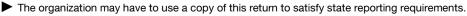
Form 990	
Department of the Treasu	r١

Internal Revenue Service

EXTENSION GRANTED TO 11/15/2013

Return of Organization Exempt From Income Tax

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





Α	For th	e 2012 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	le: C Name of organization		D Employer identifie	cation number
	Addre	TURTLE ISLAND RESTORATION NETWORK			
	Name	Doing Business As		91-1	818080
	Initial returr		Room/suite	E Telephone number	r
	Termi	FO BOX 570			663-8590
	Amer	Gity, town, or post office, state, and ZIP code		G Gross receipts \$	1,996,660.
	Appli tion pend	FOREST RHOLLS, CA 94955		H(a) Is this a group re	
	pond	F Name and address of principal officer: TODD STEINER		for affiliates?	Yes X No
		PO BOX 370, FOREST KNOLLS, CA 94933		H(b) Are all affiliates inc	
		tempt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$	or 527		list. (see instructions)
_		ite: WWW.TIRN.NET		H(c) Group exemption	
_		f organization: X Corporation Trust Association Other Summary	L Year	of formation: 1997	State of legal domicile: CA
P	art I			AND DECTORA	TON
Ce	1	Briefly describe the organization's mission or most significant activities: TURT NETWORK, WORKS TOWARDS PROTECTING MARINE	BTODT	VERSITV BV	MOBILIZING
Activities & Governance	2	Check this box \blacktriangleright \Box if the organization discontinued its operations or dispo			
ver	3	-		3	9
ő	4	Number of independent voting members of the governing body (rait Vi, interia)			7
s S	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			13
vitie	6	Total number of volunteers (estimate if necessary)			689
cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
◄	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,288,171.	1,686,726.
Revenue	9	Program service revenue (Part VIII, line 2g)		476,477.	276,172.
Jev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,274.	2,076.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,621.	16,158.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,790,543.	1,981,132.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,500.	18,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	674,702.	863,489.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 118, 7	67	0.	0.
Ř	b	51 () () ()		885,655.	1,073,000.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,582,857.	1,954,489.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		207,686.	26,643.
<u>۲</u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,423,100.	2,432,916.
Assu	20			154,513.	153,361.
Net,	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,268,587.	2,279,555.
		Signature Block		_,,	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		-			

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

Sign Here	Signature of officer TODD STEINER, EXECUT Type or print name and title	IVE DIRECTOR		Date
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	RAYMOND POUNDS	RAYMOND POUNDS		^{if} p00459430
Preparer	Firm's name 🍃 PISENTI & BRIN	KER LLP	-	Firm's EIN 94-1585562
Use Only	Firm's address 201 FIRST STRE	ET, SUITE 208		
	PETALUMA, CA 9	4952		Phone no. (707) 762-9900
May the I	RS discuss this return with the preparer shown	above? (see instructions)		X Yes No
232001 12-1	0-12 LHA For Paperwork Reduction Act N	<i>,</i> ,		Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2012) TURTLE ISLAND RESTORATION NETWORK	91-1818080	Pag
Par	t III Statement of Program Service Accomplishments		г
	Check if Schedule O contains a response to any question in this Part III		[
	Briefly describe the organization's mission: TURTLE ISLAND RESTORATION NETWORK WORKS TO MOBILIZE PI	ODIE IN LOCAL	
	COMMUNITIES AROUND THE WORLD TO PROTECT MARINE WILDLIF		
	AND INLAND WATERSHEDS THAT SUSTAIN THEM. WE WORK TO P		17.71.4 C
	ENDANGERED MARINE SPECIES, SAVE CRITICAL ECOSYSTEMS,		IER
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	Yes	X
	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 service	es?Yes	X
	If "Yes," describe these changes on Schedule O.		
ŀ	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expense	s.
	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.		
la	(Code:) (Expenses \$ 1,021,096. including grants of \$ 18,000.) (Re		
	THE SEA TURTLE RESTORATION NETWORK (SEATURTLES.ORG) WO		
	AND RESTORE POPULATIONS OF ENDANGERED SEA TURTLES AND		
	WILDLIFE SPECIES, AND THE OCEAN HABITAT THAT WE ALL RE GRASSROOTS ADVOCACY, RESEARCH, CITIZEN SCIENCE AND STR	-	JUGI
	ACTION. IN 2012, MORE THAN 100,000 SUPPORTERS AND ACT) TT
	ACHIEVE VICTORIES INCLUDING: COMPELLED THE NATIONAL MA		
	SERVICE (NMFS) TO FINALIZE SIGNIFICANT NEW PROTECTIONS		
	LEATHERBACK SEA TURTLES IN 42,000 SQUARE MILES OF PACE		' TI
	U.S. WEST COAST; GAINED ENDANGERED SPECIES STATUS FOR		
	LOGGERHEAD SEA TURTLES; MAINTAINED PROTECTIONS FOR SEA		
	OTHER MARINE WILDLIFE IN THE HAWAII LONGLINE FISHERY A		1
	DRIFT GILLNET FISHERY; CONDUCTED PRIMARY RESEARCH THRO		
ŀb	(Code:) (Expenses \$ 712, 314. including grants of \$) (Re	evenue\$ 261,	96
	SPAWN, THE SALMON PROTECTION AND WATERSHED NETWORK (SH	PAWNUSA.ORG),	
	PROTECTS THE LARGEST REMAINING RUN OF ENDANGERED, WILI		
	CALIFORNIA, AND THEIR HABITAT IN THE LAGUNITAS CREEK W		<u>'</u> 3
	MINUTES FROM THE GOLDEN GATE BRIDGE. SPAWN ENGAGES HU		
	VOLUNTEERS TO RESTORE HABITAT AND CONSERVE SALMON HANI		
	MOBILIZE SCIENTISTS, CONSERVATION GROUPS AND COMMUNIT		
	COMMONSENSE POLICY DEVELOPMENT, AND WHEN NECESSARY, UN LITIGATION. WE ACCEPT DONATIONS OF LAND WITH CONSERVA		N.
	2012, SPAWN HALTED UNWISE DEVELOPMENT THROUGH GRASSROO		-
	LEGAL ACTION THAT RESULTED IN A MORATORIUM ON NEW BUII		
	THE LAGUNITAS CREEK WATERSHED IMPOSED BY THE COURT. W		
	COMMUNITY VOLUNTEERS TO HELP RESTORE 45,000 SQUARE FER		
ŀc	11 000	evenue \$	75
	TURTLE ISLAND SHARK PROGRAM IS FOCUSED ON UNDERSTANDIN		
	PATTERNS OF SHARKS FOUND IN THE PACIFIC OCEAN AND DOCU		
	POPULATION TRENDS AT COCOS ISLAND NATIONAL PARK, COSTA		
	GALAPAGOS ISLANDS, ECUADOR TO PROMOTE CONSERVATION MEA		
	THEIR HOME RANGES. IT IS ALSO INVOLVED IN PROMOTING H		
	PUBLIC AND MOTIVATING SHARK CONSERVATION INITIATIVES A		Ī
	AGAINST THE IMPACT OF INDUSTRIAL FISHERIES AROUND THE	WORLD.	
d	Other program services (Describe in Schedule O.)	14,206.)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,774,416.	17,200•)	
е	Total program service expenses ► 1,774,416.	Form 9	<u>)90 /</u>
2002 - 10- ⁻	2 SEE SCHEDULE O FOR CONTINUATION	N(S)	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 3 13131101 755879 07940

