	171,710	156,875	7,693	7,142
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,438	44,022	898	518
23	Insurance	21,265	15,340	5,922	3
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOREIGN PAYROLL	436,877	436,058	819	
b	FOOD	74,894	74,894		
c	MATERIALS AND SUPPLIES	73,043	65,190	1,965	5,888
d	EQUIPMENT AND FACILITIES	65,070	57,659	394	7,017
е	All other expenses	44,690	44,690		
25	Total functional expenses. Add lines 1 through 24e	2,883,665	2,589,067	148,360	146,238
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 529,737 514,704 1 1 2 1.104.281 2 1.163.765 Savings and temporary cash investments . . . . 163,374 227,160 3 3 103.868 207.185 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 32,870 8 34,311 8 27,570 22,353 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 922,623 10a Complete Part VI of Schedule D b 10b 710,994 230,054 10c 211,629 Less accumulated depreciation . . . . 1,950,430 11 1.893.760 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 4,136,967 16 4,280,084 112,457 112,586 17 **17** Accounts payable and accrued expenses . . . . . 18 18 180.166 19 166.080 19 20 20 8.880 13.820 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 306.443 26 287.546 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 722,385 596.113 27 27 606,178 701,971 28 28 Fund 2,628,233 2,568,182 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 3.830.524 33 3,992,538 Total liabilities and net assets/fund balances . . . . . . . . . . . 4.136.967 34 4.280.084

	(2013)				raye 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		୮
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		2,9	995,931
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		2,8	383,665
3	Revenue less expenses Subtract line 2 from line 1	3		-	112,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			-	
•	Nect assets of fund balances at beginning of year (mast equal ) are X, line 33, column (A),	4		3,8	330,524
5	Net unrealized gains (losses) on investments				
		5			49,748
6	Donated services and use of facilities				
_		6			
7	Investment expenses	7			
8	Prior period adjustments				
	The period dayastiments in the first transfer to the first transfer transfer to the first transfer trans	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		2.0	002 520
D	column (B))	10		3 ,:	992,538
Par	<b>TXII</b> 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 of note to any line in this Fatt ATT	· ·	• •	Yes	No
				. 03	110
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review.	wed 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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate and the second of the second	arate			
	basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				
	Je Separate basis   Consolidated basis   Both Consolidated and Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ht			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain	n			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ie	3a		No
L	Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		110
ט	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **Additional Data**

Software ID: Software Version:

**EIN:** 59-6151069

Name: SEA TURTLE CONSERVANCY

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 494,077 including grants of \$ ) (Revenue \$ 481,474) BARRIER ISLAND CENTER - THE BARRIER ISLAND CENTER (BIC) IS AN EDUCATIONAL CENTER LOCATED IN THE HEART OF THE ARCHIE CARR REFUGE (THE REFUGE) IN MELBOURNE, FLORIDA THE REFUGE IS A MAJOR NESTING SITE FOR SEA TURTLES THE BIC PROVIDES A FOCAL POINT FOR THE REFUGE AND THE ASSOCIATED BARRIER ISLAND BY PROVIDING EXHIBIT SPACE, A PRESENTATION HALL AND ONGOING EDUCATIONAL PROGRAMS THAT PROMOTE STEWARDSHIP OF THE AREA'S FRAGILE NATURAL RESOURCES THROUGH A PARTNERSHIP WITH THE BREVARD COUNTY ENVIRONMENTALLY ENDANGERED LANDS PROGRAM, STC OVERSEES AND CONDUCTS THE EDUCATIONAL PROGRAMS OFFERED AT THE BIC, AND MANAGES A SMALL GIFT SHOP PANAMA RESEARCH AND CONSERVATION - A COLLABORATIVE SEA TURTLE RESEARCH AND CONSERVATION INITIATIVE BASED AT BOCAS DEL TORO ON PANAMA'S NORTH CARIBBEAN COAST MODELED AFTER STC'S TORTUGUERO PROGRAM, THE PURPOSE OF THE PANAMA PROJECT IS TO STUDY, PROTECT AND RECOVER LOCAL POPULATIONS OF LEATHERBACK AND HAWKSBILL TURTLES, BOTH OF WHICH NEST IN GLOBALLY SIGNIFICANT NUMBERS IN THE REGION THE PROJECT INCLUDES ONGOING MONITORING, PROTECTION AND EDUCATION ACTIVITIES AT CHIRIQUI BEACH, PLAYA LARGA, RED BEACH AND ESCUDO DE VERAGUAS, SOROPTA AND COLON INTERNATIONAL PROGRAMS - THESE PROGRAMS PROTECT SEA TURTLES BY EXPANDING CONSERVATION. EDUCATION AND POLICY INITIATIVES IN A VARIETY OF ACTIVITIES THROUGHOUT THE WORLD

