4
7

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

	(Rev	. January 2	2020)	l			eniai nevenue code (e					<u></u>		
	Dep	artment of t	the Treasury	1		s on this form as it ma structions and the late	-	- 1	///	γ		Public		
	Inter	nal Revenu	e Service	91		Inspec	ction							
	A	For the 2	2019 calend		year beginning		, 2019, and end	ding	,	<u> </u>	, :	20		
	В	Check if a	pplicable:	C Name of organ	nization SEE Turt	es				DE	mployer id			
		Address c	hange	Doing busines	is as SEE Turtle	5		,			81-	4325149		
		Name cha	лде			mail is not delivered t	to street address)	Room	/sulte	E Telephone number				
		Initial retu	m i	7227 SW Lin	ette Way			<u></u>		800-215-0378				
		Final return	v/terminated			untry, and ZIP or fore	eign postal code					_	000 500	
	\square	Amended	return	Beaverton O			 			_	iross receip		306,580	
	Ш	Applicatio	n pending		lress of principal offi		ND 07007					_	Yes 🗹 No	
	_	T		-		Way, Beaverton C		,	***				Yes LNo	
	÷	Tax-exem		501(c)(3) seeturtles.org	501(c) () ◀ (Insert no.)	4947(a)(1) or 52			-	h a list. (see otion numbe		115)	
				Corporation	Trust Associat	on ☐ Other ▶	L Year of for			 	state of lega		OR	
		art I	Summa		I Hust	ion Liouters	L real or to			1 101 0	nate or regi	ii domicile		
					nization's miss	on or most signs	ficant activities: Sur	portin	g sea tu	rtle cor	servatio	n through		
	ø	' '					tion. See Schedule O.							
	auc	-					1/					<u> </u>		
	Activities & Governance	2 (Check this	box ▶ 🔲 if th	ne organization	discontinued its	operations of dispos	ed of	mB.E.K		of its n	et assets	3.	
	Š	3 1	Number of	votina memb	ers of the gove	ming body (Part	VI. line 1a). '	١.٢.		-		တ္တု	5	
	æ	4 1	Number of	independent	voting member	s of the governin	g body (Part VI, line	100 ·	MAY	0 4	4001		5	
\approx	ties	5 7	Total numb	per of individu	als employed in	calendar year 2	019 (Part V, line 2a)	6	WA!	· 4		ώ	1	
202	ξ	6	Total numb	per of volunte	ers (estimate if I	necessary)		. L		` ∟	<u> </u>	<u> </u>	4	
တ	Ą	7a 7	Total unrel	ated business	s revenue from I	Part VIII, column	(C), line 12		OGE)EM	/auT		0	
63		<u>b</u> !	Net unrelat	ted business t	taxable income	from Form 990-1	Г, line 39				ть		0	
								<u> </u>	Prior \		F.F.	Current '		
MAR	9	1		-	s (Part VIII, line	-		-		207,6			176,271	
	Revenue	L	_		e (Part VIII, line :			-		115,7	19		136,874 440	
Ш	æ	1		-	•		7d)				0		 0	
Z		1		•			i0c, and 11e) II, column (A), line 12)			324.0	324,041 313,585			
4				,		K, column (A), lin		_		72,2			134,393	
SCANNED		1					4)				0		0	
Ś	60		-		•		column (A), lines 5–10)	_		70,9	51		72,510	
	ŝ		•	•			1e)				0		0	
	Expenses	1		-	•	ımn (D), line 25)							i	
	ũ	17 (Other expe	enses (Part IX,	, column (A), line	es 11a-11d, 11f-	·24e)			137,1	22		114,762	
		18 7	Total expe	nses. Add line	es 13-17 (must	equal Part IX, co	lumn (A), line 25) .			280,3	43		321,665	
		19 F	Revenue le	ess expenses.	Subtract line 1	8 from line 12 .	<u> </u>			43,6	98		-8,080	
	Net Assets or Fund Balances	ļ						Beg	inning of C			End of Y		
	age ta	20 1		ts (Part X, line	•			_		90,7		 	85,339	
	A B	21		ities (Part X, li	•			-		80.7	0		0 05 000	
					ices. Subtract li	ne 21 from line 2				90,7	12		85,339	
	_	art II		re Block				<u> </u>		*h h	h ad any lana		al balas is a	
	tru	der penam e, correct,	es or perjury and complet	e. Declare that I n	iave examined this r preparer (other than	etum, including according of the first of th	mpanying schedules and s Il information of which prep	catemer carer ha	nis, and to is any knov	une bes vledge	t or my kno	wiedge ar	to belier, it is	
		·I				<i>//</i>				U	211	/ 		
	Sig	an	Signati	ure of officer			/				001			
	He	- 1	7	Road 1	Nah.l(Presiden	<i>†</i>							
			Type o	r print name and	title	1			-					
	Pa		Print/Type	preparer's name)	Preparer's signature)	Date		Che	ck 🔲 ıf	PTIN		
								<u></u>			-employed			
		eparer se Only		πe ►					Fli	m's EIN	>			
			Firm's add						Pi	one no				
	Ma	y the IR	discuss	this return wit	h the preparer s	hown above? (s	ee instructions)					☐ Yes		
	For	Paperw	ork Reduct	tion Act Notice	, see the separa	te instructions.	C	at. No 1	11282Y			Form	990 (2019)	

