

Short Form
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)

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TURTLE SURVIVAL ALLIANCE FOUNDATION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1989 COLONIAL PARKWAY City or town, state or country, and ZIP + 4 FORT WORTH TX 76116	D Employer identification number 20-0785702 E Telephone number (817) 759-7177 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ WWW.TURTLESURVIVAL.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **264,004.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	161,506.
	2	Program service revenue including government fees and contracts	2	69,651.
	3	Membership dues and assessments	3	12,242.
	4	Investment income	4	6,059.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a	14,546.	
b	Less: cost of goods sold	7b	5,125.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	9,421.	
8	Other revenue (describe ▶ _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	258,879.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)	10	48,473.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	20,000.
	13	Professional fees and other payments to independent contractors	13	8,375.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	9,288.
	16	Other expenses (describe ▶ See Other Expenses Statement)	16	118,750.
17	Total expenses (add lines 10 through 16)	17	204,886.	
A S S E T	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	53,993.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	185,352.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	239,345.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	22	185,352.	22	231,270.		
23	Land and buildings	23	0.	23	0.		
24	Other assets (describe ▶ See L-24 Stmt)	24	0.	24	8,075.		
25	Total assets	25	185,352.	25	239,345.		
26	Total liabilities (describe ▶ _____)	26	0.	26	0.		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	185,352.	27	239,345.		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? CAPTIVE MANAGEMENT OF FRESHWATER TURTLES		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	TURTLE CONSERVATION - DEVELOPMENT OF CONSERVATION PROGRAMS, TRAINING & SUPPORT OF VET CARE, RESCUE & PLACEMENT, IMPROVEMENT OF FACILITIES. (Grants \$ 48,473.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	109,174.
29	EDUCATION & RESEARCH - ANNUAL CONFERENCE, NEWSLETTERS AND WEBSITE, GRANTS FOR RESEARCH & CONSERVATION INITIATIVES, BREEDING & MANAGEMENT FOR ENDANGERED TURTLES, AND WORKSHOPS. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	69,352.
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	178,526.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>RICK HUDSON</u> <u>FORT WORTH ZOO</u> <u>FORT WORTH TX 76110</u>	PRESIDENT 16.00	20,000.	0.	
<u>DWIGHT LAWSON</u> <u>ZOO ATLANTA</u> <u>ATLANTA GA 30315</u>	VICE-PRES 2.00	0.	0.	
<u>CHARLES LANDREY</u> <u>TURTLE CONSERVATION PROJECT</u> <u>SAYBROOK CT 06475</u>	SECRETARY 2.00	0.	0.	
<u>WALTER SEDGWICK</u> <u>ISLAND FOUNDATION</u> <u>WOODSIDE CA 94062</u>	TREASURER 2.00	0.	0.	
<u>SCOTT DAVIS</u> <u>TSA</u> <u>LEXINGTON TX 78947</u>	EXEC DIR 40.00	0.	0.	
<u>WILLIAM HOLMSTROM</u> <u>PO BOX 84</u> <u>LINCOLNDALE NY 10540</u>	DIRECTOR 1.00	0.	0.	
<u>JOHN IVERSON</u> <u>EARLHAM COLLEGE</u> <u>RICHMOND IN 47374</u>	DIRECTOR 1.00	0.	0.	
<u>PAT KOVAL</u> <u>TORYS LLP</u> <u>TORONTO, CA</u>	DIRECTOR 1.00	0.	0.	
<u>COLIN POOLE</u> <u>WILDLIFE CONSERVATION SOCIETY</u> <u>BRONX NY 10460</u>	DIRECTOR 1.00	0.	0.	
<u>HUGH QUINN</u> <u>8200 RED DEER ROAD</u> <u>RAPID CITY SD 57702</u>	DIRECTOR 1.00	0.	0.	
<u>ANDERS RHODIN</u> <u>CHELONIAN RESEARCH FOUNDATION</u> <u>LUNENBURG MA 01462</u>	DIRECTOR 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of **▶ RICK HUDSON** Telephone no. **▶ (817) 759-7177**
 Located at **▶ 1989 COLONIAL PARKWAY** **FORT WORTH** **TX** ZIP + 4 **▶ 76110**