TURTLE ISLAND RESTORATION NETWORK Form 990 (2012) TURTLE ISLAN

9<u>1-1818080 Page 3</u>

1 0	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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

232003 12-10-12

13131101 755879 07940

TURTLE	ISLAND	RESTORATION	NETWORK	
st of Required Sc	hedules (co	ntinued)		

	1990 (2012) TURTLE ISLAND RESTORATION NETWORK 91-1818	080	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000	x	
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
51	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)

a 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: 10b a 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	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 2 Enter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements. 1 1 4 A find the number of employees reported on form W-3, Transmittal of Wage and Tax Statements. 1 3 b If at least one is reported on line 2a, did the organization find all required toderal employment tax returns? 2 X b If a the sum of lines 1 a and 2a is greater than 250, you may be required to <i>e</i> -file (see instructions) 3a b If ''ses, ''s at file all e number of employment tax returns? 3a d If ''ses, ''s at file all e number of employment tax returns? 3a d If ''ses, ''s enter the name of the foreign country: - - See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a - d If ''ses,'' cint the organization inform Base 7: 5c - - d If ''ses,'' cint the organization inform Base 7: 5c - - - d If ''ses,'' cint the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible?	
granbling winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 1/2 a 1.3 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2/2 a 1.3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authorth over, a financial account in a toreign country. (such as a bank account, securities account, or other financial account)? 4a b If "Yes," tents the name of the foreign country. > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a Was the organization a party to a prohibited tax shelter transaction? 5b 5b Did any taxable party notify the organization that twa as or is a party to a prohibited tax shelter transaction? 5b 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization stel, exchange, or otherwise dispose of tangible personal property fo	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the dort the calendar year ending with or within the year covered by this return. 2a 1.3 2b If at least one is reported on line 2a, dit the organization file all required tederal employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a 3b Did the organization have an unrelated business gross income or 810,000 or more during the year? 3a 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreing country: ▶ 4a 5a Bit "Yes," then the financial account is other financial accounts. 5a 5a Was 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 chartable contributions? 5a 6b D'Tes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7b If the organization notift the door or dive side of the goods and services provided to the paor? 7a X 6b D'Tes," did the organization that X was or is a party to a prohibited tax sheller transaction? 5a 5a <th></th>	
till of or the calendar year anding with or within the year covered by this return 2a 1.3 b if at least one is propried on line 2a, did the organization file all required to e-He (see instructions) 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," this file all a Comparization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," this file all a Comparization have an interest in, or a signature or other authority over, a financial account? 4a b If "Yes," senter the name of the foreign country! 5a See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financia Jaccount? 5a Sa was the organization a party to a prohibited tax shelter transaction? 5a D D any taxable party notify the organization file Form 8886-17 6e B Tyes," to line 5a or 5b, did the organization file Form 8886-17 6e C To Graphization neckle a signature entration solicit any contributions that was or is a party to a prohibited tax shelter transaction? 5a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 6a 7 Organization sele, exchange, o	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-#le (see instructions) 3a 3b Did the organization have unnelated business gross income of \$1,000 or more during the year? 3a Did the organization have unnelated business gross income of \$1,000 or more during the year? 3b dif Yes, " that if field a Form 900-T for this year? If 'No, "provide an explanation in Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a b If 'Yes," enter the name of the foreign country: Implements for Form TD F 90221, Report of Foreign Bank and Financial account? 5a See instructions for filing requirements for Form TD F 90221. Report of Foreign Bank and Financial Accounts. 5a for any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a for life droganization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? 5a for Yes, " lide droganization self. Schama and Yes and Party as a contributions or gifts were no tax deductible? 7a X for Yes," lidd the organization ne	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 41 H*Se, "Note if the a form 90-17 or this year? If "No, "provide an explanation in Schedule 0 3b 42 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; explanation in Schedule 0 4a 43 If "Yes," enter the name of the foreign country: P See instructions for filing requirements for Form TD 90.22.1, Report of Foreign Bank and Financial Accounts. 5a 54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b 55 Did any taxable party notify the organization file Form 8886-17 5c 5a 5a 64 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? 5c 7 Organization sthat may receive deductible contributions under services provided? 7b X 8 U1*Yes," did the organization notify the down of the value of the goods or services provided? 7b X 7 Organization selve a payment in excess of \$75 made party as a contributions and party to a previse provided? 7c 7c 8 U1*Yes," did the organizati	
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a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a 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: 10b a 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a a Is the organization licensed to issue qualified health plans in more than one state? 13a	
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	
a 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: 10b a 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. 13a	
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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. 12a a Is the organization licensed to issue qualified health plans in more than one state? 13a	
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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a	
a Is the organization licensed to issue qualified health plans in more than one state? 13a	
Note. See the instructions for additional information the organization must report on Schedule O.	
- · · · · · · · · · · · · · · · · · · ·	
b Enter the amount of reserves the organization is required to maintain by the states in which the	
organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand 13c	
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	
Form 990	2012)

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Yes

No

012)	TURTLE	ISLAND	RESTORATION	NETWORK
Statements	Regarding C	Other IRS F	ilings and Tax Cor	npliance