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493272002496

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization CONSERVANCY	Employer identification number								
	OKTEE	SONSER VINCE					59-6151069				
Pa	rt I	Reason for Publi	c Charity S	<b>Status</b> (All organiza	tions must co	mplete this p	art.) See instructio	ns.			
The	organi	zation is not a private fo	oundation bec	auseıtıs (Forlines 1	through 11, ch	eck only one bo	ox )				
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	o)(1)(A)(i).				
2	Г	A school described in	section 170(b	)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	Z))				
3	Г	A hospital or a cooper									
4	Ē	A medical research or						). Enter the			
	•	hospital's name, city,						,			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	.)(A)(v).				
7	굣	An organization that n described in <b>section 1</b>				om a governme	ental unit or from the g	eneral public			
8	$\Box$	A community trust des				tII)					
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
11	<u>'</u>	An organization organ						+ h =			
a	, _	one or more publicly s the box in lines 11a th <b>Type I.</b> A supporting o supported organization	upported orga nrough 11d tha organization op	nizations described in at describes the type o perated, supervised, or	section 509(a of supporting or controlled by i	)(1) or section ganization and ts supported o	509(a)(2) See <b>sectio</b> complete lines 11e, 1 rganization(s), typical	<b>n 509(a)(3).</b> Check 1f, and 11g ly by giving the			
		organization You mus				•					
b	Г	Type II. A supporting									
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>			
С	_	must complete Part IN Type III functionally i	•		n operated in c	onnection with	and functionally inter	irated with its			
·	'	supported organization						gracea with, its			
d	Γ	Type III non-function						anızatıon(s) that ıs			
		not functionally integr					ement and an attentiv	eness requirement			
	_	(see instructions) <b>Yo</b>									
е	ı	Check this box if the or integrated, or Type III					s a Type I, Type II, T	ype III functionally			
f	Ente	r the number of support									
g	Liitei	Provide the following i	_								
9		Trovide the following r	mormation ab	out the supported orga	11112411011(3)						
		(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))			(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)			
					Yes	No					

Pa	Support Schedule for (Complete only if you	checked the bo	ox on line 5, 7,	or 8 of Part I o	r if the organiza	ation fail	ed to qu	(1)(A)(vi) alıfy under
S	Part III. If the organizection A. Public Support	zation rails to qu	daniy under the	tests listed bei	ow, piease con	ipiete Pa	irt 111.)	
	Calendar year		42224					
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	015	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,977,428	1,726,559	1,697,411	1,768,430	2,288,421		9,458,249
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	<b>Total.</b> Add lines 1 through 3	1,977,428	1,726,559	1,697,411	1,768,430	2	2,288,421	9,458,249
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)							72,866
6	<b>Public support.</b> Subtract line 5 from line 4							9,385,383
S	ection B. Total Support							
_	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	015	<b>(f)</b> Total
	fiscal year beginning in)				1,768,430			9,458,249
7 8	A mounts from line 4 Gross income from interest,	1,977,428	1,720,339	1,697,411	1,766,430		2,288,421	9,436,249
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	41,044	81,043	39,766	59,306	46,276		267,435
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 VI)							
11	<b>Total support.</b> Add lines 7 through 10							9,725,684
12	Gross receipts from related activity	ties, etc (see ins	tructions)			12		2,337,996
13	First five years. If the Form 990 is check this box and stop here ection C. Computation of Pu	<u> </u>	<u> </u>					organization,
14	Public support percentage for 201			11. column (f))		14		96 500 %
15	Public support percentage for 201	• •		. 11, 00141111 (1))		_		
			•	v an line 12 and l	.ma 14 .a 22 1/20/	15	ahaali th	96 890 %
	33 1/3% support test—2015. If the and stop here. The organization question 33 1/3% support test—2014. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization part VI how the organization meorganization	ualifies as a publice organization did on qualifies as a part organization meets the factors.	cly supported organic not check a box of the	anization on line 13 or 16a, l organization check a box on lir tances test, chec	, and line 15 is 33 ie 13, 16a, or 16l ik this box and <b>st</b> o	1/3% or o, and line op here. E	more, che e 14 Explain	eck this
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the orga Explain in Part VI how the organiz	anızatıon meets th	ne "facts-and-circ	umstances" test	, check this box a	nd <b>stop h</b>	ere.	
18	supported organization <b>Private foundation.</b> If the organiza	ition did not chec	k a box on line 13	, 16a, 16b, 17a, o	or 17b, check this	box and	see	
	instructions			•				<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose 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 its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business 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 VI) Total support. (Add lines 9, 10c, 11, and 12) 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
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	4b		
c	by or in connection with its supported organizations.  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.	<b>4</b> c		
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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
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).	10b		l
	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		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	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		_ <del></del>