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: See Schedule O
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 124,515 including grants of \$ 115,580) (Revenue \$ 127,179) Billion Baby Turtles raises funds for important sea turtle nesting beaches around the world. We support community-based
	organizations who patrol nesting beaches, keeping away poachers and predators. We raise funds sponsors, donors, tours, and schools. In 2019, we helped to save more than 1 million hatchlings at 27 nesting beaches around the world.
4b	(Code:) (Expenses \$ 60,637 including grants of \$ 18,531) (Revenue \$ 28,896)
	Too Rare To Wear raises awareness in the tourism industry about the threat of turtleshell trade to hawksbill sea turtles around the
	world. This program works with tour operators, conservation organizations, and others to study this trade, educate travelers, train enforcement officials, and create outreach materials.
4c	(Code:) (Expenses \$ 111,503 including grants of \$ 0) (Revenue \$ 127,535) SEE Turtles Conservation Trips offer people the opportunity to participate in hands-on sea turtle research and conservation efforts.
	These trips provide volunteer help to local organizations, generate income for coastal communities, and educate people on how to help protect sea turties.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 25,010 including grants of \$ 0) (Revenue \$ 22,531)
4e	Total program service expenses ▶ 321,665

om 99	0 (2019)			Page :
Part	V 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,"			
2	complete Schedule A	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		,
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		,
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		v
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
C	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		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
Ь	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		,
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	~	
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		,
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	23 24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	<u>, </u>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 V	
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
U	reportable gaming (gambling) with backup withholding fules for reportable payments to vendors and	10		

-art	Statements Regarding Other Ins Fillings and Tax Compliance (Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u></u> -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
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		,
b	If "Yes," enter the name of the foreign country ▶	-40		_
•	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	·	~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a 7b		~
Đ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.	<u></u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			ļ
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	i		}
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	14a	-	~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· · · ·		
. •	excess parachute payment(s) during the year?	15		"
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			,

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Section	on A. Governing Body and Management	• •	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	[
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5			
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	•	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
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		1
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		>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	٧	
b	Each committee with authority to act on behalf of the governing body?	8b		~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
104		100		
b	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		
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		V	
11a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a		
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a	~	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a		
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	~	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	>	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	\(\frac{1}{2}\)	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13	>	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	\(\frac{1}{2}\)	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	\(\frac{1}{2}\)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	\(\frac{1}{2}\)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a b c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	\(\frac{1}{2}\)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a b c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? OC. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b	\(\frac{1}{2}\)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a b c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	\(\frac{1}{2}\)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a c 13 14 15 a b 16a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? OC. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b	<i>V V</i>	
b 11a b 12a c 13 14 15 a b 16a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	v v	501(c)

⊢orm	990	(2019)	