Check if Schedule O contains a response to any question in this Part V

Form 990	(201
Part V	9

TURTLE ISLAND RESTORATION NETWORK

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

Check if Schedule O contains a response to any question in this Part VI	

X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
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, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			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
	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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X X	
D	Other officers or key employees of the organization	15b		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	1	
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availat	ole	
	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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	<u>-</u>	
	TODD STEINER - 415-663-8590			
232000	PO BOX 370, FOREST KNOLLS, CA 94933			
12-10-	12	Forn	1 990	(2012)
	6			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					n/irus		from	from related	other
	(list any	recto						the	organizations	compensation
	nours for	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trust		ee	npen		(00-2/1099-00130)		and related
	below	dual t	tiona		nploy	st cor	5			organizations
	(list any hours for related organizations below line)	Indivio	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) DEBBIE SIVAS	4.00									
BOARD MEMBER		X						0.	0.	Ο.
(2) DONNA HOWE	4.00									
BOARD CHAIR		X						0.	0.	Ο.
(3) RICK MISURACA	4.00									
BOARD MEMBER		X						0.	0.	Ο.
(4) RANDALL ARAUZ	4.00									
BOARD MEMBER		X						0.	0.	0.
(5) WALLACE J NICHOLS	4.00		_							
BOARD MEMBER		Х						0.	0.	0.
(6) BOB ROSENBERG	4.00									
BOARD MEMBER		X						0.	0.	0.
(7) ANN KASTNER	4.00									
BOARD MEMBER		X						0.	0.	0.
(8) TODD STEINER	50.00									
PRESIDENT				Х				106,334.	0.	0.
(9) CAROLE ALLEN	50.00									
BOARD MEMBER				Х				47,500.	0.	0.
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Form 990 (2012)

Form 990 (2012) TURTLE IS									91-181	8080	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					
(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	i tion more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensa rom th ganizat id relat anizati	e ion ed
	line)	pul	Ins	Offi	Key	Higen	For					
									(7)			
1b Sub-total								153,834.	0			0.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)					<u></u> .			153,834.	0	•		0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	ove	e) wł	סר no r	eceived more than \$100	0,000 of reportable			1
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	ey en	nplo	oyee,	, or	highest compensated e	mployee on		Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s 4 For any individual listed on line 1a, is the su								hor componention from		3		Х
and related organizations greater than \$150									une organization	4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								ted organization or indiv		5		x
Section B. Independent Contractors		01	0/ 30	uon j	00/3							
1 Complete this table for your five highest co										nsation	from	
the organization. Report compensation for (A)	ine calendar y	ear	endi	ng w	/ith	or w	ithi	n the organization's tax	year.	(C)	
Name and business	address							Description of s		Compe		n
PATRICK RIDGE 2436 ANDRADE AVE., RICHMO	OND, CA	94	180)4				CONSTRUCTION CONTRACTING		10	6,1	68.
2 Total number of independent contractors (i \$100,000 of compensation from the organi:	•	iot lii	mite	d to		se lis 1	stec	d above) who received n	nore than	-	000 -	
232008 12-10-12										⊢orm	990 (;	2012)

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Form	990	(20)	12))

Form 990 (2012) TURTLE ISLAND RESTORATION NETWORK 91-1818080 Page 9 Part VIII Statement of Revenue Page 9

		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts si	1 a	Federated campaigns	1a					
irar oun		Membership dues						
ڪڙ"		Fundraising events						
۹. T		Related organizations						
,sel		Government grants (contribut						
is i		All other contributions, gifts, gran	· ·					
put	-	similar amounts not included abo		686,726.				
Ëġ	c	Noncash contributions included in lines	1a-1f: \$	438,255.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			1,686,726.			
				Business Code				
e	2 a	CONTRACT REVENU	E	541900	261,966.	261,966.		
e <u>r</u> i	b	PROGRAM FEES		541900	14,206.	14,206.		
Program Service Revenue	с							
ev an	d	l						
§	е							
ā	f	All other program service reve	nue					
_	g	Total. Add lines 2a-2f		►	276,172.			
	3	Investment income (including		•				0.076
		other similar amounts)			2,076.			2,076.
	4	Income from investment of tax						
	5	Royalties						
	-		(i) Real	(ii) Personal	-			
	6 a				4			
		Less: rental expenses			-			
		Rental income or (loss)						
		 Net rental income or (loss) Gross amount from sales of 						
	1 d	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
a		Gross income from fundraising						
enue		including \$	of					
even even		contributions reported on line						
ле Н		Part IV, line 18	а а					
Other Rever	b	Less: direct expenses	b					
Ŭ		Net income or (loss) from func		>				
	9 a	Gross income from gaming ac		1				
		Part IV, line 19			4			
		Less: direct expenses			15 400			15 400
		Net income or (loss) from gam	-	····· >	15,400.			15,400.
	10 a	Gross sales of inventory, less		16,286.				
	l-	and allowances		4	-			
		Less: cost of goods sold			758.	758.		
	С	Net income or (loss) from sale Miscellaneous Revenu		Business Code	, 50.	750.		
ł	11 a		0					
	b							1
	c							1
	d	All other revenue						1
	e	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			1,981,132.	276,930.	0.	17,476.
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TURTLE ISLAND RESTORATION NETWORK

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Secti	on 501(c)(3) and 501(c)(4) organizations must corr	plete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respor	nse to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	10 000	10 000		
	United States. See Part IV, lines 15 and 16	18,000.	18,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 720	107 (20	16 622	1 5 4 7 1
_	trustees, and key employees	139,732.	107,639.	16,622.	15,471.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	573,795.	516,779.	822.	56,194.
7 8	Other salaries and wages Pension plan accruals and contributions (include	575,755.	510,115.	022.	50,194.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	96,515.	82,254.	2,800.	11,461.
10	Payroll taxes	53,447.	45,973.	1,306.	6,168.
11	Fees for services (non-employees):		1070700		0,2000
	Management	4			
	Legal	320,197.	319,902.	295.	
	Accounting	27,128.		27,128.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	187,683.	160,033.	2,676.	24,974.
14	Information technology	8,898.	7,403.	509.	986.
15	Royalties	C 020	4 710	0.45	F00
16	Occupancy	6,239.	4,712. 17,312.	945.	582. 1,965.
17	Travel	19,646.	17,312.	309.	1,905.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	5,453.	5,065.	189.	199.
19 20	Conferences, conventions, and meetings	5,=55•	5,005.		• ((1
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,920.	8,739.	1,181.	
23	Insurance	36,560.	33,786.	2,007.	767.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	HABITAT RESTORATION/CON	172,484.	172,484.		
b	RESEARCH & TESTING	165,373.	165,373.		
с	PROMOTION	101,971.	97,910.	4,061.	
d	INTERN PROGRAM	4,264.	4,264.		
е	All other expenses	7,184.	6,788.	396.	
25	Total functional expenses. Add lines 1 through 24e	1,954,489.	1,774,416.	61,306.	118,767.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
22204	Check here if following SOP 98-2 (ASC 958-720)			I	Form 990 (2012)
2020 IU					