Pai	Supporting Organizations (continued)			
Se	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	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 <b>Part VI identify those supported organizations and explain</b> 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		
Ŀ	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 <b>Part VI</b> 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.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	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

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	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		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c				
Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accom	plish exempt purposes					
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in				
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4 A mounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval re	quired)					
6 Other distributions (describe in Part VI) See instru	uctions					
7 Total annual distributions. Add lines 1 through 6						
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
<b>d</b> From 2013						
e From 2014						
f Total of lines 3a through e						
<b>g</b> Applied to underdistributions of prior years						
<b>h</b> Applied to 2015 distributable amount						
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7						
\$						
a Applied to underdistributions of prior years						
<b>b</b> Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)						
7 Excess distributions carryover to 2016. Add lines 31 and 4c						
8 Breakdown of line 7						
<b>c</b> Excess from 2013						
<b>d</b> From 2014						
<b>e</b> From 2015						

#### 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).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493272002496

## OMB No 1545-0047

## SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Inspection** 

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SEA TURTLE CONSERVANCY 59-6151069 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
2				
3				
4				
5				
6				

**f** Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page <b>2</b>
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check  fithe filing organization belongs to expenses, and share of excess lobbed.  Check  fithe filing organization checked bo	oying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots	<u> </u>		1918.9	
Ia	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines $1a$ and $1$	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g h i j	Subtract line 1g from line 1a If zero or less, ento Subtract line 1f from line 1c If zero or less, ento If there is an amount other than zero on either line porting section 4911 tax for this year?	er -0-	organization file F		No	
	(Some organizations that made a columns below. See t	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During 4	4-Year Avera	ging Perioa	T	1
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Sch	edule C (Form 990 or 990-EZ) 2015				Р	age ${f 3}$
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TOP				
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)		
activ			No	,	\ mour	nt
		Yes		'		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?	Yes				1
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				2,14
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Νo			
j	Total Add lines 1c through 1i					2,15
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
Pr	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part I	I-A, I	ınes 1	and

Return Reference Explanation

SCHEDULE C, PART II-B, LINE 1 SOME STAFF TIME IS DEVOTED FOR LOBBYING TO GET APPROPRIATIONS TO BENEFIT SEA TURTLE PROGRAMS, STRICTER FISHERY REGULATIONS, LEGISLATION REGARDING THE USE OF THE COASTLINE AND STRICTER PERMITTING OF SEA WALLS

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DLN: 93493272002496

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

## **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.

ernal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.irs</u>	s.gov/f	<u>orm990</u> . <u>Inspection</u>
	me of the organiza			Emple	oyer identification number
				59-6	151069
Pa			Advised Funds or Other Similar Formed "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.
			(a) Donor advised funds	( <b>b</b> )	Funds and other accounts
	Total number a	at end of year			1
	Aggregate valu year)	ue of contributions to (during			
	Aggregate valu	ue of grants from (during year)			100,000
	Aggregate valu	ue at end of year			1,871,295
	<del>-</del>		advisors in writing that the assets held in don the organization's exclusive legal control?	or advis	sed <b>┌ Yes                                   </b>
	used only for cha		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for ai		
aı	tt III Conserv	ation Easements. Comple	ete if the organization answered "Yes" o	n Form	n 990, Part IV, line 7.
	Preservation Protection of Preservation Complete lines 2	of land for public use (e g , recre natural habitat of open space		certified	cally important land area I historic structure of a conservation
	easement on the	last day of the tax year			Held at the End of the Year
а	Total number of c	onservation easements		2a	
b	Total acreage res	stricted by conservation easeme	ents	2b	
c	Number of conse	rvation easements on a certified	historic structure included in (a)	2c	
d		rvation easements included in (c : listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
	Number of conse	rvation easements modified, trai	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	Number of states	where property subject to cons	ervation easement is located ►		
i		ation have a written policy regar nforcement of the conservation e	ding the periodic monitoring, inspection, hand easements it holds?	dling of	┌ Yes
ı	Staff and volunted year	er hours devoted to monitoring,	inspecting, handling of violations, and enforci	ing cons	servation easements during the
	<u> </u>	_			
		ses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
	<b>►</b> \$				
	(B)(ı) and section	170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of sec		☐ Yes ☐ No
l	balance sheet, ar		ts conservation easements in its revenue and of the footnote to the organization's financial sements		
ar			tions of Art, Historical Treasures,	or Oth	er Similar Assets.
		_	ed "Yes" on Form 990, Part IV, line 8.		
а	works of art, histo	orical treasures, or other similar	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furtherance of public
b	works of art, histo		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items		
(	(i) Revenue include	ed on Form 990, Part VIII, line 1	L	<b>►</b> \$_	
(i	i) Assets included	ın Form 990, Part X			
	If the organizatio	n received or held works of art, h	nistorical treasures, or other similar assets fo SFAS 116 (ASC 958) relating to these items	or financ	
a	Revenue included	i on Form 990, Part VIII, line 1			<b>▶</b> \$

Assets included in Form 990, Part X

Part	*****	Organizations Maintaining (continued)	Collections of Art,	Historical	Treasures	, or Ot	her Similar A	ssets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other record					e of its	
а	ГР	ublic exhibition		<b>d</b>   Lo	an or exchange	e progra	ıms		
b	┌ s	Scholarly research		<b>e</b>	her				
c	┌ P	reservation for future generations							
4	Provi Part >	de a description of the organization KIII	's collections and explair	n how they fui	rther the organ	ızatıon's	s exempt purpose	ın	
5	asset	g the year, did the organization sol s to be sold to raise funds rather th						┌ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		rm 990, Pa	rt IV, line 9,	or repo	orted an amoun	it on Fori	m 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other intermed	liary for conti	ributions or oth	ier asse	ets not <b>Yes</b>	√ No	
b	If"	'Yes," explain the arrangement in P	art XIII and complete th	e following ta	ble		Am	ount	
С	Be	ginning balance				1c			
d	A d	ditions during the year				1d			
e	Dis	stributions during the year				1e			
f		ding balance				1f			
2a		ne organization include an amount o	on Form 990 Part X line	21 for escro	w or custodial	accoun	t liability? 🔽 Yes	□ No	
	D14 t1	ie organization merade an amount	on round 550, rare x, mie	21,101 05010	W or cubecular	uccoun	emasme, , 100	,	
b		es," explain the arrangement in Par							<u> </u>
Pai	rt V	Endowment Funds. Comple					<u> </u>		
			<del> </del>	Prior year 2,793,915	<b>b</b> (c)Two years	back (6,579	<b>d)</b> Three years back 2,449,359	(e)Four ye	
1a		nning of year balance	2,628,708	•	<u> </u>				2,856,287
Ь	Conti	ributions	6,602	17,990	'  1	.9,595	27,594		2,000
c	Net II losse	nvestment earnings, gains, and	34,098	-83,197	' 25	57,741	239,626		-308,928
d		ts or scholarships • • • •							
е		r expenditures for facilities rograms 	100,000	100,000	10	0,000	100,000		100,000
f	A dmı	nistrative expenses							
g	End o	of year balance · · · · ·	2,569,408	2,628,708	2,79	3,915	2,616,579		2,449,359
2	Provi	de the estimated percentage of the	current year end balance	e (line 1g, col	lumn (a)) held a	as			
а	Board	l designated or quasi-endowment 🕨	•						
ь	Perm	anent endowment 🕨 100 000 %							
c	•	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%						
За	A re tl	here endowment funds not in the po lization by		on that are l	held and admın	ıstered	for the	Yes	No
	<b>(i)</b> un	related organizations					За	(i) Yes	
	(ii) re	elated organizations					За	(ii)	No
b		es" on 3a(II), are the related organi					3	ь	
4	Desc	ribe in Part XIII the intended uses		owment funds	5				
Par	t VI	Land, Buildings, and Equip		000 Dawl	TV lung 11g	Coo F	000 Dawb V	. l	
		Complete if the organization  Description of property	answered res to Fori	11 990, Part (a)		. <u>See го</u> Ъ)	Accumulated		ok value
		Description of property		Cost or othe	er basis   Cost or d	ther basi		(3,50	raide
4-	امدا			(investme	ent) (01	ther)	1		25.225
	Land					25,30		F.C.	25,300
	Buildin			·		563,56	7 429,7!	56	133,811
		nold improvements				222.75		20	F3.515
		nent				333,75	6 281,23	20	52,518
~ "	o mer			· 1			1	1	

