

# **Lease Agreement**

## LEASE AGREEMENT

**THIS LEASE AGREEMENT**, Entered into this \_\_\_\_ day of \_\_\_\_\_, 2016, between **SANTA ROSA COUNTY**, a political subdivision of the State of Florida, as Lessor, and **NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.**, a Florida not for profit corporation, as Lessee.

### WITNESSETH:

That the Lessor, for and in consideration of the covenants and agreements hereinafter mentioned to be kept and performed by the Lessee, has demised and leased to the Lessee, for the term and under the conditions hereinafter set out, those certain premises in Santa Rosa County, Florida, described as follows:

The buildings and grounds located at 8739 and 8740 Gulf Boulevard, Navarre, Florida and depicted in Exhibit "A," attached hereto.

1. **TERM:** The term hereof shall be one hundred and twenty (120) months, commencing on the 25th day of October, 2016 to and including the 30<sup>th</sup> day of September, 2026.
2. **RENT:** The Lessor hereby leases to the Lessee and Lessee hereby leases from the Lessor the above described premises for the term set out in this lease and the Lessee agrees to pay the sum of \$1.00 per year, payable in advance. The rent shall be paid to the Lessor at:

**Santa Rosa County**  
**6495 Caroline St.**  
**Milton, Fl 32570**

3. **USE OF PREMISES:** Lessee shall use the premises exclusively as a sea turtle sanctuary and education center, including housing up to two (2) non-releasable turtles. No other use thereof shall be permitted without the express consent of the Lessor. The Lessee will not make or suffer any unlawful, improper or offensive use of the premises or any use or occupancy thereof contrary to the laws of the State of Florida or to such Ordinances of the Lessor in which the demised premises are located, now or hereinafter made, as may be applicable to the Lessee. In the event that Lessee does not utilize the premises as a sea turtle sanctuary and education center or should Lessee fail to remain open as of the effective date of this lease, Lessor may terminate this agreement.

Additionally, if Lessor determines in its sole discretion that continued usage of the property by Lessee is not the highest and best use of the property for Santa Rosa County purposes, the Lessor may terminate the lease by giving written notice of the termination no less than 180 days prior to the termination date.

4. **MAINTENANCE. REPAIRS, ALTERATIONS:** Lessee accepts the premises "as is." The parties acknowledge that Lessee expects to make modifications to the leasehold premises in order to fulfill its needs. However, Lessee shall make no alterations or repairs to the premises without the express consent of the Lessor. Any additions or alterations to the premises shall become the property of the Lessor upon the termination of this lease. Lessee shall be responsible for all upkeep and maintenance of the premises and shall at all times maintain the premises in good order and repair. Lessee shall, at his own expense and at all times, be responsible for any telephone and/or computer equipment repairs and maintenance. Lessee shall maintain the premises in good and safe condition, including electrical wiring, plumbing and cooling/heating installations and any other system or equipment upon the premises and Lessee shall surrender the same, at termination hereof, in as good condition as received, normal wear and tear excepted. Lessee shall be responsible for all repairs required, Lessee shall also maintain in good condition such portions adjacent to the premises, such as sidewalks, driveways, lawns and shrubbery. No improvement or alteration of the premises shall be made without the prior written consent of the Lessor. Lessee shall not commit any waste upon the premises, or any nuisance or act which may disturb the quiet enjoyment of any tenant in the building. Lessee shall provide to Lessor copies of any surveys, plans, drawings, construction documents or the like performed relative to the premises.
5. **UTILITIES:** The Lessee shall pay all water, sewage, trash disposal, telephone, power, and electric light rates or charges which may become payable during the term of this lease for the water and electricity used by the Lessee on the premises.
6. **LESSEE'S INSURANCE:** Lessee, at its expense, shall maintain commercial general liability insurance including bodily injury and property damage insuring Lessee and Lessor with minimum coverage as follows: \$1,000,000 minimum coverage. Lessee shall provide Lessor with Certificates of Insurance showing Lessor as additional insured. The policy shall require thirty (30) days written

notice to Lessor prior to cancellation or material change of coverage. Lessee shall also be responsible for insuring its own contents, equipment and furniture.