Part VII	Compensation of Officers, Director	rs, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization not	any relate	u orga	ai iiz	auc	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onipe	:: 15a	iteu any cunemi	unicer, an ector,	oi tiustee.	
				(C)						
(A)	(B)	(B) Position						(D)	(E)	(F)	
Name and title	Average hours per week	box,	unles	s pe	erson	is both or/trus	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
,	(list any hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Brad Nahill	40										
President		~	ļ		~		<u> </u>	44,000	0	0	
(2) Jose Urteaga Treasurer	0	,						0	0	0	
(3) Cristina Garcia	0										
Director		~		1	Ì		ŀ	0	0	0	
(4) Mark Willuhn	0				ĺ			0	0	o	
Director	0	-			├	 	├	ļ	· · · · · · · · · · · · · · · · · · ·	•	
(5) Maureen Cunningham Director	ļ	,						0	0	0	
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)					Γ						

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emj	plo	yee	s, an	d H	lighest Compe	nsated En	nploye	ees (continued
	(A) Name and title		(do n box, o	ot ch	Pos neck ss pe	c) ition more	e than o	one n an tee)	(D) Reportable compensation from the	(E) Reportable compensate from relate	e ion	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizatio (W-2/1099-M	ns IISC)	from the organization and elated organizations
(15)												
(16)												
(17)					-			<u> </u>				
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
	Subtotal		٠.					•	66,000			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			٠	•	•	• •	>	66,000			···
2	Total number of individuals (including bu reportable compensation from the organi	t not limited						e) w		e than \$100	,000 o	f
3	Did the organization list any former of employee on line 1a? If "Yes," complete							mpl	loyee, or highes	t compens	ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4
5	Did any person listed on line 1a receive of for services rendered to the organization											5 ~
Secti	on B. Independent Contractors		_									
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	fress							(B) Description of serv	rices	Co	(C) empensation
none											··	
2	Total number of independent contractor received more than \$100,000 of compens							th th	ose listed abov	e) who		

Part	VIII	Check if Schedule O contains a response or note to	any line in this Da	art VIII		
		Check is Scriedule O Contains a response of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တတ	1a	Federated campaigns 1a	0		There's sales and there's the contract	000.00.0012 014
青	b	. odoratos campaigno	0			
Contributions, Gifts, Grants and Other Similar Amounts	C		0			
	d		0			
<u>a</u>	e	<u> </u>	Ō			
Sir	f	All other contributions, gifts, grants,				
를 들		and similar amounts not included above 1f 176,27	1	ł		
된 된	g	Noncash contributions included in	-			
g 3		11100 ta 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0			
<u>ة</u> ك	h	Total. Add lines 1a-1f	176,271			
_		Business Code		101010		
<u>.</u> ĕ	2a	Tour Income	134,040	 		
[e 9]	b	Speaking fees	350	350		
gram Ser Revenue	C	Online store sales	2,484	2,484		
Program Service Revenue	d		. <u> </u>	<u> </u>		
§	e 4	All other program convey revenue		1	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	1	All other program service revenue	136,874			
	<u>g</u> 3	Investment income (including dividends, interest, ar	 			
	J	other similar amounts)	440	440		
	4	Income from investment of tax-exempt bond proceeds I	0	0		
ľ	5	Royalties	▶ 0	0		
		(i) Real (ii) Personal				
	6a	Gross rents 6a	7			
	b	Less: rental expenses 6b				!
	C	Rental income or (loss) 6c				
	d	Net rental income or (loss)	>			
	7a	Gross amount from (I) Securities (II) Utner				
		sales of assets				
		other than inventory 7a				ļ.
e E	b	Less: cost or other basis			ľ	
Revenue	_	and sales expenses . 7b				-
Re	C	Gain or (loss) [7c]	>			
20	d					
Othe	8a	Gross income from fundraising events (not including \$;			
_		of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	С	•	>			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities	>			
ļ	10a	Gross sales of inventory, less				
		returns and allowances 10a	_	İ		
	_ <u>b</u> .	Less: cost of goods sold 10b		ļ		
	С		>	ļ		
Sn		Business Cod	9	 		
Jed Tue	11a		 	+	 	
Miscellaneous Revenue	b			-		
8 8	d	All other revenue	 	 	 	
Ξ̈́	d e	All other revenue	>			
	12	Total revenue. See instructions	313,585	137,314	 	
					1	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response	or note to any line	in this Part IX .				
Do not include amounts reported on lines 6b, 7b, Total expenses (A) (B) (C) (D) Fundraising expenses expenses (A) Total expenses (B) (C) (D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	29,750	29,750				
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	104,643	104,643				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	66,000	66,000				
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						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes	6,510	6,510				
11	Fees for services (nonemployees):						
а	Management			·			
b	Legal	621		621	<u> </u>		
C	Accounting	678		678			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .						
12	Advertising and promotion	2,112	2,112				
13	Office expenses		·				
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	4,864	4,864				
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 .						
23	Insurance	3,873		3,873	l		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column			:			
	(A) amount, list line 24e expenses on Schedule O.)						
а	Tour payments	83,798	83,798				
b	Subcontractors	5,696	5,696				
C	Supplies & materials	1,113	1,113				
d	Merchant fees	4,784		4,784			
е	All other expenses	7,223	3,973	3,250			
25	Total functional expenses. Add lines 1 through 24e	321,665	308,459	13,206			
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)						

Part X	Balance	Sheet
--------	---------	-------

		Check if Schedule O contains a response or note to any line in	this Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	90,712	1	85,339
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, dire	ector,		'
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	0
	6	Loans and other receivables from other disqualified persons (as de			
Assets	_	under section 4958(f)(1)), and persons described in section 4958(c)(3	· · ·	6	0
	7	Notes and loans receivable, net		7	0
881	8	Inventories for sale or use	·-···	8	0
•	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other	o		
	ь	basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	0 0	10c	0
	11	Investments—publicly traded securities		111	0
	12	Investments—publicly traded securities	• •	12	0
	13	Investments—program-related. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •	13	0
	14	Intangible assets	• •	14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	85,339
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable		18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule I		21	0
ģ	22	Loans and other payables to any current or former officer, din	<u> </u>		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or			
وَ		controlled entity or family member of any of these persons		22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related			
		parties, and other liabilities not included on lines 17-24). Complete F	1		
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	0	27	0
Ba	28	Net assets with donor restrictions		28	0
ם		Organizations that do not follow FASB ASC 958, check here ▶ □	· · 	20	
교		and complete lines 29 through 33.	-		
ō	29	Capital stock or trust principal, or current funds	0	29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0
lss.	31	Retained earnings, endowment, accumulated income, or other funds		31	0
₹ ¥	32	Total net assets or fund balances		32	85,339
ž	33	Total liabilities and net assets/fund balances		33	85,339
					Fa 990 (2018)

_	4	•
Page	1	7

•						30
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				3,585
2	Total expenses (must equal Part IX, column (A), line 25)	2			321	,665
3	Revenue less expenses. Subtract line 2 from line 1	3			-1	8,080
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			90	,712
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9 '	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			8	5,339
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	in			,
	Schedule O.		<u> </u>			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. L	2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	- T		
	reviewed on a separate basis, consolidated basis, or both:	•	-	i		. }
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L			
b	Were the organization's financial statements audited by an independent accountant?		. [2b		>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a 🗍			
	separate basis, consolidated basis, or both:					. }
	☐ 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 ove	rsigh	t of	- 1		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	. L	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.		_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the 🗍			
	Single Audit Act and OMB Circular A-1337		. L	3a		>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3ь		
				Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SEE Turtles Employer Identification number 81-4325149

						[
Par	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The o	organization is not a private foundate	tion because it i	s: (For lines 1 through	12, che	ck only or	ne box.)	
1	☐ A church, convention of church	es, or association	on of churches descri	ibed in se	ection 17	O(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii). ((Attach Schedule E (F	om 990	or 990-E	Z).)	
3	☐ A hospital or a cooperative hos	pital service org	anization described i	n section	170(b)(1	I)(A)(iii).	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned c	r operate	ed by a government	al unit described in
6	A federal, state, or local govern						
7							
	described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	B A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10	An organization that normally receives: (1) more than 331/2% 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 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
11	☐ An organization organized and	· ·	•		-	•	
12	☐ An organization organized and	•	•	-			ry out the purposes
	of one or more publicly suppo	•	-			-	•
	Check the box in lines 12a throu	ugh 12d that des	scribes the type of sur	porting o	organizati	on and complete line	s 12e, 12f, and 12g.
а	Type I. A supporting organi the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ajority of t		
b	Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of to organization(s). You must o	he supporting o	rganization vested in	the same		• • •	
С	ts supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
_	_ ` `	•	•		-		U Time III
е	 Check this box if the organi functionally integrated, or T 						эн, туреш
f	Enter the number of supported o		morrally inflogration out	sportg	o. ga		
9		•	orted organization(s).		• • •		
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see Instructions))	(iv) is the disted in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
					<u> </u>		<u></u>
(A)]			
(B)							
(C)							
(D)			<u>.</u>				
(E)							
Tota	1			 			