211,629

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
	) -		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 <b>Part VIII</b> Investments—Program Related	)		
Complete if the organization answe	red 'Yes' on Form 990	), Part IV, line 11c. <sub>Se</sub>	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l '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		
Faderal income toyee			
Federal Income taxes			
		$\dashv$	
		_	

2,883,665

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,101,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 49,748		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	144,328
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,957,108
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 38,823		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	38,823
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	2,995,931
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,939,422
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	94,580
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,844,842
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 38,823		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	38,823

#### Part XIII Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE ORGANIZATION HOLDS FUNDS FOR THE FLORIDA COASTAL COALITION WHICH ARE DISBURSED AT THE REQUEST OF THE AGENCY REVENUES OF THE FLORIDA COASTAL COALITION ARE NOT REVENUES OF STC, THEREFORE, THE AMOUNT STC HOLDS AT YEAR END IS REPORTED AS A LIABILITY
SCHEDULE D, PAGE 2, PART V, LINE 4	EARNINGS FROM THE ENDOWMENT FUNDS ARE USED TO FUND RESEARCH AND CONSERVATION OF SEA TURTLES
SCHEDULE D, PAGE 3, PART X	THE CORPORATION IS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DOES NOT EARN ANY UNRELATED BUSINESS TAXABLE INCOME THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE CORPORATION HOLDS NO UNCERTAIN TAX POSITIONS AND, THEREFORE, HAS NO POLICY FOR EVALUATING THEM
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENT EXPENSES 4,888 COST OF SALES 89,692
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSE 4,888 COST OF SALES 89,692

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

	e of the organization				Employer ident	ification number		
SEA	TURTLE CONSERVANCY				59-6151069			
Pa	rt I General Information Complete if the organi				14b.			
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ing the use of its grant	s and other		
3	Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1)	CENTRAL AMERICA AND THE CARIBBEAN	2		PROGRAM SERVICES	CONSERVE SEA TURTLES	929,668		
( 2)								
(3)								
(4)								
( 5)								
b	Sub-total Total from continuation sheets to Part I	2	104			929,668		
С	: <b>Totals</b> (add lines 3a and 3b)	2	104			929,668		

Schedule F (Form 990) 2015

<u> </u>		(b) IRS code		(d) Purpose of	t IV, line 15, for an	(f) Manner of	( <b>g)</b> A mount	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(c) region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, othe
(	1)								
(	2)								
(	3)								
(	4)								
2					ecognized as charit ovided a section 501				
3	Enter total nu	mber of other or	ganızatıons or ent	ities					

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

Part III can be	<u>duplicated if addit</u>	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		
(2)		+ + +			<del>                                     </del>		<u>'</u>
(3)		1	·		,		1
(4)		+ +	·		+		<del>                                     </del>
(5)		+ +	 I		+		<del>                                     </del>
(6)		+ +	 I		+		<del>                                     </del>
(7)		+			†		<u> </u>
(8)		+ + +			†		<u> </u>
(9)		+ +			<u> </u>		<u> </u>
(10)		+	·		<u> </u>		<u> </u>
(11)		+			<b>†</b>		<u> </u>
( 12)		+ + +			<u> </u>		<u> </u>
( 13)		+	·		<b> </b>		<u> </u>
( 14)		+ + +			,		
( 15)		+ + +			,		
( 16)		1			,		
( 17)					,		
( 18)					,		
		<del></del>					

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990)	Г	Yes	ᅜ	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)	Γ	Yes	<u> ~</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	দ	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)	Γ	Yes	굣	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	٦	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5** 

#### Part V

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 929,668 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

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

DLN: 93493272002496 OMB No 1545-0047

Open to Public **Inspection** 

Schedule I (Form 990) 2015

**Employer identification number** 

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

SEA TURTLE CONSERVANCY

(Form 990)

SEA FORFEE CONSERVANCE						59-6151069	
Part I General Information	n on Grants an	d Assistance				•	
Does the organization maintain returned the selection criteria used to awa     Describe in Part IV the organizate  Part II Grants and Other Assistan	ard the grants or as cion's procedures f	ssistance? or monitoring the use	of grant funds in the Ur				✓ Yes
that received more than \$					answered res our	omi 550, i arc i v , ime 21	., for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grar or assistance
See Additional Data Table							
		<u> </u>					
2 Enter total number of section 50:		_	sted in the line 1 table .			···· • • _	15