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Form **990** (2012)

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11 2012.04040 TURTLE ISLAND RESTORATION N 07940_1

Form 990 (2012)	TURTLE	ISLAND	RESTORATION	NETWORK
Part X	Balance Sheet				

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	135,254.	1	285,490.
	2	Savings and temporary cash investments	840,247.	2	645,419.
	3	Pledges and grants receivable, net	679,658.	3	15,000.
	4	Accounts receivable, net	103,948.	4	503,754.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
(0		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ase	8	Inventories for sale or use	1,000.	8	
	9	Prepaid expenses and deferred charges	12,475.	9	36,739.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 964,076.			
	b	Less: accumulated depreciation 10b 117,562.	650,518.	10c	846,514.
	11	Investments - publicly traded securities		11	100.000
	12	Investments - other securities. See Part IV, line 11		12	100,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0 400 100	15	0 400 016
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,423,100.	16	2,432,916.
	17	Accounts payable and accrued expenses	154,513.	17	153,361.
	18	Grants payable	0.	18	
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
bili	22	Loans and other payables to current and former officers, directors, trustees,			
Lia		key employees, highest compensated employees, and disqualified persons.			
	00	Complete Part II of Schedule L		22 23	
	23 24	Secured mortgages and notes payable to unrelated third partiesUnsecured notes and loans payable to unrelated third parties		23 24	
	24	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	154,513.	26	153,361.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and	- ,		,
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,742,613.	27	2,264,555.
Fund Balances	28	Temporarily restricted net assets	525,974.	28	15,000.
ар	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	2,268,587.	33	2,279,555.
	34	Total liabilities and net assets/fund balances	2,423,100.	34	2,432,916.

Form **990** (2012)

Form 990 (2012)

Part XI Reconciliation of Net Assets

1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,		4,4	
3	Revenue less expenses. Subtract line 2 from line 1	3				43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	26	8,5	87.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-1	5,6	75.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2,	27	9,5	55.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-	lit			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Check if Schedule O contains a response to any question in this Part XI

Form 990 (2012)

(For Departe	m 99 ment o Rever	DULE A 90 or 990-EZ) of the Treasury nue Service	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.										47 Iic	
Nam	e of t	the organizati							E		identificati			
Der		D		ISLAND RESTO						9	1-1818	080		
Par				ity Status (All organiz					ructions.					
The c	rgan			because it is: (For lines 1										
1				s, or association of chur		ribed in se	ection 170	(b)(1)(A)(i)	-					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and stat	e:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	te, or local governm	ent or governmental unit	t describe	d in sectio	on 170(b)(⁻	I)(A)(v).						
7	Х	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general	public desc	ribed	in	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembersh	ip fees, a	nd gross re	ceipts	from	
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support	from gross	invest	tment	
		income and ι	Inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	after June 3	80, 197	75.	
_		See section	509(a)(2). (Complete	e Part III.)										
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).					
11		An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	ry out the	e purposes o	of one	or	
		more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or sectio	on 509(a)(2	2). See sec	tion 509((a)(3). Ch	eck the box	that		
		describes the	e type of sup <u>porti</u> ng	organization and comple	ete lines 1	1e through	n 11h.							
		a 🗌 Type I	ь 🗔 ту	/pe II c 🗌 Ty	ype III - Fu	nctionally i	integrated	c	і 🗔 Тур	be III - No	n-functional	ly integ	grated	
e		By checking	this box, I certify tha	t the organization is not	controllec	I directly o	r indirectly	by one o	r more dis	qualified	persons ot	ner tha	an	
		foundation m	anagers and other t	han one or more publicly	, supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509)(a)(2).		
f		If the organiz	ation received a writ	ten determination from t	the IRS that	at it is a Ty	pe I, Type	II, or Type	e III					
		supporting o	rganization, check th	nis box										
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing per	sons?				
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and ((iii) below	,	Yes	No	
		the gove	erning body of the su	upported organization?							11g(i)			
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)			
		(iii) A 35% o	controlled entity of a	person described in (i) o	or (ii) above	ə?					11g(iii)			
h		Provide the f	ollowing information	about the supported or	ganization	(s).								
			-		-									
(i) [of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	n col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization the U.S.?							nount of monetary support		
Yes No Yes No Yes No							No							

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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Schedule A (Form 990 or 990-EZ) 2012 TURTLE ISLAND RESTORATION NETWORK

Part II

TION NETWORK 91-181808

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,308,519.	1,141,500.	1,587,062.	1,600,799.	1,437,021.	7,074,901.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,308,519.	1,141,500.	1,587,062.	1,600,799.	1,437,021.	7,074,901.
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)						1,794,327.
6	Public support. Subtract line 5 from line 4.						5,280,574.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,308,519.	1,141,500.	1,587,062.	1,600,799.	1,437,021.	7,074,901.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	29,781.	11,081.	8,430.	4,274.	2,076.	55,642.
9	Net income from unrelated business						
	activities, whether or not the			·			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	104.	1,275.	3,026.	21,621.	758.	26,784.
11	Total support. Add lines 7 through 10						7,157,327.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (14	73.78 %
	Public support percentage from 2011					15	56.85 %
16a	33 1/3% support test - 2012. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is [.]	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	ualifies as a public	cly supported orga	anization	▶Ц
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-					7	
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	r the organization's	s first. second. thi	rd. fourth. or fifth ta	ax vear as a sectio	n 501(c)(3) organ	ization.
check this box and stop here	•					·
Section C. Computation of Publ						· · · · · · · · · · · · · · · · · · ·
15 Public support percentage for 2012 (I			column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Invest						/0
17 Investment income percentage for 20		•			17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-04-12			, c, onoon u			90 or 990-EZ) 2012
			15	001		

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2012.04040 TURTLE ISLAND RESTORATION N 07940_1

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

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

Schedule B

Name of the organization

	TURTLE ISLAND RESTORATION NETWORK	91-1818080
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	7.
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

13131101 755879 07940

Employer identification number

TURTLE ISLAND RESTORATION NETWORK

91-1818080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>35,000.</u>	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 43,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$340,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	1-12	\$ <u>40,000.</u> Schedule B (Form 5	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

2012.04040 TURTLE ISLAND RESTORATION N 07940_1

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	Page 3
Name of organization	Employer identification number
TURTLE ISLAND RESTORATION NETWORK	91-1818080

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom 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
		\$	

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2012.04040 TURTLE ISLAND RESTORATION N 07940__1

me of organizati			Employer identification number
art III Ex ye the	SLAND RESTORATION NE <i>cclusively</i> religious, charitable, etc., indivi- ar. Complete columns (a) through (e) and the e total of <i>exclusively</i> religious, charitable, etc se duplicate copies of Part III if addition	vidual contributions to section 501(c)(<i>i</i> he following line entry. For organizations c., contributions of \$1,000 or less for th	91 - 1818080 7), (8), or (10) organizations that total more than \$1,000 for s completing Part III, enter the year. (Enter this information once.) \$
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
54 12-21-12			Schedule B (Form 990, 990-EZ, or 990-PF)

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2012.04040 TURTLE ISLAND RESTORATION N 07940_1

SCHEDULE C	P	olitical Campaign a	and Lobbyii	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Org	2012			
Department of the Treasury Internal Revenue Service	Complete	e if the organization is described ► See separa	l below. ► Attach t te instructions.	to Form 990 or Form 990-	EZ. Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ 	panizations: Com r than section 50 ations: Complete wered "Yes," to panizations that I panizations that I wered "Yes," to	Form 990, Part IV, line 3, or Form pplete Parts I-A and B. Do not comp D1(c)(3)) organizations: Complete R e Part I-A only. Form 990, Part IV, line 4, or Form have filed Form 5768 (election und have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy tions: Complete Part III.	nplete Part I-C. Parts I-A and C below m 990-EZ, Part VI, li der section 501(h)): C n under section 501(r. Do not complete Part I-B. ne 47 (Lobbying Activities omplete Part II-A. Do not co h)): Complete Part II-B. Do), then omplete Part II-B. not complete Part II-A.
Name of organization				Emp	oyer identification number
Part I-A Comple		ISLAND RESTORATIC		or is a section 527 of	91-1818080
2 Political expenditur	es	ation's direct and indirect politica		►\$	
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)		
		incurred by the organization unde			
3 If the organization in	ncurred a sectio ade?	incurred by organization manager n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
		anization is exempt unde	r section 501(c)	, except section 501	(c)(3).
2 Enter the amount o exempt function ac	f the filing organ tivities	d by the filing organization for sect ization's funds contributed to other	er organizations for s	ection 527	
	-	Add lines 1 and 2. Enter here an			
 4 Did the filing organi 5 Enter the names, and made payments. For contributions received 	zation file Form ddresses and en or each organiza /ed that were pro	1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid) of all section 527 pc from the filing organi separate political org	plitical organizations to whic zation's funds. Also enter th anization, such as a separa	Yes No ch the filing organization ne amount of political
(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
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 99	00 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 $ ext{TURTLB}$	ISLAND	RESTORATION	NETWORK
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Part II-A Complete if the org (election under sec	anization is exer tion 501(h)).	npt under sectio		ea Form 5768	
A Check if the filing organiza	tion belongs to an affil	iated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying e	expenditures).			
B Check ► ☐ if the filing organiza	tion checked box A an	id "limited control" pro	ovisions apply.		· · · · · · · · · · · · · · · · · · ·
	ts on Lobbying Exper ditures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)		1,100.	
b Total lobbying expenditures to infl	uence a legislative boo	ly (direct lobbying)		9,562.	
c Total lobbying expenditures (add l	ines 1a and 1b)			10,662.	
d Other exempt purpose expenditur				1,763,754.	
e Total exempt purpose expenditure				1,774,416.	
f Lobbying nontaxable amount. Ento				238,721.	
If the amount on line 1e, column (a) c		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1,5		<u>0 plus 15% of the exc</u> 0 plus 10% of the exc			
Over \$1,500,000 but not over \$1,5	, , ,	0 plus 5% of the exce			
Over \$17,000,000	,000,000 \$220,00 \$1,000,0		<u>33 0vci ¢1,000,000.</u>		
	\$1,000,0				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			59,680.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
			· · · · · · · · · · · · · · · · · · ·		
j If there is an amount other than ze reporting section 4911 tax for this	_	line 1i, did the organiza	ation file Form 4720	[Yes No
reporting section 4911 tax for this	year? 4-Year Ave ations that made a se	ine 1i, did the organiz raging Period Under ection 501(h) electior	ation file Form 4720	plete all of the five	Yes No
reporting section 4911 tax for this	year? 4-Year Ave ations that made a so lumns below. See the	ine 1i, did the organiz raging Period Under ection 501(h) electior	ation file Form 4720 Section 501(h) n do not have to comp es 2a through 2f on pa	plete all of the five	Yes No
reporting section 4911 tax for this	year? 4-Year Ave ations that made a so lumns below. See the	ine 1i, did the organiza raging Period Under ection 501(h) election e instructions for line	ation file Form 4720 Section 501(h) n do not have to comp es 2a through 2f on pa	plete all of the five	Yes No
reporting section 4911 tax for this (Some organiz co Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount	year? 4-Year Ave ations that made a so lumns below. See the Lobbying Exper	ine 1i, did the organize raging Period Under ection 501(h) election e instructions for line iditures During 4-Yea	ation file Form 4720 Section 501(h) n do not have to comp es 2a through 2f on pa ar Averaging Period	plete all of the five lge 4.)	
reporting section 4911 tax for this (Some organiz cc Calendar year (or fiscal year beginning in)	year? 4-Year Ave cations that made a so blumns below. See the Lobbying Exper (a) 2009	ine 1i, did the organiza raging Period Under ection 501(h) election e instructions for line aditures During 4-Yea (b) 2010	ation file Form 4720 Section 501(h) n do not have to comp se 2a through 2f on pa ar Averaging Period (c) 2011	olete all of the five age 4.) (d) 2012	(e) Total
reporting section 4911 tax for this (Some organiz co Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	year? 4-Year Ave cations that made a so blumns below. See the Lobbying Exper (a) 2009	ine 1i, did the organiza raging Period Under ection 501(h) election e instructions for line aditures During 4-Yea (b) 2010	ation file Form 4720 Section 501(h) n do not have to comp se 2a through 2f on pa ar Averaging Period (c) 2011	olete all of the five age 4.) (d) 2012	(e) Total 653,311.
reporting section 4911 tax for this (Some organiz Calendar year Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c c Total lobbying expenditures d Grassroots nontaxable amount	year? 4-Year Ave tations that made a se blumns below. See the Lobbying Exper (a) 2009 0 .	ine 1i, did the organiza raging Period Under ection 501(h) election e instructions for line iditures During 4-Yea (b) 2010 189,791.	ation file Form 4720 Section 501(h) n do not have to comp es 2a through 2f on pa ar Averaging Period (c) 2011 224,799.	olete all of the five age 4.) (d) 2012 238 , 721 .	(e) Total 653,311. 979,967.
reporting section 4911 tax for this (Some organiz Calendar year Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	year? 4-Year Ave cations that made a so blumns below. See the Lobbying Expen (a) 2009 0.	ine 1i, did the organiza raging Period Under ection 501(h) election e instructions for line iditures During 4-Yea (b) 2010 189,791. 1,728.	ation file Form 4720 Section 501(h) n do not have to comp se 2a through 2f on pa ar Averaging Period (c) 2011 224,799. 7,650.	c) blete all of the five ige 4.) (d) 2012 238,721. 10,662.	(e) Total 653,311. 979,967. 20,040.
reporting section 4911 tax for this (Some organiz Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	year? 4-Year Ave cations that made a so blumns below. See the Lobbying Expen (a) 2009 0.	ine 1i, did the organiza raging Period Under ection 501(h) election e instructions for line iditures During 4-Yea (b) 2010 189,791. 1,728.	ation file Form 4720 Section 501(h) n do not have to comp se 2a through 2f on pa ar Averaging Period (c) 2011 224,799. 7,650.	(d) 2012 (238,721. 238,721. 10,662. 59,680. 1,100.	(e) Total 653,311. 979,967. 20,040. 163,328.