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 98,800 207,655 176,271 482,726 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

	•	<u></u>				ıı	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			98,800	207,655	176,271	482,726
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						482,726
	on B. Total Support		1				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			98,800	207,655	176,271	482,726
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			43	619	440	1093
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.)						483,819
11	Total support. Add lines 7 through 10	<u></u>	<u> </u>				
12	Gross receipts from related activities, etc	-	-			12	136,874
13	First five years. If the Form 990 is for the	-			-		
Coati	organization, check this box and stop he on C. Computation of Public Support				· · · · ·	• • • • •	· · · ·
14	Public support percentage for 2019 (line			1 column (fl)		14	%
15	Public support percentage for 2018 Sci		-			15	
16a	331/3% support test—2019. If the organ					L	
	box and stop here. The organization qua						
b	331/s% support test-2018. If the organ	ization did not	check a box o	n line 13 or 10	ia, and lin e 15	is 331/3% or m	_
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization.	eets the "facts "facts-and-circ	s-and-circumst	ances" test, chest. The organi	neck this box a zation qualifie	and stop here. s as a publicly	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets the meets the	ne "facts-and-d ts-and-circum:	circumstances' stances" test.	" test, check The organizati	this box and s	stop here.
18	Private foundation. If the organization d						
	instructions				<u></u>		· · > 🗆
					ScI	nedule A (Form 990	or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		1		T		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			ł			
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		}				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			ł			
4	Tax revenues levied for the						
•	organization's benefit and either paid to		[,			
	or expended on its behalf						
5	The value of services or facilities						
•	fumished by a governmental unit to the	}					
	organization without charge						
	-	}					
6	Total. Add lines 1 through 5				-	· · · · · · · · · · · · · · · · · · ·	<u> </u>
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified			1		1	
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year		ļ.,				
C	Add lines 7a and 7b	Ĺ					
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,		[1	
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			1			
С	Add lines 10a and 10b						
11	Net income from unrelated business	<u> </u>					
••	activities not included in line 10b, whether		1	1	1		1
	or not the business is regularly carried on	1					
12	Other income. Do not include gain or	-	<u> </u>	 	 		
	loss from the sale of capital assets	1			1		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		 	 	 	+	
10	and 12.)	1			1		
14	First five years. If the Form 990 is for the	L	l n'e firet secon	d third fourth	or fifth tay y	par as a section	n 501(c)(3)
14	organization, check this box and stop he	_			-	· · · ·	
Conti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line			12 column (4)		15	%
	Public support percentage for 2019 (line Public support percentage from 2018 Sc						
16 Secti	on D. Computation of Investment In			·		1 10 [70
17	Investment income percentage for 2019			hy line 13 coli	irin (f)	17	%
	Investment income percentage for 2019 (Investment income percentage from 201)	•		-			
18							
19a	17 is not more than 331/2%, check this box						
		-	_	•		=	_
Ь	331/3% support tests—2018. If the organia						
	line 18 is not more than 331/3%, check this		-		-		
20	Private foundation. If the organization d	id not check a	DOX on line 14	. 19a. or 19b.	cneck this box	and see instru	ctions

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

ecu	on A. All Supporting Organizations		V	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	21-		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		~
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		V
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		•	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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 Part VI .	9a	ı	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		_
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
b	supporting organizations)? If "Yes," answer 10b below. 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.)	10a 10b		~