Cat No 50055P

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

(a)Type of grant or assistar	nce	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanat	tion							
COUEDINE I DACE 1 DADE I	TWO TVE	SEC OF CRANTS ARE A	WARRED CEATURE	LICENCE DI ATE CDANI	TO AND CRANTS FOR SEA THE	DTLE EDIENDLY LICHTING AND			

Return Reference

SCHEDULE I, PAGE 1, PART I,
LINE 2

TWO TYPES OF GRANTS ARE AWARDED SEA TURTLE LICENSE PLATE GRANTS AND GRANTS FOR SEA TURTLE FRIENDLY LIGHTING AND
DUNE PLANTING PROJECTS ORGANIZATIONS RECEIVE SEA TURTLE LICENSE PLATE GRANT FUNDS IN THREE DISTRIBUTIONS THE
INITIAL DISTRIBUTION IS GIVEN UPON THE SIGNING OF THE CONTRACTS A SIX MONTH PROGRESS REPORT IS DUE, AT WHICH TIME THE
PROJECT IS REVIEWED BY STC AND UPON APPROVAL, THE SECOND GRANT PAYMENT IS MADE THE FINAL PAYMENT IS AWARDED AFTER
THE PROJECT IS COMPLETE AND ALL DELIVERABLES HAVE BEEN RECEIVED AND APPROVED THE BOOKS, ACCOUNTS, FILES, AND OTHER
RECORDS OF THE PROJECT ARE HELD FOR A PERIOD OF FIVE YEARS FROM THE CONCLUSION OF THE GRANT AGREEMENT BY THE
GRANTEE, AND ARE AVAILABLE FOR INSPECTION, REVIEW AND AUDIT BY STC MONITORING PROCEDURES MAY ALSO INCLUDE ON-SITE
VISITS GRANTS FOR SEA TURTLE FRIENDLY LIGHTING PROJECTS AND DUNE PLANTINGS ARE MANAGED IN A SIMILAR FASHION EXCEPT
THEY ARE PAID IN A TWO STEP PROCESS

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 59-6151069

Name: SEA TURTLE CONSERVANCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREVARD COUNTY EELS PROGRAM 8385 SOUTH HIGHWAY A1A MELBOURNE BEACH,FL 32951	59-6000523	GOV	12,291				EDUCATION
EAST COAST ZOOLOGICAL SOCIETY OF FL 8225 N WICKHAM ROAD MELBOURNE,FL 32940	59-2496749	3	13,126				SEA TURTLE HOSPITAL
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON,FL 33431	65-0385507	GOV	7,436				SATELLITE TRACKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GULF SPECIMAN MARINE LAB INC 222 CLARK ROAD PANACEA,FL 32346	59-2021454	3	8,440				SEA TURTLE CARE			
HIDDEN HARBOR MARINE 2396 OVERSEAS HIGHWAY MARATHON,FL 33050	65-0306516	3	5,662				EQUIPMENT/SUPPLIES			
INWATER RESEARCH GROUP INC 4160 NE HYLINE DRIVE JENSEN BEACH,FL 34957	65-1090322	3	30,801				SEA TURTLE RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MOTE MARINE LABORATORY 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236	59-0756643	3	19,954				SEA TURTLE RESEARCH			
PALM BEACH COUNTY DEPT OF ENVIRONMENTAL RES MGMT 2300 N JOG ROAD 4TH FLOOR WEST PALM BEACH,FL 33411	59-6000785	GOV	6,422				RESEARCH/EDUCATION			
UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PARKWAY STE 501 ORLANDO,FL 32826	59-3086453	GOV	70,863				SEA TURTLE RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF FLORIDA FOUNDATION UF WHITNEY LABORATORY 9505 OCEAN SHORE BLVD ST AUGUSTINE, FL 32080	59-6002052	3	27,405				HOSPITAL EQUIPMENT			
BROWARD COUNTY 115 S ANDREWS AVE ROOM 329H FORT LAUDERDALE, FL 33301	59-6000531	GOV	5,777				SIGNS FOR EDUCATION			
CITY OF SANIBEL 800 DUNLOP ROAD SANIBEL,FL 33957	59-1568877	GOV	5,100				SEA TURTLE LIGHTING			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CLINIC FOR THE REHABILITATION OF WILDLIFE PO BOX 150 SANIBEL, FL 33957	23-7271040	3	11,091				MEDICAL EQUIPMENT			
GULF WORLD MARINE INSTITUTE 15412 FRONT BEACH ROAD PANAMA CITY BEACH,FL 32413	27-3137372	3	10,848				RADIO GRAPH SYSTEM			
VOLUSIA CO ENVIRONMENTAL MGMT 440 S BEACH STREET DAYTONA,FL 32114	59-6000885	GOV	5,075				EDUCATION/OUTREACH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
BEACHSIDE I CONDOMINIUM ASSOC 215 GRAND BLVD SUITE 200 MIRAMIR BEACH,FL 32550	59-2025125		24,001			I	LIGHTING/DUNE PLANTS			
BEACHSIDE II CONDOMINIUM ASSOC 215 GRAND BLVD SUITE 200 MIRAMIR BEACH,FL 32550	59-2450322		74,292				LIGHTING/DUNE PLANTS			
BELLA VITA CONDOMINIUM OWNERS ASSOC 12815 EMERALD COAST PARKWAY MIRAMIR BEACH,FL 32550	61-1433147		27,949			I	LIGHTING/DUNE PLANT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE CRESCENT AT MIRAMIR BEACH CONDOMINIUM OWNERS ASSOCIATION 50 MONACO STREET MIRAMIR BEACH, FL 32550	59-3511444		76,147				LIGHTING/DUNE PLANTS			
EMERALD DUNES OWNERS' ASSOC 2934 SCENIC HIGHWAY 98 DESTIN,FL 32541	59-3342173		42,313				LIGHTING			
GRANDVIEW CONDOMINIUM OWNERS ASSOC 215 GRAND BLVD SUITE 200 MIRAMIR BEACH,FL 32550	59-3473876		13,601				LIGHTIN/DUNE PLANTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HIDDEN DUNES COMMUNITY ASSOC 9815 HWY 98 W MIRAMIR BEACH, FL 32550	59-2710011		10,569				LIGHTING			
HUNTINGTON BY-THE-SEA CONDO OWNERS' ASSOCIATION INC 140 MONACO STREET DESTIN,FL 32550	59-2216960		10,721				LIGHTING/DUNE PLANTS			
MAJESTIC SUN OWNERS' ASSOC INC 1160 SCENIC GULF DRIVE MIRAMIR BEACH,FL 32550	59-3713685		26,157				LIGHTING			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
SANCTUARY BY THE SEA CONDOMINIUM 1363 W COUNTY HWY 30 A SANTA ROSA BEACH,FL 32459	26-1274394		53,280			1	LIGHTING/DUNE PLANTS			
SOUTHWINDS AT SANDESTIN CONDO ASSOC 215 GRAND BLVD SUITE 200 MIRAMIR BEACH, FL 32550	59-3375724		5,585				DUNE PLANTING			
SUMMERCHASE AT CRYSTAL BEACH OWNERS' ASSOCIATION 2996 SCENIC HWY 98 DESTIN,FL 32541	59-3450365		22,063				LIGHTING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TOPS'L BEACH MANOR CONDOMINIUM ASSO 9001 HWY 98 W MIRAMIR BEACH,FL 32550	59-2660480		25,989				LIGHTING			
CALM AIR VISIBILITY UNLIMITED INC 941 W BYRD BLVD STE 101 UNIVERSAL CITY,TX 78148	20-3287015		15,000				VIDEO			
BEACH HOUSE HOME OWNERS ASSOC 675 SCENIC GULF DRIVE MIRAMIR BEACH,FL 32550	59-1982769		23,200				LIGHTING			

DLN: 93493272002496

# **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Schedule L (Form 990 or 990-EZ)

www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization SEA TURTLE CONSERVANCY 59-6151069 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (i)Written (a) Name of (c) (d) Loan to (e)Original (f)Balance (g) In (h) Purpose of interested with or from the principal due default? Approved agreement? organization loan organization? amount by board or person committee? From Yes Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between (a) Name of interested (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions I	nvolving Interested	l Persons.			
Complete if the organization	n answered "Yes" on I	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LANDON CLAY	BOARD MEMBER	38,823	INVESTMENT FEES		No
Provide additional information f		s on Schedule I (see ins	tructions)	•	

Return Re	eference	Explanation	
			-

Schedule L (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493272002496

OMB No 1545-0047

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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization SEA TURTLE CONSERVANCY