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If 'Yes,' enter the name of the foreign country: ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 43** | _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	<input type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors receiving over \$100,000		

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	Date		
	RICK HUDSON Type or print name and title.	EXECUTIVE DIRECTOR		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
	MARK A. WILSON, CPA 2800 S HULEN STREET SUITE 102 FORT WORTH TX 76109	Phone no. (817) 926-4415		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	37,625.	59,989.	105,953.	124,930.	161,506.	490,003.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3	37,625.	59,989.	105,953.	124,930.	161,506.	490,003.
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)						143,593.
6 Public support. Subtract line 5 from line 4						346,410.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	37,625.	59,989.	105,953.	124,930.	161,506.	490,003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,012.	1,723.	6,059.	8,794.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						498,797.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	69.45%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	58.16%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

TURTLE SURVIVAL ALLIANCE FOUNDATION

Employer identification number

20-0785702

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is 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 organizations 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 –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization TURTLE SURVIVAL ALLIANCE FOUNDATION	Employer identification number 20-0785702
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Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DETROIT ZOOLOGICAL SOCIETY PO BOX 39 ROYAL OAK MI 48068	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SAN DIEGO ZOO PO BOX 120551 SAN DIEGO CA 92112	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GREG GEORGE 131 CURRENT DRIVE NEWTON NJ 07860	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BRITHISH CHELONIA GROUP PO BOX 1176 WILTS, XE	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WORLD WILDLIFE FUND CANADA 245 EGLINTON AVE EAST, SUITE 410 TORONTO, CA	\$ 5,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	TURTLE CONSERVATION FUND 168 GOODRICH STREET LUNENBURG MA 01462	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TURTLE SURVIVAL ALLIANCE FOUNDATION	Employer identification number 20-0785702
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Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ZOO MED 3650 SACRAMENTO DRIVE SAN LUIS OBISPO CA 93401	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	FRANK & KATE SLAVENS PO BOX 645 LYLE WA 98635	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DISNEY WORLDWIDE CONSERVATION FUND PO BOX 10000 LAKE BUENA VISTA FL 32830	\$ 18,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	BENEFICIA FOUNDATION ONE PITCAIRN PLACE JENKINTOWN PA 19046	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	FORT WORTH ZOOLOGICAL ASSOCIATION 1989 COLONIAL PARKWAY FORT WORTH TX 76110	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Form 990-EZ
Part II**

Other Assets and Liabilities

2008

Name as Shown on Return
TURTLE SURVIVAL ALLIANCE FOUNDATION

Employer Identification No.
20-0785702

Line 24 - Other Assets:	Beginning of Year	End of Year
PLEDGES RECEIVABLE		8,075.
Totals to Form 990-EZ, Part II, line 24		8,075.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

TRAVEL	42,183.
CONFERENCES, CONVENTIONS & MEETINGS	40,567.
INSURANCE	5,398.
BANK & MERCHANT ACCOUNT FEES	2,569.
ANIMAL PURCHASES	16,195.
EQUIPMENT RENTAL	166.
REFERENCE MATERIALS & SUBSCRIPTIONS	2,183.
SUPPLIES	5,914.
WEBSITE	3,575.
Total	<u><u>118,750.</u></u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAVID SHAPIRO 4080 COMMERCIAL AVE NORTHBROOK IL 60062 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FRANK SLAVENS PO BOX 30744 SEATTLE WA 98103 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WILLIAM ZEIGLER ZEIGLER & ZEIGLER INC HOMER GLEN IL 60491 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment WCS CHINA PROGRAM

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
REFETUS CONSERVATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX NY 10460	NONE	5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment TSA INDIA PROGRAM

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
INDIA TURTLE CONSERVATION	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TSA INDIA MADRAS CROC BANK TRUST	NONE	10,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ASIAN TURTLE PROGRAM - VIETNAM

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
VIETNAM TURTLE CONSERVATION	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ASIAN TURTLE CONSERVATION CENTER HANO VIETNAM	NONE	12,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment TURTLE CONSERVATION PROGRAMS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
TURTLE CONSERVATION AND RESEARCH	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> VARIOUS GRANTS INDIVIDUALL LESS THAN \$5,000	NONE	20,973.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined