# Form **990**

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	For the	2024 calend	dar year, or tax year begi	nning		, <b>202</b> 4, a	and endi	ing		, 20
В	Check if a	applicable:	C Name of organization S	ea Turtle Cons	ervancy				D Empl	oyer identification number
	Address	change	Doing business as							59-6151069
$\overline{\Box}$	Name cha	ange	Number and street (or P.O. b	ox if mail is not delivered to	street address)		Room/su	ite	E Telep	shone number
Ī	Initial retu	•	4581 NW 6th S		,			Ste. A		(352)373-6441
П		rn/terminated	City or town, state or province		n postal code		1		G Gros	s receipts
Ħ	Amended		Gainesville,	•	, postar sodo				\$	4,178,912
Н		on pending	F Name and address of princip		Godfrey			H(a) Is this a		for subordinates? Yes X No
ш	Applicatio	on pending	Same as C abo		sourrey			\ ' '		es included? Yes No
_	Tayloyom	npt status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or 5	27		1 ` ′		st. See instructions
<u>:</u>	Website:		v.conserveturtles	, , , _	] +3+7 (a)(1) 01 3	121		H(c) Group		
<u>.</u>		_		ssociation Other		Year of formati	ion: 104			gal domicile: <b>FL</b>
P	art I	Summar		SSOCIATION Other		. Teal of formati	1011. 190	30 M	State of leg	gal dofficile. FI
	1		ribe the organization's mis	sion or most significan	at activities: To e	ngure th	o cur	wiwal o	f goa	turtles within
	'	•	er Caribbean basi:	•						
ė			on of the natura				ucati	OII, CIA	TIITIIG	, advocacy, and
Governance		procecci	On or the natura	I Habitats upo	n which they	depend.	=			
err	2	Chack this h	ox if the organization	discontinued its opera	tions or disposed of	more than 25	5% of ite	not accets		<u></u>
6	3		oting members of the gov						3	19
∞ಶ	4		ndependent voting membe	• • • • •					4	19
ies	5		er of individuals employed i	•	• •				5	
Activities &	6		er of volunteers (estimate if	•	(i ait v, iiile za)				6	24 148
Š	7a		ted business revenue from	• ,					7a	0
			ed business taxable incom				_		7b	0
	В	ivet uniterate	u business taxable incom	e iloili Follii 990-1, Fa	art i, iiile i i	<del></del>				
		Contribution	a and grants (Bart \/III line	a 1h)				Prior Year		Current Year
Revenue	8		s and grants (Part VIII, line	5,573		3,360,041				
	9		rvice revenue (Part VIII, lir						L,785	142,846
eVe	10		ncome (Part VIII, column (						3,341	256,456
œ			ue (Part VIII, column (A), li			_			2,160	332,819
	12		ue - add lines 8 through 11					6,515		4,092,162
	13		similar amounts paid (Part	_ ' ' '				981	L,847	819,839
	14		d to or for members (Part							0
Ś	15		ner compensation, employe					1,503	3,181	1,653,778
Expenses	16a		I fundraising fees (Part IX,							0
Š	.   _b		ising expenses (Part IX, co				-			
Ú			ises (Part IX, column (A), I		,			2,009		1,969,671
	18	•	ses. Add lines 13-17 (mus		n (A), line 25)			4,494	_	4,443,288
		Revenue les	ss expenses. Subtract line	18 nom line 12	· · · · · · · · · · · ·		<del>-</del>		L,675	(351,126)
ō	Se l	Tatal assista	(Dark V. Kan 40)				Begi	nning of Curr		End of Year
set	20 21	_	'	• • • • • • • • • •				9,610		9,343,098
Ą			es (Part X, line 26)						L,606	548,916
	art II		or fund balances. Subtract	line 21 from line 20				9,028	3,582	8,794,182
			Ire Block clare that I have examined this ret	urn including accompanying	schadulas and statements	and to the heet	of my know	wledge and he	liof it is	
			eclaration of preparer (other than o				or my kno	mouge and be		
		7.4.	isis Maglesless							
Sig	nr	Signature of office	ricia McCloskey						Da	te
He	-			<b>25</b> 0					20	
пе	16	Type or print nar	icia McCloskey, (	CFO						
		Preparer's na		Preparer's signature		Date			П	PTIN
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Pa			n H. Kattell	1		09-26-20		self-em	ployed	P01278226
	eparer			and Company,	г.ь.			Firm's EIN		
US	e Only	Firm's addres		W 16th Ave			F	Phone no.	252	205 6565
N / -	, the ID	C diagram #k*-		ille FL 32601	tructions				352-	395-6565 X Yes \( \text{No} \)
เงเล	v me ik:	o discuss this	return with the preparer s	HOWE ADOVE! See INS	u ucuons					X Yes No

Pai	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:
	To ensure the survival of sea turtles within the wider Caribbean basin and Atlantic through
	research, education, training, advocacy, and protection of the natural habitats upon which they
	depend.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,263,510 including grants of \$542,398 ) (Revenue \$)
	Florida Programs - Networking, education, advocacy, research, and grants programs based in the
	United States to eliminate threats facing sea turtles and to preserve nesting and feeding
	habitats. This includes an in-water research project to study the sea turtles of the Big Bend
	region of Florida. Other activities include close monitoring and shaping of policies at the local
	and state level impacting sea turtles and their habitat. STC also hosts Tour de Turtles, an
	annual educational program using satellite-tracked migrations of sea turtles that combines
	research and education into a free, interactive program available online to anyone.
4b	(Code:) (Expenses \$864,762 including grants of \$) (Revenue \$)
	Lighting and Predation - Initially these programs were created in response to the Deepwater
	Horizon oil spill in the Gulf of Mexico. Funds have been used for sea turtle mitigation in three
	areas: lighting, rehabilitation, and predation. Currently funding continues for mitigation in
	lighting and predation. Lighting grants replace problem fixtures on coastal properties with
	shielded amber LED lights that reduce disorientation for nesting turtles and hatchlings.
	Predation funds concentrate on reducing the incidence of predation of turtle eggs and hatchlings.
4c	(Code:) (Expenses \$842,982 including grants of \$\$ (Revenue \$\$)
	Tortuguero Research and Conservation - Sea turtle research and conservation based in Tortuguero,
	Costa Rica. Emphasis is centered on the local populations of green and leatherback turtles. This
	includes tagging and educational activities, research grants, fellowships, and other related
	expenses. The project also includes a research assistantship program that provides training to
	aspiring biologists, particularly from Latin America and the Caribbean.
4d	
_	(Expenses \$ 748,314 including grants of \$ 2,716 ) (Revenue \$ 19,237 )
4e	Total program service expenses 3,719,568

59-6151069

Part IV

## Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
•	VII, VIII, IX, or X, as applicable.			
=	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
·	complete Schedule D, Part VI	11a	x	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		х
c	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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	404		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	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	x	
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
) 21	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
	domostic government on Fattix, column (n), intel 1: II Tes, complete schedule I, Fatts Fatti II	41	X	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 3a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		^
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the 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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		
33	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
•	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	х	
b	If "Yes," enter the name of the foreign countryCS, PM				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-		
L	and services provided to the payor?		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		37
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	76		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g		Λ
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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which				
b	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1:	9		
	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	1:	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	d? 🔥		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		х
6	Did the organization have members or stockholders?			6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	<b>.</b>		8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
500	tion C. Disalegura			

#### Section C. Disclosure

II LIST THE STATES WITH WHICH A COPY OF THIS FORTH 330 IS REQUIRED TO BE THED FLOT	17	List the states with which a	copy of this Form 990 is require	ed to be filed Florida
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- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Own website X Another's website X Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Patricia McCloskey (352)373-6441, 4581 NW 6th Street, Suite A, Gainesville, FL 32609

Yes No

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) (B) Name and title (Composition (M) Name and title (C) Name and and title (C) Name and title (C) Name and and title (C) Name and title (C) Nam	Check this box in fleither the organization flor any rela	Ted Organizat	1011 001	Tipe	IISal	cu a	ii iy Cui	ICIIL	Officer, director, or	ilusiee.	
Control took Knows than once   Comparison of the form related mount of the first and a director/burselor   Comparison of the first and a director   Comparison of the first and a director/burselor   Comparison of the first and a director/burselor   Comparison of the first and a director/burselor   Comparison of the first and a director   Comparison o						(C)			20 7		
Name and silve	(A)	(B)	(-1						(D)	(E)	(F)
Company   Comp	Name and title	Average	,						Reportable	Reportable	Estimated amount
(i)David Godfrey		hours									
Comparison   Com											
(1) David Godfrey			or Ind	Ins	Q.	쥰	em Hig	Fo		,	
(1)David Godfrey			lividu	tituti	icer	y en	ploy	rmer	1099-NEC)	1099-NEC)	related organizations
(1)David Godfrey			tor t	ona		ploy	t cor				
(1)David Godfrey		-	ruste	trus		/ee	npe				
(1)David Godfrey		dotted line)	Ö	tee			nsate				
CEO							g				
CEO   X											
(2) Patricia McCloskey	(1)David Godfrey	40.00									
CFO	CEO			$\leq$	х				198,444	0	37,544
(3) Laura J. Forte	(2)Patricia McCloskey	40.00									
President					х				99,664	0	18,662
(4)Mark D. Shantzis       1.00         Secretary       X       X       0       0       0         (5)Nicholas A. Shufro       1.00       X       X       0       0       0         Treasurer       X       X       0       0       0       0         (6)Peggy M. Cavanaugh       1.00       X       0       0       0       0         Director       X       0		1.00									
Secretary			X		Х				0	0	0
(5)Nicholas A. Shufro		1.00									
Treasurer			X		Х				0	0	0
(6) Peggy M. Cavanaugh	(5) Nicholas A. Shufro	1.00									
Director	Treasurer		x		х				0	0	0
(7)Rick Cleveland       1.00         Director       x       0       0       0         (8)Michael Feld       1.00       0       0       0       0         Director       x       0       0       0       0         (9)Landon Clay       1.00       0       0       0       0         Director       x       0       0       0       0         (10)Dr. David W. Ehrenfeld       1.00       0       0       0       0       0         Director       x       0	(6) Peggy M. Cavanaugh	1.00									
Director			x						0	0	0
(8)Michael Feld       1.00         Director       X       0       0       0         (9)Landon Clay       1.00       0       0       0       0         Director       X       0       0       0       0         (10)Dr. David W. Ehrenfeld       1.00       0       0       0       0       0         (11)Elise Frick       1.00       X       0	(7)Rick Cleveland	1.00									
Director	Director		х						0	0	0
(9) Landon Clay	(8)Michael Feld	1.00									
Director       X       0       0       0         (10)Dr. David W. Ehrenfeld       1.00       0       0       0         Director       X       0       0       0         (11)Elise Frick       1.00       0       0       0         Director       X       0       0       0         (12)Anthony D. Knerr, Ph.D.       1.00       0       0       0         President Emeritus       X       0       0       0         (13)Kim Ogren       1.00       0       0       0         Director       X       0       0       0         (14)Jeffrey Phipps       1.00       0       0       0	Director		x						0	0	0
(10)Dr. David W. Ehrenfeld     1.00       Director     X       (11)Elise Frick     1.00       Director     X       (12)Anthony D. Knerr, Ph.D.     1.00       President Emeritus     X       0     0       (13)Kim Ogren     1.00       Director     X       0     0       0     <	(9)Landon Clay	1.00									
Director       X       0       0       0         (11)Elise Frick       1.00       0       0       0         Director       X       0       0       0         (12)Anthony D. Knerr, Ph.D.       1.00       0       0       0         President Emeritus       X       0       0       0         (13)Kim Ogren       1.00       0       0       0         Director       X       0       0       0         (14)Jeffrey Phipps       1.00       0       0       0	Director		х						0	0	0
(11)Elise Frick     1.00       Director     X       (12)Anthony D. Knerr, Ph.D.     1.00       President Emeritus     X       0     0       (13)Kim Ogren     1.00       Director     X       0     0       0<	(10)Dr. David W. Ehrenfeld	1.00									
Director       X       0       0       0         (12)Anthony D. Knerr, Ph.D.       1.00       0       0       0         President Emeritus       X       0       0       0       0         (13)Kim Ogren       1.00       0       0       0       0       0         Director       X       0       0       0       0       0         (14)Jeffrey Phipps       1.00       0	Director		х						0	0	0_
(12)Anthony D. Knerr, Ph.D.       1.00         President Emeritus       X       0       0       0         (13)Kim Ogren       1.00       0       0       0       0         Director       X       0       0       0       0         (14)Jeffrey Phipps       1.00       0       0       0       0	(11)Elise Frick	1.00									
President Emeritus         X         0         0         0           (13)Kim Ogren         1.00         0	Director		х						0	0	0
(13)Kim Ogren       1.00         Director       X       0       0       0         (14)Jeffrey Phipps       1.00       0       0       0	(12)Anthony D. Knerr, Ph.D.	1.00									
Director         X         0         0         0           (14)Jeffrey Phipps         1.00         0         0         0	President Emeritus		x						0	0	0
(14)Jeffrey Phipps 1.00	(13)Kim Ogren	1.00									
	Director		х						0	0	0
Director         X         0         0         0	(14)Jeffrey Phipps	1.00									
	Director		х						0	0	0

EEA Form **990** (2024)

Form 990 (2024) Sea Turtle Conser									59-6151			age 8
Part VII Section A. Officers, Directors, T	rustees,	Key I	Emp	oloy	ee:	s, ar	ıd F	lighest Comp	ensated Empl	oyees	(cont	tinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unles er and	Pos eck mo	son is	ne an botth e employee employee	n )	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	co 1 orga	(F) nated am of other mpensati from the inization d organiz	ion and
(AE) Charian Pariani	1 00											
(15)Chris Rajczi Director (16)Helen Stamatacos Director	1.00	х						0	0			00
(17)Shirley Sanchez, Esq.	1.00	)										
Director		х						0	0			0
(18)Sing Williams	1.00											_
Director	1.00	X							0			0
(19)Alison Frey Director		×						0	0			0
(20)Lindsay Brown, Esq	1.00	)										
Director		х						0	0			0
(21)Katlyn Powers, CPA	1.00											
Director (22)		Х						0	0			0
(22)				`(								
(23)												
(24)												
(25)												
1b Subtotal								298,108			56,2	206
c Total from continuation sheets to Part VII, Sect							•					
d Total (add lines 1b and 1c)								298,108	0 000 000 0f		56,2	206
reportable compensation from the organiza		7 11103	C IIS	icu i	abo	vc) w	/110 1	received more ti	ιαι τ φ 100,000 οι			1
											Yes	No
3 Did the organization list any former officer, direct		-				-						
employee on line 1a? If "Yes," complete Schedu										3		Х
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
individual										4	х	
5 Did any person listed on line 1a receive or accrue												
for services rendered to the organization? If "Yes	s," complete	Sched	lule J	J for	sucl	h pers	on .			5		х
Section B. Independent Contractors										o (		
<ol> <li>Complete this table for your five highest co- compensation from the organization. Report</li> </ol>	-	-									tav v	o ar
(A)	it compens	ation	101 11	110 0	aici	idai	ycai	(B)	Within the organiz	(C)	i tax y	car.
Name and business address	ss							Description of service	es	Compens	sation	
2 Total number of independent contractors (in	-					ose li	stec	d above) who				
received more than \$100,000 of compensa	tion from th	e org	aniz	atio	n							(2024)

59-6151069

Form 990 (2024) Sea Turtle
Part VIII Statement of Revenue

· arc	·	Check if Schedule O contains a resp	าดทร	e or note to any li	ine in this Part V	711		Г
		Officer in Confedure O Confidence a resp	50115	e of flote to dify f	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b		1b	201,561				
ints nts	C		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d		1d					
fts,	e		1e	862,992				
ָהָ <u>יַּי</u>	f	All other contributions, gifts, grants,		0027332				
Sin		and similar amounts not included above	1f	2,295,488				
buti	g			2,233,100				
g i	9	lines 1a-1f	1g	\$ 633				
ತೆ ೯	h				3,360,041			
				Business Code	0,000,011			
	2a	Interpretation Ctr Fees		900099	49,063	49,063		
<u>8</u>		Green Turtle Volunteers		900099	46,237	46,237		
Program Service Revenue		Turtle Spotters		900099	20,455	20,455		
m S ven		Turtle Walks		900099	11,962	11,962		
gra Re		Conference/Talks		900099	7,620	7,620		
õ		All other program service revenue		900099	7,509	7,509		
_	1	Total. Add lines 2a-2f			142,846			
	3	Investment income (including dividends, inter						
	3	other similar amounts)			245,377			245,377
	4	Income from investment of tax-exempt bond		-				
	5	Royalties			313,706			313,706
		(i) Real		(ii) Personal				-
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securitie		(ii) Other				
	/ a	sales of assets			Y			
		other than inventory 7a	$\neg$	11,079				
	b	Less: cost or other basis						
ā		and sales expenses 7b						
en ne	С	Gain or (loss) 7c		11,079				
	d	Net gain or (loss)			11,079			11,079
Other Re	8a	Gross income from fundraising						
툍		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	C	Net income or (loss) from fundraising events						
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	10a	103,658				
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory			16,908	16,908		
				Business Code				
ST (	11a	Miscellaneous Revenue		900099	2,205	2,205		
ano nue	b							
Miscellanous Revenue	С							
Misc R		All other revenue						
		Total. Add lines 11a-11d			2,205			
	12	Total revenue See instructions			4 092 162	161 959	0	570 162

59-6151069

#### 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).

	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response or i			·····	` ′
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	l otal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	808,092	808,092		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	11,747	11,747		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	354,314	183,248	110,252	60,814
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	921,472	689,833	117,603	114,036
8	Pension plan accruals and contributions (include	-			-
	section 401(k) and 403(b) employer contributions)	88,459	70,037	10,423	7,999
9	Other employee benefits	196,693	155,731	23,177	17,785
10	Payroll taxes	92,840	73,506	10,940	8,394
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,633	4,633		
С	Accounting	55,341	34,791	20,550	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,923		8,923	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	162,981	156,769		6,212
12	Advertising and promotion	450	350		100
13	Office expenses	127,912	66,457	3,231	58,224
14	Information technology	103,319	87,450	2,181	13,688
15	Royalties				
16	Occupancy	135,091	104,262	22,147	8,682
17	Travel	190,144	159,574	14,288	16,282
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	59,600	59,600		
23	Insurance	31,586	16,268	15,318	
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	Food	120,139	120,139		
b	Materials and Supplies	147,263	119,829	6,017	21,417
С	Operations Repairs and Maint	114,653	89,616	5,428	19,609
d	Foreign Payroll	657,923	657,923		
е	All other expenses	49,713	49,713		
25	Total functional expenses. Add lines 1 through 24e	4,443,288	3,719,568	370,478	353,242
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			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	835,208	1	497,933
	2	Savings and temporary cash investments	3,424,885	2	1,616,723
	3	Pledges and grants receivable, net	400,013	3	323,231
	4	Accounts receivable, net	13,364	4	11,119
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use	37,555	8	48,426
Assets	9	Prepaid expenses and deferred charges	24,494	9	24,778
•	10a	Land, buildings, and equipment: cost or other			==//
		basis. Complete Part VI of Schedule D 10a 1,543,058			
	b	Less: accumulated depreciation 10b 963,481	353,290	10c	579,577
	11	Investments - publicly traded securities	4,521,379	11	6,241,311
	12	Investments - other securities. See Part IV, line 11	1/321/3/3	12	0,211,311
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,610,188	16	9,343,098
	17	Accounts payable and accrued expenses	204,545	17	200,654
	18	Grants payable	2017515	18	200,031
	19	Deferred revenue	330,119	19	55,417
	20	Tax-exempt bond liabilities	330,113	20	33,11,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	27,367	21	18,110
	22	Loans and other payables to any current or former officer, director,	277507		10/110
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ξ		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	19,575	25	274,735
	26	Total liabilities. Add lines 17 through 25	581,606	26	548,916
		Organizations that follow FASB ASC 958, check here	3027000		310,7310
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	5,054,871	27	4,695,769
<u>la</u> n	28	Net assets with donor restrictions	3,973,711	28	4,098,413
Ba		Organizations that do not follow FASB ASC 958, check here	373737722		1,030,123
PE -		and complete lines 29 through 33.			
Ē	29	Capital stock or trust principal, or current funds		29	
tso	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	9,028,582	32	8,794,182
ž	33	Total liabilities and net assets/fund balances	9,610,188	33	9,343,098
			2,010,100		2,313,030

EEA Form 990 (2024)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,092,	162
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,443,	288
3	Revenue less expenses. Subtract line 2 from line 1	3		(351,	126)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,028,	582
5	Net unrealized gains (losses) on investments	5		116,	726
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
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	,794,	182
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.	T.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