**Employer identification number** 

59-6151069

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	BARRIER ISLAND CENTER - THE BARRIER ISLAND CENTER (BIC) IS AN EDUCATIONAL CENTER LOCATED IN THE HEART OF THE ARCHIE CARR REFUGE (THE REFUGE) IN MELBOURNE, FLORIDA THE REFUGE IS A MAJOR NESTING SITE FOR SEA TURTLES THE BIC PROVIDES A FOCAL POINT FOR THE REFUGE AND THE ASSOCIATED BARRIER ISLAND BY PROVIDING EXHIBIT SPACE, A PRESENTATION HALL AND ONGOING EDUCATIONAL PROGRAMS THAT PROMOTE STEWARDSHIP OF THE AREA'S FRAGILE NATURAL RESOURCES THROUGH A PARTNERSHIP WITH THE BREVARD COUNTY ENVIRONMENTALLY ENDANGERED LANDS PROGRAM, STC OVERSEES AND CONDUCTS THE EDUCATIONAL PROGRAMS OFFERED AT THE BIC, AND MANAGES A SMALL GIFT SHOP PANAMA RESEARCH AND CONSERVATION - A COLLABORATIVE SEA TURTLE RESEARCH AND CONSERVATION INITIATIVE BASED AT BOCAS DEL TORO ON PANAMA'S NORTH CARIBBEAN COAST MODELED AFTER STC'S TORTUGUERO PROGRAM, THE PURPOSE OF THE PANAMA PROJECT IS TO STUDY, PROTECT AND RECOVER LOCAL POPULATIONS OF LEATHERBACK AND HAWKSBILL TURTLES, BOTH OF WHICH NEST IN GLOBALLY SIGNIFICANT NUMBERS IN THE REGION THE PROJECT INCLUDES ONGOING MONITORING, PROTECTION AND EDUCATION ACTIVITIES AT CHIRIQUI BEACH, PLAYA LARGA, RED BEACH AND ESCUDO DE VERAGUAS, SOROPTA AND COLON INTERNATIONAL PROGRAMS - THESE PROGRAMS PROTECT SEA TURTLES BY EXPANDING CONSERVATION, EDUCATION AND POLICY INITIATIVES IN A VARIETY OF ACTIVITIES THROUGHOUT THE WORLD
FORM 990, PART V, LINE 4B	COSTA RICA, PANAMA
FORM 990, PAGE 6, PART VI, LINE 2	H CLAY FRICK, III ELISE FRICK BOARD MEMBER BOARD MEMBER FAMILY RELATIONSHIF
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED WITH THE ASSISTANCE OF AN INDEPENDENT ACCOUNTING FIRM AND IS REVI EWED AND APPROVED BY THE CFO AND CEO OF THE ORGANIZATION, THEN SENT TO MEMBERS OF THE BOAR D ONCE FILED, THE FORM IS MADE AVAILABLE TO THE PUBLIC ON STC'S WEBSITE, GUIDE STAR AND C HARITY NAVIGATOR WEBSITES, AND UPON REQUEST
FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD OF DIRECTORS HAVE APPROVED A CONFLICT OF INTEREST POLICY AND ANY CONFLICTS ARE D ISCUSSED AT BOARD MEETINGS, WHICH ARE HELD AT LEAST TWICE A YEAR UPON ANY CONFLICTS, THEY REFRAIN FROM THE VOTING PROCESS NEW BOARD MEMBERS ARE ADVISED OF THE POLICY AND PROVIDED A COPY OF THE CONFLICT OF INTEREST STATEMENT POSSIBLE CONFLICTS OF INTEREST WITH STAFF M EMBERS ARE MONITORED BY THE CFO, THEN REFERRED TO THE EXECUTIVE DIRECTOR FOR RESOLUTION
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE PERFORMANCE OF CEO, DAVID GODFREY COMPARABI LITY DATA IS OBTAINED, PRESENTED, AND DOCUMENTED BY THE TREASURER THE BOARD THEN DISCUSSE S AND DETERMINES ANY INCREASES IN SALARY THE CEO COMPLETES THE EVALUATION OF ALL OTHER EM PLOYEES AND DETERMINES COMPENSATION
FORM 990, PAGE 6, PART VI, LINE 19	ALL SUCH DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSES 4,888 COST OF SALES 89,692 SPECIAL EVENT EXPENSE -4,888 COST OF SALES -89,692