Page	5
------	---

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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	~	L
Section	on 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	ŀ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u></u>
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part	Ì		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	i		
	supervised, or controlled the supporting organization.	2		—
Section	on 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	Г		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		
	the supported organization(s).	1		1
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		الـــــا
_		1		V .
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	i	ļl
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ļ	-
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations		L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	✓ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		
	how the organization was responsive to those supported organizations, and how the organization determined	ļ		
	that these activities constituted substantially all of its activities.	2a	ļ	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	-		<u> </u> -
_	-	2b	 	~
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		}	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		╟──
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru: nizat	st on Nov. 20, 1970 (exp ions must complete Sec	laın in Part VI). See tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	T		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		_	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III support	ing organization (see
instructions).		• •	

	e A (Form 990 or 990-EZ) 2019			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	A
Secti	on D—Distributions			Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	- w		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014		·····	
b	From 2015			
0	From 2016			
d	From 2017			
e	From 2018			1
f	Total of lines 3a through e	!		
g				Ĭ
h	Applied to 2019 distributable amount		·····	
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
d				· · · · · · · · · · · · · · · · · · ·
е				

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.)
	·
	·
	· · · · · · · · · · · · · · · · · · ·
	······

SCHEDULE F (Form 990)

SEE Turtles

Statement of Activities Outside the United States

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

► Attach to Form 990.

20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number 81-4325149

Par	General Information Form 990, Part IV, line		ties Outside	the United States. Com	nplete if the organization a	inswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	es' eligibility	for the gran			✓ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its grants an	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundralsing, 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 the region	(f) Total expenditures for and investments in the region
(1)	Mexico	0	o	Grants to local recipients	Sea turtle conservation	28,310
(2)	Central America	0	0	Grants to local recipients	Sea turtle conservation	38,500
(3)	Asia	0	0	Grants to local recipients	Sea turtle conservation	23,500
(4)	Caribbean	0	0	Grants to local recipients	Sea turtle conservation	9,031
(5)	South America	0	0	Grants to local recipients	Sea turtle conservation	8,500
(6)						
(7)						
(8)						
(9)						3
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					107,841
b	Total from continuation					o

c Totals (add lines 3a and 3b)

107,841

Schedule F (Form 990) 2019

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

(a) name or organization	(b) IRS coce section and EIN (if applicacie)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)
ProCosta		Central America	Turtle Conservatio	7,000	wire			
(2) Latin American Se t Turtles	ı Turtles	Central America	Turtle Conservatio	9'000'9	wire			
Quelonios		Mexico	Turtle Conservatio	2,000	wire			
(4)		Mexico	Turtle Conservatio	7,060	wire			
(5) University Michoad an	an	Mexico	Turtle Conservatio	15,000	wire			
(6) Everlasting Nature		Asia	Turtle Conservatio	5,000	wire			
(7) Same der a		Caribbean	Turtle Conservatio	5,000	wire			
(8)		Central America	Turtle Conservatio	005'9	wire			!
(9) Reef Guardians		Asia	Turtle Conservatio	005'2	wire			
(10) Turtle Foundation		Asia	Turtle Conservatio	10,000	wire			
(11)								
(12)								
(13)								
(14)								
(15)								:
(16)								
2 Enter total num by the IRS, or f	nber of recipier for which the g	Enter total number of recipient organizations listed above the by the IRS, or for which the grantee or counsel has provided	Enter total number of recipient organizations listed above that are recognized as charities by the f by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charitie 501(c)(3) equivale	nat are recognized as charities by the foreign country, recognized as tax-exempt a section 501(c)(3) equivalency letter ▶	try, recognized as ta	x-exempt	10
3 Enter total num	ber of other o	Enter total number of other organizations or entities	ies				•	0

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part III Grants ar

		9	4.0 A	1. Manage 4	30 400	Total Decoration	At Mathed of
(a) 1ype or grant or assistance	uoifiau (o)	recipients	cash grant	(9) Manner Or Cash disbursement	noncash assistance	of noncash assistance	(ty) weaton or valuation (book, FMV, appraisal, other)
(1)							
(2)							
(6)							
(4)							
(5)							
. (9)		i					
6							
(8)							
(6)							•
(10)							
(11)							
(12)							
(13)						,	
(14)							
(15)							
(16)							
(17)							
(18)							
			•			Sche	Schedule F (Form 990) 2019

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

	٧.	
Part V		Supp

Supp	lemental	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.

We require regular reporting on grants given including activities taken as well as financial reporting. We also make in-person visits where
possible to confirm funds are being used as intended. We also check each organization that we support on the OFAC Sanctions list.
In addition, we also have a group of advisors that give feedback on which organizations to support.
,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SEE Turtles

Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 980, Part IV, line 21 or 22.

► Attach to Form 990.