Schedule C (Form 990 or 990-EZ) 2012 TURTLE ISLAND RESTORATION NETWORK

91-1818080 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k)
	lobbying activity.	Yes	No	Amo	ount
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: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
	301(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	• •			ne 3, is
	answered "Yes."	·			·
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
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 exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa	art II-A (affili	ated group	list); Part II	-A, line 2;
and F	Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2012

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

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
ZU IZ
Open to Public
Inspection

Name	of the organization TURTLE ISLAND RES	TORATION NETWORK	Employer identification number 91-1818080
Par			
1 41	organization answered "Yes" to Form 990, Part IV, li		/ Cooding is a complete in the
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3 ⊿	Aggregate grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		undo
5	-	-	
~	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Par		propriation answered "Ves" to Form 000 Port	
			IV, III e 7.
1	Purpose(s) of conservation easements held by the organiza		ally important land area
	Preservation of land for public use (e.g., recreation or Protection of natural habitat	r education) Preservation of an historic Preservation of a certified	•
	Preservation of open space		I historic structure
0		alified concernation contribution in the form of a	concernation occurrent on the last
2	Complete lines 2a through 2d if the organization held a qua	anned 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
-			
a	Total number of conservation easements		
D			
C	Number of conservation easements on a certified historic s		2c
d	Number of conservation easements included in (c) acquired		
2	listed in the National Register		2d
3	Number of conservation easements modified, transferred, i	released, extinguished, or terminated by the org	janization during the tax
4	year ▶ Number of states where property subject to conservation e	accompany is located	
5			
5	Does the organization have a written policy regarding the p violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) ab		-
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva		
5	include, if applicable, the text of the footnote to the organiz		
	conservation easements.		organization's accounting for
Par		of Art. Historical Treasures. or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to For		
	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art
Ĩŭ	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		d balance sheet works of art historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
			- · ·
2	If the organization received or held works of art, historical to		
2	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
5			🕨 Ψ
LHA	For Paperwork Reduction Act Notice, see the Instructio	ons for Form 990.	Schedule D (Form 990) 2012

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> 23 2012.04040 TURTLE ISLAND RESTORATION N 07940_1

		ISLAND RES							0 Page 2
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	e following tha	at are a s	ignificant use of it	s collectio	n items
	(check all that apply):								
а	Public exhibition	c	ıШ	Loan or exc	change progra	ams			
b	Scholarly research	e		Other					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how t	hey further	the organizati	ion's exe	empt purpose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er simila	r assets		
	to be sold to raise funds rather than to be m							Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to	Form 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	ssets not	t included		
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					
								Amoun	t
С	Beginning balance						1c		
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F							Yes	No No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete								
		(a) Current year	(b) F	Prior year	(c) I wo year	rs back	(d) Three years bac	k (e) ⊦ou	r years back
	Beginning of year balance							_	
	Contributions							_	
	Net investment earnings, gains, and losses							_	
	Grants or scholarships							_	
е	Other expenditures for facilities								
	and programs							_	
f	Administrative expenses							_	
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	íg, column (a)) held as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for t	the organization		
	by:							- (1)	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization							3b	
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm								
Fai				í		() (()) D	
	Description of property	(a) Cost or o basis (investr		1	t or other (other)		ccumulated preciation	(d) Boo	k value
			nentj		30,000.	ue	preciation	13	0,000.
	Land				<u>56,026.</u>		54,669.		<u>0,000.</u> 1,357.
	Buildings			40	,020.		54,009.	41	т, эр/ •
	Leasehold improvements			4	58,050.		62,893.		5,157.
	Equipment				,0,000.		04,095.		J, IJ/•
	Other		V colu	(D) //m -	10(0))			Q /	6,514.
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	л, coiui	нн (в), IIne	10(0).)		····· P	04	0, J14.

Schedule D (Form 990) 2012

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	ND RESTORATIO		91-1818080 Page 3
Part VII Investments - Other Securities. Set			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Set	E Farma 000 Davit V line i	10	
(a) Description of investment type	(b) Book value		tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			
liability for uncertain tax positions under FIN 48 (ASC 7	740). Check here if the tex	xt of the footnote has bee	
			Schedule D (Form 990) 2012

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Sche	dule D (Form 990) 2012 TURTLE ISLAND RESTORATION NE	TWORK	91-1	1818080	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement			ו	
1	Total revenue, gains, and other support per audited financial statements		1	1,981,	,132.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
с		2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,981,	<u>,132.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,981,	<u>,132.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statement		Retu		
1	Total expenses and losses per audited financial statements		1	1,954,	, <u>489.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	······	2c			
d	Other (Describe in Part XIII.)	2d			-
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,954,	, <u>489.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			-
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,954,	,489.
Pa	t XIII Supplemental Information				

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

Schedule D (Form 990) 2012

(Form 990)			e organization answered "Yes" to For	rm 990,	
Department of the Treasury Internal Revenue Service			Part IV, line 14b, 15, or 16. orm 990. ▶ See separate instructio	ons.	Open to Public Inspection
Name of the organizatio	n			Employer	identification number
C C					
TURTLE ISLAN				91-181	
		Activities Ou	tside the United States. Comple	ete if the organization answe	ered "Yes"
	00, Part IV, line 14b.	- maintain raaar	de te cubetentiete the emount of ite ar	anta and other applatance	
			ds to substantiate the amount of its grather the selection criteria used to award the		X Yes 🗆 No
2 For grantmakers United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistan	ce outside the
3 Activities per Reg			an be duplicated if additional space is		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (is a program service, describe specific type of service(s) in region	e expenditures for and
				ENDANGERED SPECIES	
CENTRAL AMERICA	0	0	PROGRAM SERVICES	RESTORATION	18,000.
_					
	0				
3 a Sub-total	0	0			18,000.
b Total from continu	uation				
sheets to Part I		0			0.
c Totals (add lines) and 3b)	3a 0	0			18,000.