# SCHEDULE A (Form 990)

## **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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number

Sea	Tu	ırtle	Conservancy					59-6151069	9
Par	t I		Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	art.) See instruction	ons.
The c	rga	nizatio	on is not a private foundation be	ecause it is: (For lin	es 1 through 12, check of	nly one bo	x.)		
1		A ch	urch, convention of churches,	or association of ch	nurches described in se	ction 170(	(b)(1)(A)(i)		
2		A sc	nool described in section 170	( <b>b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	)).)			
3		A ho	spital or a cooperative hospital	l service organizati	on described in section	170(b)(1)	(A)(iii).		
4		] A me	edical research organization op	perated in conjunct	ion with a hospital descr	ibed in <b>se</b>	ction 170(	b)(1)(A)(iii). Enter the	
		hosp	ital's name, city, and state:						
5		] An o	rganization operated for the be	nefit of a college or	r university owned or ope	erated by a	a governme	ental unit described in	
		sect	ion 170(b)(1)(A)(iv). (Complet	e Part II.)					
6		A fed	deral, state, or local governmer	nt or governmental	unit described in section	n 170(b)(	1)(A)(v).		
7	X	An o	rganization that normally receiv	es a substantial pa	art of its support from a g	overnmen	tal unit or fo	rom the general public	
		desc	ribed in <b>section 170(b)(1)(A)(</b>	vi). (Complete Par	t II.)				
8		A co	mmunity trust described in sec	tion 170(b)(1)(A)(	vi). (Complete Part II.)				
9		] An a	gricultural research organization	on described in <b>sec</b>	ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant coll	ege
		or ur	niversity or a non-land-grant col	lege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
		unive	ersity:						
10		recei	rganization that normally receivents from activities related to its ort from gross investment incordired by the organization after the control of the contro	exempt functions, me and unrelated b	subject to certain except ousiness taxable income	tions; and (less secti	(2) no mor ion 511 tax	e than 33 1/3% of its	8
11		] An o	rganization organized and ope	rated exclusively to	o test for public safety. S	See <b>sectio</b>	n 509(a)(4	l).	
12		] An o	rganization organized and oper	ated exclusively for	r the benefit of, to perform	n the func	tions of, or	to carry out the purpos	es of
		one	or more publicly supported org	anizations describe	ed in <b>section 509(a)(1)</b>	or <b>section</b>	509(a)(2)	. See <b>section 509(a)(3</b>	3). Check
		the b	ox on lines 12a through 12d that	at describes the typ	e of supporting organiza	ation and c	omplete lin	nes 12e, 12f, and 12g.	
а			Гуре I. A supporting organizati	on operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by given	ving
			he supported organization(s) the				e directors	or trustees of the	
			supporting organization. You n						
b			Type II. A supporting organizat			_			-
			control or management of the s			persons tha	at control o	r manage the supporte	d
		_	organization(s). You must con						
С			Type III functionally integrate					·	with,
			ts supported organization(s) (s						
d			Γype III non-functionally inte						
			hat is not functionally integrated					ent and an attentivenes	S
_			equirement (see instructions).					l Time II Time III	
е			Check this box if the organization					і, туре іі, туре ііі	
٤			unctionally integrated, or Type he number of supported organi		integrated supporting of	gariizatioi	l.		
q			e the following information abou	•	ganization(s)				• • •
9			e of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of
		(i) Ivaiii	e or supported organization	(11) = 114	(described on lines 1-10	` '	r governing	support (see	other support (see
	B.				above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
(A)		7							
(B)									
(C)									
(D)									
(E)									
Total									

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,090,494	4,016,703	3,836,464	5,573,627	3,360,041	19,877,329
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	3,090,494	4,016,703	3,836,464	5,573,627	3,360,041	19,877,329
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)						1,960,078
6	Public support. Subtract line 5 from line 4.						17,917,251
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	3,090,494	4,016,703	3,836,464	5,573,627	3,360,041	19,877,329
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	425,771	250,890	581,045	98,341	245,377	1,601,424
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or			-			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						21,478,753
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	1,884,453
13	First 5 years. If the Form 990 is for the o		•			a section 501(	
	organization, check this box and stop he						
Section	on C. Computation of Public Suppo						
14	Public support percentage for 2024 (line			11, column (f))		14	83.42 %
15	Public support percentage from 2023 Sch					15	83.03 %
16a	33 1/3% support test - 2024. If the organ					1/3% or more,	check this
	box and <b>stop here.</b> The organization qua						
b	33 1/3% support test - 2023. If the organ	nization did not	check a box o	n line 13 or 16	a, and line 15 i	is 33 1/3% or n	
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organization	on		
17a	10%-facts-and-circumstances test - 20	-		-			
	10% or more, and if the organization mee	_					
	Part VI how the organization meets the fa						
	organization			-			
b	10%-facts-and-circumstances test - 20						nd line
	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the					-	•
	organization			-			
18	<b>Private foundation.</b> If the organization d					this box and	see
-	instructions						

EEA Schedule A (Form 990) 2024

59-6151069

Part III

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
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						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501	(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8		•			15	%
16	Public support percentage from 2023 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2024 (I					17	%
18	Investment income percentage from 2023					18	%
19a	33 1/3% support tests - 2024. If the orga						
	17 is not more than 33 1/3%, check this b		-	-			_
b	33 1/3% support tests - 2023. If the organization						
	line 18 is not more than 33 1/3%, check this bo	-	_			-	
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, cl	heck this box a	ınd see instru	ctions

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations	Section	A. All	Supporting	<b>Organizations</b>
---	---------	--------	------------	----------------------

Secti	on A. All Supporting Organizations			
			Yes	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	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.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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 lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
T	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on 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 on 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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10a

raiti	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
C	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations	110		
000111	The state of the s		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations		4!-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	) INSt	ructic	ons).
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b			۵۱	
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instr	uction	Yes	No
2 a	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Lu		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedu	le A (Form 990) 2024 Sea Turtle Conservancy		59-6151	069	Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations		
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 <i>(explai</i>	in in <b>Part VI</b> )	. See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	าร A through	E.
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Currei	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Currer	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			1	

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

6

emergency temporary reduction (see instructions).

EEA Schedule A (Form 990) 2024

е	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from		
	Section D, line 7:		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
С	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2020		
b	Excess from 2021		
С	Excess from 2022		
d	Excess from 2023		
е	Excess from 2024		
EEA			Schedule A (Form 990) 2024

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 B (Form 990)

(Rev. December 2024) Department of the Treasury Attach to Form 990, 990-EZ, or 990-PF.

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

**Schedule of Contributors** 

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Sea Turtle Conservancy

Employer identification number

59-6151069

Organization type (check one):								
Filers of:	Filers of: Section:							
Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization								
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
527 political organization								
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is cover	ered by the General Rule or a Special Rule.							
	3), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
instructions.  General Rule								
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special Rules								
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it								

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number
Sea Turtle Conservancy 59-6151069

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person  $\mathbf{x}$ 1 **Payroll** 958,812 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person x 2 **Payroll** Noncash 810,992 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 3 Person  $\mathbf{x}$ **Payroll** Noncash 99,960 (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization
Sea Turtle Conservancy

Employer identification number 59-6151069

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

Name of organization **Employer identification number** Sea Turtle Conservancy 59-6151069 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Se	ection 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Name	of organization			Employer iden	tification number (EIN)
Sea '	Turtle Conservancy			59-6151069	
Part	I-A Complete if the	e organization is exempt ur	der section 501(	c) or is a section 527 of	organization.
1	Provide a description of the	organization's direct and indirect politi	cal campaign activities	in Part IV. See instructions for	
	definition of "political campa				
2	Political campaign activity e	xpenditures. See instructions		\$	
3		campaign activities. See instructions			
Part	I-B Complete if the	e organization is exempt ur	der section 501		
1	Enter the amount of any exc	ise tax incurred by the organization un	der section 4955	\$	
2		ise tax incurred by organization mana			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720	O for this year?		Yes No
4a	Was a correction made?		, ,		Yes No
b	If "Yes," describe in Part IV.				
Part	I-C Complete if the	e organization is exempt ur	der section 501(	c), except section 501	(c)(3).
1		pended by the filing organization for se			
	activities			\$	
2	-	g organization's funds contributed to o			
		es			
3		ditures. Add lines 1 and 2. Enter here			
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5		, and EINs of all section 527 political of			
	•	enter the amount paid from the filing of	•	·	
		ere promptly and directly delivered to		•	9
	segregated fund or a political	al action committee (PAC). If additional	I space is needed, prov	vide information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)	A a.				
(3)					
(4)					
(5)					
(6)					

	edule C (Form 990) 2024 Sea Turtle Conse		59-6151	
Pa		is exempt under section 501(c)(3) and fil	ea Form 5/68 (ei	ection under
_	section 501(h)).	ifiliated again (and list in Dant IV) and affiliated again a		
4	Check if the filing organization belongs to an aff EIN, expenses, and share of excess lobb	filiated group (and list in Part IV each affiliated group n	nembers name, address	5,
В		,		
	Check if the filing organization checked box A a		(a) Filing	(h) Affiliated
	Limits on Lobbyir	ng Expenditures Ins amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
-	` .	pinion (grassroots lobbying)	organization o totalo	group totals
		tive body (direct lobbying)		
		)		
		and 1d)		
	f Lobbying nontaxable amount. Enter the amount fr			
	columns.	offittie following table in both		
		THEN lobbying nontaxable amount is:		
		20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		\$225,000 plus 5% of the excess over \$1,500,000.		
		\$1,000,000.		
_	g Grassroots nontaxable amount (enter 25% of line	¥ /***/***		
	h Subtract line 1g from line 1a. If zero or less, enter			
	i Subtract line 1f from line 1c. If zero or less, enter			
	j If there is an amount other than zero on either line			
	-			☐ Yes ☐ No
		Averaging Period Under Section 501(h)		
		on 501(h) election do not have to complete al	I of the five column	s below.
		eparate instructions for lines 2a through 2f.)		
	Lobbying E	xpenditures During 4-Year Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2021 (b) 2022 (c) 2023	(d) 2024	(e) Total
28	a Lobbying nontaxable amount			
I	b Lobbying ceiling amount (150% of line 2a, column (e))			
	c Total lobbying expenditures	· ·		

EEA Schedule C (Form 990) 2024

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed Fo	orm 5	768	
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)	(b)	
	iption of the lobbying activity.	Yes	No	Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?	Х			1.
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			228
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	х			1,426
J	Total. Add lines 1c through 1i			_	1,66
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d Dort	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\	4	<u> </u>	
rail	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5	), or	sect	ion	
	501(c)(6).			Vo	o No
4	Mara substantially all (00% or mara) dues received nandeductible by marchard			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			2	
2	Did the organization make only in-noise lobbying expenditures of \$2,000 or less?			3	
Dart	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)				·//6/
гап	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part II "Yes."			•	, , ,
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
	political expenses for which the section 527(f) tax was paid):				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Part	IV Supplemental Information				
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A instructions); and Part II-B, line 1. Also, complete this part for any additional information.	, lines	1 and		
01. 2	Activities to Influence Legislation (Part II-B, lines 1a-1h)				
The (	Organization spoke to legislators and issued Action Alerts to encourage po	eople	e to		
conta	act their legislators about conservation issues.				

EEA Schedule C (Form 990) 2024

Schedule C (I	Form 990) 2024	Page 4
Part IV	Supplemental Information (continued)	
		-
45		

### SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury

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

Supplemental Financial Statements

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

OMB No. 1545-0047

**Open to Public** 

Inspection Internal Revenue Service Employer identification number Name of the organization Sea Turtle Conservancy 59-6151069 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . . 3 Aggregate value of grants from (during year) . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by Number of states where property subject to conservation easement is located . . . . . . . . . . . . . . . . . . . Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **....** \$ Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) 8 (i) and section 170(h)(4)(B)(ii)? ..... Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. 

Par	t III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar Ass	sets (co	ntin	ued)
3	Using the organization's acquisition, access	sion, and other records	s, check any of the fo	ollowing that make si	gnificant use of its			
	collection items (check all that apply).							
а	☐ Public exhibition		<b>d</b> Loan o	r exchange program				
b	Scholarly research		e Other					
С	Preservation for future generations							_
4	Provide a description of the organization's of	collections and explain	how they further the	e organization's exer	npt purpose in Part			
	XIII.	•	•	J				
5	During the year, did the organization solicit	or receive donations o	of art. historical treas	ures. or other similar				
	assets to be sold to raise funds rather than		•	•		Yes		No
Par								,
	Complete if the organization		on Form 990. P	art IV. line 9. or	reported an amo	unt on l	Forn	n
	990, Part X, line 21.			, 2, 2.				-
1a	Is the organization an agent, trustee, custod	lian, or other intermedi	ary for contributions	or other assets not				
	included on Form 990, Part X?		•			Yes	x	No
b	If "Yes," explain the arrangement in Part XII							,
-			.o.m.ig table:		Amo	unt		
С	Beginning balance			1		W. (	27	,367
d	Additions during the year							,909
e	Distributions during the year							,166
f	Ending balance							,110
2a	Did the organization include an amount on F					X Yes		1
b	If "Yes," explain the arrangement in Part XII					_		
Par		III. GITGOR TIGIG II ETIG G	Apiariation riab boom	provided in r direktin				
	Complete if the organization	answered "Yes"	on Form 990 P	art IV line 10				
	Complete ii allo organizationi	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	vears h	nack
1a	Beginning of year balance	2,824,410	2,572,245	2,981,322	2,691,827		09,	
b	Contributions	16,650	12,600	15,309	87,904			555
C	Net investment earnings, gains,	10,030	12/000	13/303	077501		, , ,	333
·	and losses	201,960	339,565	(324,386)	301,591	,	32,	011
d	Grants or scholarships	201,500	333,303	(321,300)	301,331		J <b>Z</b> ,	<u> </u>
e	Other expenditures for facilities and							
٠	programs	100,000	100,000	100,000	100,000		25	000
f	Administrative expenses	100,000	100,000	100,000	100,000		23,	000
g	End of year balance	2,943,020	2,824,410	2,572,245	2,981,322	2.6	91,	827
2	Provide the estimated percentage of the cur				2,301,322	2,0	<i>J</i>	027
a	Board designated or quasi-endowment	%	(iiiic rg, coldinii (a,	)) Hold as.				
h	Permanent endowment 100.00 %							
C	Term endowment %							
·	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%						
3a	Are there endowment funds not in the poss		ation that are held ar	nd administered for th	10			
ou	organization by:	icosion of the organiza	ation that are note at	ia administered for ti		Γ	Yes	No
	(i) Unrelated organizations?					3a(i)	X	110
	(ii) Related organizations?					3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organi					3b		
4	Describe in Part XIII the intended uses of the	•				30		
Par			JWITTELL TUTIOS.					
rai	Complete if the organization		on Form 990 P	art IV line 11a	See Form 900 F	Part Y li	no 1	١٨
								ΙΟ.
	Description of property	(a) Cost or othe (investment	' '		Accumulated depreciation	(d) Book	value	
	Land		,	,			25	200
1a	Land			25,300	E01 004		25,	
b	Buildings			773,079	591,204	1	81,	<b>0/5</b>
C	Leasehold improvements			150 044	200 200		٥-	
d	Equipment			469,944	372,277		97,	
e Tatal	Other		<u> </u>	274,735				735
LOTAL	Add lines 1a through 1e. (Column (d) must	enual Form 990 Part	x line TUC COllimn	1 (KI)			-/u	577

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2Lease Liability	274,735
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	274,735

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

Part	• • • • • • • • • • • • • • • • • • •		•	Retur	1
	Complete if the organization answered "Yes" on Form 990, P	art IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	4,286,715
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	116,726		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	86,750		
е	Add lines 2a through 2d	$\overline{}$		2e	203,476
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,083,239
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,923		
b	Other (Describe in Part XIII.)	4b	•		
С	Add lines <b>4a</b> and <b>4b</b>			4c	8,923
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .			5	4,092,162
Part				er Retu	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements			1	4,521,115
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1,011,110
a	Donated services and use of facilities	2a			<b>Y</b>
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	86,750	-	
e	Add lines 2a through 2d			2e	86,750
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,434,365
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1,131,303
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,923		
b	Other (Describe in Part XIII.)	4b	0,525	-	
c	Add lines <b>4a</b> and <b>4b</b>	-		4c	8,923
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	4,443,288
	XIII Supplemental Information	•			1,113,200
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1h	and 2h: Part V line 4: I	Part X Iii	ne
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			u. ( ) ( , iii	
	Part IV, Line 2-Explanation of escrow or custodial acco				
01. 1	are iv, line 2-Explanation of esclow of custodial acco	, unc	IIADIIICY		·
The C	Organization manages the administrative duties for the	Turt	le Spotters act	i 37 i + 37	conducted in
1116	riganization manages the administrative duties for the	Turc	ie spotters act.	LVICY	conducted in
Torti	guero, Costa Rica. As part of these duties, the Organ	izat	ion collects fe	es and	holds the fund
10100	aguero, costa kica. As part of these duties, the organ	IIZac	TOIL COLLECTS LE	es and	noids the fund
until	a local committee provides directions for distribution	m	The receipts of	the T	urtle Spotters
uncii	a local committee provides directions for distribution	/11 •	ine receipes or	CIIC I	dicie bpocceis
nrogi	cam are reported as a liability. The Organization char	.000	an administrati	ze fee	which is
progr	and are reported as a readility. The organization than	ges	an administraci	ve rec	WIIICII IB
ronos	ted as a program revenue.				
repor	ted as a program revenue.				
$\overline{}$					
02 1	Part V, Line 4-Intended uses of endowment funds				
UZ. I	Part V, Line 4-Intended uses of endowment funds				
			gongorustion o	F 900	turtlog
	ngg from the endowment funds are used to fund research				curcies.
Earn	ngs from the endowment funds are used to fund research	ana	COMBOL VACION C	L sea	
Earn	ngs from the endowment funds are used to fund research	and	0011001 1401011 0	L sea	
Earn	ngs from the endowment funds are used to fund research	and		L Sea	
				L Sea	
	ngs from the endowment funds are used to fund research			L Sea	
03. I		ot on	990		

# SCHEDULE F (Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

**Statement of Activities Outside the United States** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ea	Turtle Conservancy				59-61510	69
Part			Outside the U	Inited States. Complete if	the organization answered "	Yes" on
1	Form 990, Part IV, line For grantmakers. Does the org		tain records to s	ubstantiate the amount of its a	urants and	
•	other assistance, the grantees' el			_		
	award the grants or assistance?					x Yes No
	v					
2	For grantmakers. Describe in F	Part V the organ	nization's proced	lures for monitoring the use of	its grants and other assistance	
	outside the United States.					
3	Activities per Region. (The follow  (a) Region	ring Part I, line : (b) Number	3 table can be du	uplicated if additional space is r  (d) Activities conducted in the	needed.)  (e) If activity listed in (d) is	(f) Total
	(a) Region	of offices in	employees,	region (by type) (such as,	a program service,	expenditures for
		the region	agents, and independent	fundraising, program services, investments, grants to recipients	describe specific type of service(s) in the region	and investments in the region
			contractors in the region	located in the region)		
Ce	entral America and					
(1) t1	ne Caribbean	2	76	Program services	Conserve Sea Turtles	1,473,634
(2)						
(3)						
<i>(A</i> )					)	
(4)						
(5)						
(6)						
(7)		,				
(8)				Y		
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11)						
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13)						
14)						
4.5\						
15)					+	
16)	▼					
/						
17)						
3a	Subtotal	2	76			1,473,634
b	Total from continuation					
_	sheets to Part I					1 452 624
С	Totals (add lines 3a and 3b)	2	76			1,473,634

Part								ion answered "Yes" o	n Form 990,
	Part IV, line	15, for any red	cipient who recei	ved more than \$5,0	000. Part II can b	e duplicated if additi	onal space is nee	ded.	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2				at are recognized as char rantee or counsel has pro		ountry, recognized as a ta c)(3) equivalency letter	ax 		
3	Enter total number of	f other organization	ns or entities						

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

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1)								
2)								
3)								
l)								
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3)								
9)								
0)								
1)								
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3)								
4)								
5)								
6)								
7)								
8)								
Δ		•	-	•		•	Sahadula F	(Form 990) (Rev. 12-

### Part IV Foreign Forms

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

Schedule F (Form 990) (Rev. 12-2024)

#### Part V Supplemental Information

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

02. Method of accounting for expenditures (Part I, line 3, col f)
Total expenditures in the regions are \$1,473,634 using accrual basis accounting. Total
investments are \$0.

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

59-6151069 Sea Turtle Conservancy **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (b) EIN (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1)Florida Atlantic University 777 Glades Rd 65-0385507 29,749 Boca Raton, FL 33431 Gov Research (2) Clearwater Marine Aquarium, 249 Windward Passage Conservation, 59-2086737 501c3 Clearwater Beach, FL 33767 51,133 Emergency (3) East Coast Zoological Society of FL 8225 N Wickham Rd. Melbourne, FL 32940 59-2496749 501c3 17,386 Conservation (4) Florida State Parks Found. 1700 N Monroe St Ste 11-200 Conservation, 59-3207818 Tallahassee, FL 32303 501c3 32,744 Education (5) Friends of Archie Carr Refuge 4055 Wildlife Way Vero Beach, FL 32963 45-4806799 501c3 5,200 Education (6)Florida State University 874 Traditions Way, 3rd Fl Tallahassee, FL 32306 59-1961248 27,453 Gov Research (7) Gulfarium C.A.R.E Foundation 1010 Miracle Strip Parkway Fort Walton Beach, FL 32548 47-2967019 501c3 17,968 Conservation (8) Gulf Specimen Marine Lab, Inc. PO Box 237, 222 Clark Rd. Conservation, Panacea, FL 32346 59-2021454 501c3 35,174 Emergency

5,478

5,239

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

65-0306516

65-0050653

501c3

501c3

22 20

Education

Conservation

(9) Hidden Harbor Marine Environment Pr

(10Nobe Sound Nature Center Foundation

2396 Overseas Hwy Marathon, FL 33050

Hobe Sound, FL 33475

PO Box 214

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection Employer identification number

Sea Turtle Conservancy						59-6151069	
Part I General Information on	<b>Grants and Assi</b>	stance					
1 Does the organization maintain records to	substantiate the amo	ount of the grants or assista	ance, the grantees' eli	gibility for the grants or a	assistance,		
and the selection criteria used to award the			7 -				. Yes N
2 Describe in Part IV the organization's pro	cedures for monitoring						
Part II Grants and Other Assistan	ce to Domestic Or	ganizations and Don	nestic Governmen	ts. Complete if the o	rganization answered	"Yes" on Form 990	0,
Part IV, line 21, for any recip	ient that received m	nore than \$5,000. Part	Il can be duplicate	d if additional space i	s needed.		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Inwater Research Group, Inc.	•						
4160 NE Hyline Drive							Research,
Jensen Beach, FL 34957	65-1090322	501c3	14,047				Education
(2)Loggerhead Marine Life Cente 14200 US Hwy No 1	r						Conservation
Juno Beach, FL 33408	59-2445926	501c3	87,740				Research
(3)Mote Marine Laboratory, Inc							
1600 Ken Thompson Parkway							Conservation
Sarasota, FL 34236	59-0756643	501c3	23,204				Research
(4)Navarre Beach Sea Turtle Con	servati						
8668 Navarre Parkway No 286							
Navarre, FL 32566	45-5197646	501c3	7,110				Education
(5)North Captiva Sea Turtle For	indation						
2602 Dora Street							
Fort Myers, FL 33901	84-4108100	501c3	16,000				Conservation
(6) Sea Turtle Care and Conserva 14280 South Military Trail, 60							
Delray Beach, FL 33482	93-2524533	501c3	5,657				Education
(7)Sea Turtle Trackers, Inc P.O. Box 67422							
St Petersburg Beach, FL 33736	46-3922604	501c3	5,600				Conservation
(8)The Florida Aquarium							
701 Channelside Drive							
Tampa, FL 33602	59-2807815	501c3	32,623				Conservation
(9)University of Central Florid	a Resea						Research,
12201 Research Parkway, Suite	501						Conservation
Orlando, FL 32826	59-3086453	501c3	31,763				Emergency
(10) niversity of Florida PO Box 24736							
New York, NY 10087	59-6002052	Gov	9,662				Research
			-			<u> </u>	1.00001011
<ul><li>2 Enter total number of section 501(c)(3) at</li><li>3 Enter total number of other organizations</li></ul>	•				• • • • • • • • • • • • • • • • • • • •	–	
- Line total number of other organizations	noted in the line I tabl						

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection Employer identification number

Name of the organization		-				Employer identificat	tion number
Sea Turtle Conservancy						59-6151069	
Part I General Information on	Grants and Assi	stance					
1 Does the organization maintain records to	substantiate the amo	unt of the grants or assista	ance, the grantees' eli	gibility for the grants or	assistance,		
and the selection criteria used to award tl	ne grants or assistance	e?					. 🗌 Yes 🗌 N
2 Describe in Part IV the organization's pro	cedures for monitoring	g the use of grant funds in	the United States.				
Part II Grants and Other Assistan	ce to Domestic Or	ganizations and Dom	nestic Governmen	ts. Complete if the o	rganization answered	"Yes" on Form 99	0,
Part IV, line 21, for any recip	ient that received m	nore than \$5,000. Part	II can be duplicate	d if additional space	s needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Wildlife Alert Reward Associ	ation						
620 S Meridian St		C					Permit Holder
Tallahassee, FL 32399	59-2038975	501c3	25,000				Meeting
(2)Zoo Miami Foundation							
12400 SW 152 St							
Miami, FL 33177	59-6192814	501c3	28,889				Conservation
(3) Captiva Villas Condo Assoc.	Inc.						
275 Estero Boulevard							
Fort Myers Beach, FL 33931	20-8642225		17,230				Lighting
(4) Casa Playa Resort COA Inc.							
501 Estero Blvd.							
Fort Myers Beach, FL 33931	50-0027398		16,370				Lighting
(5) Castaways Condominium Associ	ation						
2240 N Beach Rd.							
Englewood, FL 34223	59-1796713		8,054				Lighting
(6)Estero Bay Improvement Association	iation						
9250 Corkscrew Road, Unit 9							
Ester, FL 33928	57-1744019		18,433				Lighting
(7)Four J LLC							
26906 McLaughlin Blvd							
Bonita Springs, FL 34134	71-0951574		5,000				Lighting
(8)Hunter Beach House LLC							
665 14th Ave. NE							
Saint Petersburg, FL 33701	99-1771693		5,194				Lighting
(9)Lemon Bay Vacations LLC							
2580 North Beach Road							
Englewood, FL 34223	47-1992572		5,025				Lighting
(10)Pelican Landing Condo Assoc	of Char						
5602 Marquesas Circle 103							
Sarasota, FL 34233	59-2135288		6,763				Lighting
2 Enter total number of section 501(c)(3) ar	nd government organiz	zations listed in the line 1 t	able				-
3 Enter total number of other organizations						-	

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Sea Turtle Conservancy						59-6151069	
Part I General Information on 0	Grants and Assis	stance				1	
1 Does the organization maintain records to	substantiate the amou	unt of the grants or assist	ance, the grantees' eli	gibility for the grants or a	assistance,		
and the selection criteria used to award th	ne grants or assistance	?					. 🗌 Yes 🗌 N
2 Describe in Part IV the organization's pro	cedures for monitoring	the use of grant funds in	the United States.				
Part II Grants and Other Assistan	ce to Domestic Org	ganizations and Don	nestic Governmen	ts. Complete if the o	rganization answered	"Yes" on Form 990	),
Part IV, line 21, for any recipi	ent that received m	ore than \$5,000. Part	Il can be duplicate	d if additional space i	is needed.	,	
(a) Name and address of organization     or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1)Royal Seafarer Condo Apt of	Marco I						
12270 SW 3rd St Suite 200							
Plantation, FL 33325	59-2465544		45,500				Lighting
(2)Sanibel View Villas Condo As 275 Estero Boulevard	soc Inc						
Fort Myers Beach, FL 33931	34-1964791		5,812				Lighting
(3)Sea Shell Condominium Associ	ation						
6500 Midnight Pass Road							
Sarasota, FL 34242	59-1848247	· ·	10,709				Lighting
(4)Sea Winds of Marco, Inc	· ·						
890 S. Collier Blvd							
Marco Island, FL 34145	59-2267134		7,500				Lighting
(5) Seaside Property Owners Asc.	Inc.						
7092 Placida Road							
Cape Haze, FL 33946	65-0415642		6,467				Lighting
(6) The Summit House Condo Asc	f Marco						
280 S Collier Blvd							
Marco Island, FL 34145	59-2374309		7,660				Lighting
(7) Tampico Condominium Associat	ion Inc						
930 Cape Marco Drive							
Marco Island, FL 34145	65-0504173		7,500				Lighting
(8) The Breakers Condo Asc of Re							
10500 University Center Dr Ste							
Tampa, FL 33612	59-1629501		14,922				Lighting
(9) The Turtle Crawl Condo Associ	., Inc.						
PO Box 803555							
Dallas, TX 75380	01-0782572		10,898				Lighting
(10Tiffany Place Condo Associat	ion, In						
7000 Gulf Dr Unit 001							1
Holmes Beach, FL 34217	59-1972651		18,804				Lighting
2 Enter total number of section 501(c)(3) ar	nd government organiza	ations listed in the line 1 t	table				
3 Enter total number of other organizations	listed in the line 1 table	2					

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

## **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public

Inspection Employer identification number

OMB No. 1545-0047

Sea :	Turtle Conservancy						59-6151069	
Part	General Information on	<b>Grants and Assis</b>	stance				1	
	Does the organization maintain records t	o substantiate the amou	unt of the grants or assist	ance, the grantees' eli	gibility for the grants or	assistance,		
	and the selection criteria used to award	the grants or assistance	?					. 🗌 Yes 🗌 N
2	Describe in Part IV the organization's pro	ocedures for monitoring	the use of grant funds in	the United States.				
Part	II Grants and Other Assistar	nce to Domestic Org	ganizations and Don	nestic Governmer	nts. Complete if the c	rganization answered	"Yes" on Form 990	),
	Part IV, line 21, for any recip	pient that received mo	ore than \$5,000. Part	Il can be duplicate	d if additional space			
1	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1) <sup>Va</sup>	lencia on the Gulf, Inc.					·		
627	Alhambra Rd							
Veni	ce, FL 34285	59-1431540		12,892				Lighting
<b>\-</b> /	nite Sands Villas Condo As Estero Boulevard							
Fort	Myers Beach, FL 33931	34-1964790		14,712				Lighting
(3)	. •							
(4)		S						
(5)								
(6)								
(7)	A a							
(8)								
(9)								
(10)								
(,								
	Enter total number of section 501(c)(3) a	· ·						I

Part III				organization answ	vered "Yes" on Form 99	0, Part IV, line 22.
	Part III can be duplicated if addition					
	(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
1 Miti	gation Grants	8	11,747			Lighting Upgrades
2						
3						
4						
5						
6						
_ 7						
Part IV	Supplemental Information. Provide	de the information re	equired in Part I, line	2; Part III, colum	n (b); and any other add	litional information.
01. M	onitoring procedures (Pa	art I, line	2)			
	chedule O.					

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Sea Turtle Conservancy 59-6151069 **Questions Regarding Compensation** Part I

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Payments for business use of personal residence  Tax indemnification and gross-up payments  Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Independent compensation committee			
4 a b	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		x
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		x
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a b	The organization?	5a 5b		x
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a b	The organization?	6a 6b		x
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and (i) Base compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
David Godfrey	(i)	188,484	9,960	0	21,829	15,715	235,988	0
1 CEO	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
_	(i)							
5	(ii)							
•	(i)		<u> </u>					
6	(ii)							
7	(i) (ii)							-
8	(i) (ii)							
9	(i) (ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
12	(i) (ii)							
12	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

(Rev. December 2024)

Name of the organization

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

Sea	Turtle	Conservan	сy			59-6151069	

#### 01. Committee meeting documentation (Part VI, line 8b)

There are no committees with authority to act on behalf of the governing body.

#### 02. Form 990 governing body review (Part VI, line 11)

The Form 990 is prepared with the assistance of a certified public accounting firm and is reviewed and approved by the CFO and CEO of the Organization, then sent to members of the Board. Once filed, the Form is made available to the public on the Organization's website, Guide Star and Charity Navigator websites, and upon request.

#### 03. Conflict of interest policy compliance (Part VI, line 12c)

The Board of Directors have approved a conflict of interest policy and any conflicts are discussed at board meetings, which are held at least twice a year. Upon declaration of any conflicts, the board member will refrain from the voting process. New board members are advised of the policy and provided a copy of the conflict of interest statement.

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

#### 04. CEO, executive director, top management comp (Part VI, line 15a)

The Board of Directors annually evaluates the performance of the CEO. Comparability data is obtained, presented, and documented by the Treasurer. The Board then discusses and determines increases in salary, if any. The CEO completes the evaluation of all other employees and determines compensation.

#### 05. Governing documents, etc., available to public (Part VI, line 19)

Governing documents are made available to the public upon request.

#### 06. General explanation attachment

Schedule I - Monitoring Procedures:

- 1.Sea Turtle License Plate Grants provide funds for education, research and conservation and are disbursed in three distributions. The initial distribution is given upon the signing of the contract. The second distribution is made after approval of the six-month progress report. Final payment is awarded after the project is complete, including receipt and approval of all deliverables.
- 2. Sea Turtle Friendly Lighting and Mitigation Grant funds are managed similarly to the Sea Turtle License Plate grants except distributions are made upon signing the contract and at the completion of the project. The books, accounts, files and other records of the project are held for a period of five years from the conclusion of the grant agreement.

the	compl	etion	of the	project	The	books	aco	counts,	files	and o	other	records	of the	project	t
are	held	for a	period	of five	years	from	the	conclu	sion c	of the	grant	agreem	ent.		
					·										

#### **Statement of Program Service Accomplishments**

2024

PG01

Statement #4

Name(s) as shown on return

Your Social Security Number

Sea Turtle Conservancy

59-6151069

#### Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code

Program Service Expenses
Grants and allocations included in above expense

\$506343

\$716

Program Services Revenue

\$7275

#### Explanation

Panama Research and Conservation - A collaborative sea turtle research and conservation initiative based at Bocas del Toro on Panama's north Caribbean coast. Modeled after STC's Tortuguero program, the purpose of the Panama project is to study, protect and recover local populations of leatherback and hawksbill turtles, both of which nest in globally significant numbers in the region. The project includes ongoing monitoring, protection and education activities at Chiriqui Beach, Playa Larga, Red Beach and Escudo de Veraguas, Soropta, Colon, Bluff Beach and the Zapatilla Cays.



#### **Statement of Program Service Accomplishments**

2024

PG01

Statement #4

Name(s) as shown on return

Your Social Security Number

Sea Turtle Conservancy

59-6151069

#### Form 990-Part III(b)

Statement of Service Accomplishment

Program Service Code

Program Service Expenses

\$147115

Grants and allocations included in above expense

\$0

Program Services Revenue

\$11962

#### Explanation

Barrier Island Center - The Barrier Island Center (BIC) is an educational center located in the heart of the Archie Carr Refuge (the Refuge) in Melbourne, Florida. The Refuge is a major nesting site for sea turtles. The BIC provides a focal point for the Refuge and the associated barrier island by providing exhibit space, a presentation hall and ongoing educational programs that promote stewardship of the area's fragile natural resources. Through a partnership with the Brevard County Environmentally Endangered Lands Program, STC oversees and conducts the educational programs offered at the BIC, and manages a small gift shop.



### **Statement of Program Service Accomplishments**

2024

PG01

Name(s) as shown on return

Your Social Security Number

Sea Turtle Conservancy

59-6151069

#### Form 990-Part III(c)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses Grants and allocations included in above expense Program Services Revenue \$ 94856 \$ 2000

\$0

Explanation

International Programs - These programs protect sea turtles by expanding conservation, education and policy initiatives in a variety of activities throughout the world.

	Federal Supporting Statements	<b>2024</b> PG01
Name(s) as shown on return		Tax ID Number
Sea Turtle Conservancy		59-6151069
Form 990	- Schedule D - Part VI - Lin Investments - Other	ne le Statement #D1e
<b>Description</b> of Investment Right of Use Asset	Cost/Basis Cost/Basis (Other) 0 274,735	Book           Depr         Value           0         274,73
Total	0274,735	0 274,735