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

	۷
0	4
T	9
@ @	an t
60	Ö

OMB No 1545-0047

Inspection

Employer identification number 81-4325149

Part	Part I General Information on Grants and Assistance	on Grants and	Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	in records to subs	stantiate the amou	nt of the grants or	assistance, the g	antees' eligibility for	the grants or assistance	, and	
	the selection criteria used to award the grants or assistance?	ward the grants	or assistance?					. Tyes	٥
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring t	the use of grant fu	nds in the United	States.			
Part	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	sistance to Do	mestic Organiza	ations and Dom	estic Governm	ents. Complete if t	ne organization answe	red "Yes" on Form	990,
	Part IV, line 21, for any recipient that received m	y recipient that n	eceived more th	an \$5,000. Part	II can be duplica	nore than \$5,000. Part II can be duplicated if additional space is needed.	ace is needed.		
1 (a)	f (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (hook, FMV, appraisal.	(g) Description of	(h) Purpose of grant	
			(oldoollano a)	4	Concinco doco		Sometimes decrees	Octoboliono no	

	· · · · · · · · · · · · · · · · · · ·	,			ander an imper			
7	1 (a) Name and address of organization or government	(9) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
€ 8	(1) Sea Turtle Conservancy Gainesville FL	59-6151069	501c3	000'6				Grant for conservation
(2) West	(2) Amigos of Costa Rica West Chester PA	31-1714653	501c3	10,000				Grant for conservation
(3) Was	(3) Fauna & Flora International Washington DC	81-3967095	50103	2,000				Grant for conservation
€						:		
(2)								
9								
E								
©								
6			,					
(10)								
(11)								÷
(12)								
8		501(c)(3) and gov	emment organiza	tions listed in the li	ine 1 table			3
၈	Enter total number of other organizations listed in the line 1	rganizations listed	in the line 1 table					•

Schedule I (Form 990) (2019)

Cat. No 50055P

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

	Part III can be duplicated if additional space is needed.	I space is needed.		Olyanization anowe	מפת ופט סוורסווו סטט,	רמונוץ, ווופ בב.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
-						•	
8		,		•		•	
က							
4							
5							
9							
7							
Part IV	Supplemental Information. Provide the inform	the information re	quired in Part I, lin	e 2; Part III, column	ation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.	
We require	We require regular reporting on grants given including activities taken as well as financial reporting. We also make in-person visits where possible to confirm funds are being used as intended. We require formal to make the confirm funds are being used as intended. We require formal to make the laws 501c3 status in addition, we also have a group of advisors that give feedback on which organizations to support.	s taken as well as finances	sial reporting. We also me	i as financial reporting. We also make in-person visits where possible to	possible to confirm funds are be	ing used as Intanded. We require	
		P 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				,	
					ŕ		
1 4 5 6 1 1 1 1 1					,	•	_
			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-	
,			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
							_
					, ,		
					į	Schedule I (Form 990) (2019)	

SCHEDULE O (Form 990 or 990-EZ)

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.

| 201

81-4325149

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

SEE Turtles

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Mission: SEE Turtles protects endangered see turtles throughout Latin America and the world by supporting community based conservation community-based conservation efforts. Our Billion Baby Turtles program provides support for important turtle nesting beaches and has helped save more than 1 million turtle nesting beaches. Too Rare To Wear is a campaign working to end the demand for turtleshell products for turtleshell products. Our conservation trips provide volunteer and financial support for conservation efforts and our school programs help teachers and students help teachers and students learn about these incredible animals and how to protect them. Form 990, Part I, Line 6 To support the organization Form 990, Part III, Line 4d SEE Turtles also conducts school programs, where students receive presentations, learn about sea turtles through our website & vidoos, and fundralse for turtle conservation. We had approximately 2,000 students participate in these programs in 2018. Form 990, Part IV, line 8b Our board does not have different committees. Form 990, Part VI, Line 11b - We give a copy of the 990 form to our board of directors for review and incorporate any changes recommended and answers any questions the board has Form 990, Part VI, Line 19 - Our governing documents, including our conflict of interest policy, 501c3 confirmation, bylaws, and previous

990 forms can be found at seeturtles.org/board

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization	Employer identification number	
	! · ·	
·		

†	·	
·		

·		