Statement of Activities Outside the United States

OMB No. 1545-0047

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

232071 12-10-12

and 3b)

Schedule F (Form 990) 2012

SCHEDULE F

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA	PROGRAM ASSISTANCE	18 000	WIRE TRANSFERS	0.	2	
		CENTRAL AMERICA	FROGRAM ASSISTANCE	18,000.		0.		
					0			
			÷ C					
the IRS, or for which	the grantee or counse	el has provided a sectior	recognized as charities by the n 501(c)(3) equivalency letter					

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Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

TURTLE ISLAND RESTORATION NETWORK

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

Page 3

Schedule F (Form 990) 2012

91-1818080

Schedule F (Form 990) 2012 TURTLE ISLAND RESTORATION NETWORK

R

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

232074 12-10-12

Part V Supplement				IIII IIIIIII
Schedule F (Form 990) 2012	TURTLE	ISLAND	RESTORATION	NETWORK

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: QUARTERLY AND ANNUAL PROGRESS REPORTS ARE

REQUIRED AND REVIEWED BY THE PROGRAM MANAGER.

Supplemental Information

	. 71
232075 12-10-12	Schedule F (Form 990)
31101 755879 0	31

SCHEDULE G	
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Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open To Public

OMB No. 1545-0047

Inspection ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Employer identification number Name of the organization TURTLE ISLAND RESTORATION NETWORK 91-1818080 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b f Phone solicitations Special fundraising events c a In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ____ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 3 or licensing.

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

Schedule G ((Form 990 or 990-EZ)	2012 TURTLE	ISLAND	RESTORATION	NETWORK
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Ра	ιπι	Fundraising Events. Complete if the of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct Ex	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				()
Pa	11 rt	Net income summary. Combine line 3, column II Gaming. Complete if the organization a	n (d), and line 10	000 Dort IV line 10, or r		
10		\$15,000 on Form 990-EZ, line 6a.	answered res toronn	1990, Fait IV, inte 19, 011	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev					15,400.	15,400.
	1	Gross revenue			15,400.	15,400.
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	└── Yes % X No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	()
	8	Net gaming income summary. Combine line 1	, column d, and line 7			15,400.
а	ls t	er the state(s) in which the organization operat he organization licensed to operate gaming ac No," explain:	tivities in each of these	states?		X Yes No
		re any of the organization's gaming licenses re Yes," explain:			year?	Yes X No

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

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Sch	edule G (Form 990 or 990-EZ) 2012 TURTLE ISLAND RESTORATION NETWORK 91-1	8180	080	Page 3
	Does the organization operate gaming activities with nonmembers?			XNo
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		-	
	to administer charitable gaming?	,∟Y	′es L	X No
	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Y	′es [X No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	′es [X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v),	, and F	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ו (see in	structi	ons).
_		_		_
2320	33 01-07-13 Schedule G (Forn	n 990 or	990-F	Z) 2012
-0-0	34		555 L	, _0 12

13131101 755879 07940 2012.04040 TURTLE ISLAND RESTORATION N 07940__1

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization		E IS	LAND RES	TOR	ATI	ON NETWORK				-	180		on nu	mber
	enefit Trar	isacti	i ons (section 5	01(c)(3	B) and s	section 501(c)(4) org	anizatio							
	the organization					art IV, line 25a or 25l	o, or Fo	rm 990-EZ, F	Part V,	line 40)b.			
1 (a) Name of disqualif	ied person	(b)	Relationship bet		-	lified (o	c) Desc	ription of trar	nsactio	n			Corre	
			person and o	rganiza	ation							<u> </u>	es	No
									_			+		
												-		
												+		
												+		
												—		
2 Enter the amount of	tax incurred b	y the c	organization mar	nagers	or disc	qualified persons du	ring the	year under						
section 4958			-				· · · · ·			▶ \$				
3 Enter the amount of										▶ \$				
	., _													
			terested Per											
	-					, Part V, line 38a or l	Form 99	90, Part IV, lii	ne 26;	or if th	ie orga	anizati	on	
	amount on Fo	rm 990), Part X, line 5, (1		/b) An	nrover		
(a) Name of interested person	í wit	h.	(c) Purpose of loan	fron	an to or n the	(e) Original principal amount	(f) Ba	alance due) In ault?	by bo	proved ard or	d or agreem	
Interested person	organiz	ation	orioari		zation?						cómr		-	
				То	From				Yes	No	Yes	No	Yes	No
											<u> </u>	├──		
											<u> </u>	<u> </u>		
				-										
Total						> \$								
Part III Grants or	r Assistanc	e Be	nefiting Inte	reste	d Pe	rsons.								
Complete if	the organization	on ans	wered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) Name of interes	ted person		(b) Relationship			(c) Amount of		(d) Type) Purp		f
			interested pers the organization	son an ation	d	assistance		assistar	ice			assista	ance	
		-												

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 TURT	LE ISLAND RESTORATION	I NETWORK	91-1818	080	Page 2
Part IV Business Transactions Invo	-				
	red "Yes" on Form 990, Part IV, line 28a, 2				aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation's
	person and the organization	Tansaction	Tansaction		nues?
PROGRAMA RESTAURACION DE	TEOUNDER OF PRETOMA	18 000	FUNDING FOR	Yes	No X
INOGRAMA REDIRORACION DE	IF CONDER OF TRETOMA	10,000.	FONDING FOR	·	
Part V Supplemental Information					
Complete this part to provide additi	ional information for responses to question	ns on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF DEDCOM. DEOC	RAMA RESTAURACION DE	TODUTONO MA	DINAC		
(A) NAME OF PERSON: PROG	RAMA RESTAURACION DE	TORTUGAS MA	RINAS		
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANTZAT	ידחאי		
	INTEREDIED TERSON AN	D OKGANIZAI	1011.		
FOUNDER OF PRETOMA IS A	BOARD MEMBER OF TURTI	E ISLAND RE	STORATION N	ETWO	RK
(D) DESCRIPTION OF TRANS	ACTION: FUNDING FOR F	ROGRAM ACTI	VITIES IN		
CENTRAL AMERICA					
		e	chedule L (Form 990	or 000.1	=7) 2010
000100		3	554415 E (i 5111 530	J. J.J.J.	2012

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2012

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TURTLE ISLAND RESTORATION NETWORK

Employer	identif	ication	number
Q	1_18	1809	20

	IOKIDE ISDAN	D VEOI	OKAIION N	LIWOKK	91-	1010	000	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 <u>c</u>	(d) Method of c noncash contrib	letermir		:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	Х		35,000.	FAIR MARKE	r va	LUE	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (LEGAL SERVICE)	Х	1	301,284.	FAIR MARKE	r va	LUE	
26	Other (PROMOTION)	X	1		FAIR MARKE			
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the organi	zation durin	g the tax vear for c	contributions				
	for which the organization completed Form 82		• •					
		,,	,	J			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rea	oorted in Part I. lines 1-28 tl	nat it must hold for			
	at least three years from the date of the initial	-						
	the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	eauires the review	of any non-standard contri	outions?	31		Х
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		•	· • ·		32a		x
þ	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked,			
	describe in Part II.	(2)	,,	,	,			

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

Schedule M (Form 990) (2012)

232141 12-20-12

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	990 or 990-EZ) ent of the Treasury								
Name of the organizatio	n TURTLE ISLAND RESTORATION NETWORK		identification number 818080						
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:							
PEOPLE IN LO	CAL COMMUNITIES AROUND THE WORLD TO PROTECT M	ARINE	WILDLIFE						
AND THE OCEA	NS AND INLAND WATERSHEDS THAT SUSTAIN THEM.	WE WOR	к то						
PROTECT ENDA	NGERED MARINE SPECIES, SAVE CRITICAL ECOSYSTE	MS, IM	PROVE						
CONSUMER CHOICES, ENCOURAGE GOVERNMENT ACTION AND INSPIRE CORPORATE									
RESPONSIBILITY, ALL TO PROTECT MARINE WILDLIFE AND THE WILD OCEANS WE									
ALL RELY UPO	ALL RELY UPON.								

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHOICES, ENCOURAGE GOVERNMENT ACTION AND INSPIRE CORPORATE

RESPONSIBILITY, ALL TO PROTECT WILDLIFE AND THE WILD OCEANS WE ALL RELY UPON.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SATELLITE AND ACOUSTICAL TAGS PLACED ON SEA TURTLES DURING TWO RECENT RESEARCH TRIPS TO COCOS ISLAND, COSTA RICA; AND SUPPORTED VOLUNTEER EFFORTS TO HELP APPROXIMATELY 60,000 SEA TURTLE HATCHLINGS SAFELY BEGIN THEIR OCEAN JOURNEY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RAISE 5,000 NATIVE PLANTS, RESCUE MORE THAN 800 SALMON AND TROUT FROM DRYING STREAMS AND LEAD 400 PEOPLE ON SALMON VIEWING WALKS DURING THE MIGRATION SEASON.

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

TURTLE ISLAND RESTORATION NETWORK (TIRN) IS A 501C3 NONPROFIT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13 38

13131101 755879 07940

2012.04040 TURTLE ISLAND RESTORATION N 07940__1

Schedule O (Form 990 or 990-EZ) (2012)	Page 2	
Name of the organization TURTLE ISLAND RESTORATION NETWORK	Employer identification number 91-1818080	
ORGANIZATION WITH AN OVERARCHING MISSION OF MOBILIZING PEOPLE IN LOCAL		
COMMUNITIES AND AROUND THE GLOBE TO PROTECT MARINE WILDLI	FE, AND THE	
OCEANS AND INLAND WATERSHEDS THAT SUSTAIN THEM. WE WORK	TO PROTECT	
ENDANGERED MARINE SPECIES, IMPROVE CONSUMER CHOICES, ENCOURAGE		
GOVERNMENT ACTION AND INSPIRE CORPORATE RESPONSIBILITY. I	N ADDITION TO	
OUR SEA TURTLE AND SALMON INITIATIVES, IN 2012, THROUGH OUR SHARK		
CONSERVATION PROGRAM, TIRN TAGGED AND TRACKED THE MIGRATION OF SHARKS		
AT COCOS ISLAND, A COSTA RICAN NATIONAL MARINE PARK; DEVELOPED A SHARK		
FIN BAN TOOLKIT FOR ACTIVISTS BASED ON CALIFORNIA® SUCCESSFUL		
CAMPAIGN; HELPED PASS LEGISLATION IN ILLINOIS AND MARYLAND; AND		
SUPPORTED A SUCCESSFUL CAMPAIGN TO ACHIEVE ENDANGERED SPE	CIES STATUS	
FOR HAMMERHEAD SHARKS. THROUGH OUR GOT MERCURY CAMPAIGN,	WE EDUCATED	
MORE THAN 100,000 PEOPLE ABOUT THE DANGERS OF MERCURY-LAD	EN SEAFOOD.	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,2	06.	

FORM 990, PART VI, SECTION B, LINE 11: FORM 990, PART VI, SECTION B, LINE 11B: ELECTRONIC (PDF) COPIES OF THE IRS-990, THE CALIFORNIA CA-199 AND SUPPORTING DOCUMENTS ARE PROVIDED FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES, OFFICERS AND KEY VENDORS ARE REQUIRED TO UPDATE, COMPLETE AND SIGN THE CONFLICT ON INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEE COMPENSATION PACKAGES WAS LAST UPDATED IN 2007. THE BOARD OF DIRECTORS REVIEW COMPARATIVE DATA FROM SIMILAR NON-PROFIT ENVIRONMENTAL ORGANIZATIONS ANNUALLY.

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232212 01-04-13

Name of the organization		Pa Employer identification num
TURTLE ISLAND RESTORATION	NETWORK	91-1818080
FORM 990, PART VI, SECTION C, LINE 19: 1	FORM 990, PART VI	, SECTION C, LINE
19: FINANCIAL AND COMPLIANCE DOCUMENTAT	ION INCLUDING, BU	I NOT LIMITED TO,
ANNUAL FILLINGS OF THE IRS-990 IS MADE A	VAILABLE BY REQU	EST AND PROVIDED
AND PUBLISHED ANNUALLY ON THE ORGANIZAT	IONS WEBSITE AND	THIRD PARTY
WEBSITES SUCH AS SEATURTLES.ORG AND THE	CHARITY NAVIGATO	R WEBSITE.
	6	
232212)1-04-13	Sche	dule O (Form 990 or 990-EZ) (20