7. **EXPIRATION OF TERM:** The term may be renewed upon agreement of both parties. If, at the expiration of the term, no such agreement is in place, the Lessee will peaceably yield up to the Lessor the demised premises.
8. **SUBLETTING AND ASSIGNMENT:** The Lessee may not assign its interest in this lease.
9. **WAIVER OF DEFAULTS:** The waiver by the Lessor of any breach of this lease by the Lessee shall not be construed as a waiver of any subsequent breach of any duty or covenant imposed by this lease.
10. **RIGHT OF LESSOR TO INSPECT:** The Lessor, at all reasonable times, may enter into and upon the demised premises for the purpose of viewing the same and for the purpose of making any such repairs as it is required to make under the terms of this lease.
11. **BREACH OF COVENANT:** These presents are upon this condition, that, except as provided in this lease, if the Lessee shall neglect or fail to perform or observe any covenant herein contained, which on the Lessee's part is to be performed, and such default shall continue for a period of thirty (30) days after receipt of written notice thereof from the Lessor to the Lessee, then the Lessor lawfully may, immediately, or at any time thereafter, repossess the same as of its former estate and expel the Lessee and remove its effects forcefully, if necessary, without being taken or deemed guilty of any manner of trespass and thereupon this lease shall terminate but without prejudice to any remedy which might otherwise be used by the Lessor for arrears of rent or for any breach of the Lessee's covenants herein contained.
12. **QUIET ENJOYMENT:** Lessor agrees that upon the payment of the rent and the performance of the covenants and agreements on the part of Lessee to be performed hereunder, Lessee may peaceably hold and enjoy the demised premises and the appurtenant facilities, rights, licenses and privileges granted hereunder without let or hindrance by any person or party whatsoever. Lessor further agrees that it will procure and deliver to Lessee the written acknowledgment or any mortgagee or Lessor agreeing that so long as Lessee shall not be in default in the performance of the provisions of this lease, Lessee shall peaceably hold and enjoy the leased premises irrespective of whether or not the mortgagee may foreclose upon its mortgage or may take possession of the leased premises as a mortgagee in possession.
13. **NOTICES AND INVOICES:** Any notice which either party may or is required to give shall be given by mailing the same, postage prepaid to Lessee at the premises, or Lessor at the address shown below.

**Santa Rosa County  
6495 Caroline Street  
Milton, FL 32570**

**14. DEFINITION OF TERMS:**

- (a) The terms "lease", "lease agreement", or "agreement" shall be inclusive of each other and shall also include any renewals, extensions or modifications of this lease.
- (b) The terms "Lessor" and "Lessee" shall include the successors and assigns of the parties hereto.
- (c) The singular shall include the plural and the plural shall include the singular whenever the context so requires or permits.

**15. COMPLIANCE WITH LAW:** Lessee shall comply with all applicable local, state and federal laws and regulations. Lessee shall obtain all licenses required by all government authorities having jurisdiction over the premises for any activity thereon during the term of this Agreement.

**16. PUBLIC RECORDS:**

**IF THE LESSEE HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE LESSEE'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS (850)983-1925, [wandap@santarosa.fl.gov](mailto:wandap@santarosa.fl.gov); 6495 Caroline Street, Suite C, Milton, Florida 32570.**

(A) The Lessee shall comply with public records laws, specifically to:

1. Keep and maintain public records required by the public agency to perform the service.
2. Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise

provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.

4. Upon completion of the contract, transfer, at no cost, to the public agency all public records in possession of the contractor or keep and maintain public records required by the public agency to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency’s custodian of public records, in a format that is compatible with the information technology systems of the public agency.

**(B) Request for records; noncompliance.**

1. A request to inspect or copy public records relating to a public agency’s contract for services must be made directly to the public agency. If the public agency does not possess the requested records, the public agency shall immediately notify the contractor of the request, and the contractor must provide the records to the public agency or allow the records to be inspected or copied within a reasonable time.

2. If a Lessee does not comply with the public agency’s request for records, the public agency shall enforce the contract provisions in accordance with the contract.

3. A Lessee who fails to provide the public records to the public agency within a reasonable time may be subject to penalties under [s. 119.10](#).

**17. RELEASE:** Lessor shall not be liable to Lessee nor to Lessee’s employees, patrons, licensees, permittees, guests, visitors, vendors, successors or assigns for any damage to property or injury to person caused by the act of negligence. Lessee shall at all times hereafter indemnify and save the Lessor harmless from any and all claims, suits, causes of action, judgments, or damages, including damages for care and loss of services because of bodily injury, sickness or disease, (including death resulting thereof), caused by or arising out of, or resulting from, the use of the above described property. Lessee agrees to exercise all reasonable safety measures in the operation of its activities for the protection of the public.

**18. NO WAIVER:** Failure on the part of Lessor to complain of any action or non-action on the part of Lessee, no matter how long it may continue, shall never be deemed to be a waiver by Lessor of any of its rights under this Agreement. Further, should the Lessor at any time waive any provision of this Agreement, the Lessor shall not be deemed to have waived or rendered unnecessary any subsequent similar act by Lessee.

**19. ENTIRE AGREEMENT:** This Agreement contains the entire agreement of the parties hereto and no representations, inducements, promises or agreement between the parties not contained herein shall be of any force and effect. Any amendments, modifications, additions, or alterations of this instrument shall be in writing executed with the same formalities as this instrument.

**IN WITNESS WHEREOF**, the parties hereto have hereunto executed this instrument for the purpose herein expressed, the day and year above written.

Signed, Sealed and delivered in the presence of:

**LESSOR: SANTA ROSA COUNTY**

By: \_\_\_\_\_  
Lane Lynchard, Chairman

AS TO LESSOR

Attest: \_\_\_\_\_  
Donald C. Spencer, Clerk

**LESSEE: NAVARRE BEACH SEA TURTLE  
CONSERVATION CENTER, INC.**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

AS TO LESSEE:

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

# **Request for Lease Agreement Extension**

NBSTCC  
8740 Gulf Blvd, Navarre Beach, FL 32566  
Tel 850.499.6774  
info@navarrebeachseaturtles.org  
www.navarrebeachseaturtles.org



October 13, 2016

Subj: Addendum to Navarre Beach Sea Turtle Conservation Center's 10-Year Lease Extension Request

Dear Chairman Lynchard,

On October 10, Commissioner Rob Williamson requested financials and long-term plans for the Navarre Beach Sea Turtle Conservation Center prior to considering the NBSTCC's request for a 10-year lease extension for property located at 8739 and 8740 Gulf Blvd, Navarre Beach, FL 32566.

Per his request, we are submitting U.S. Form 990-N for year 2013; U.S. Form 990-EZ for the years 2014 and 2015; a Profit and Loss Statement for 2016; a 2017 budget; a Development Plan that includes revenue projections based on industry standards for 501(c)3 non-profits through the year 2030; and conceptual drawings to include a drawing of the present building with an Eagle Scout volunteer project we are requesting to remain in place.

The NBSTCC's long-term goals are to expand the present structure to include an outdoor classroom on the northeast part of the property to continue the education component of the NBSTCC's manifest; an expanded entrance at the present cement north walk-up entrance; and an additional pool for two-more sea turtles parallel to the present cement north walk-up entrance. The projected growth would possibly occur at 3-year, 5-year and 10-year time frames, or sooner. The goal of the NBSTCC is to become the premier Sea Turtle Conservation Center in the Florida Panhandle and North Gulf Coast with the manifest of giving sea turtles more tomorrows through education, community outreach and partnered research to protect threatened and endangered sea turtles and our shared marine environment.

A 10-year lease would greatly increase the NBSTCC's chances of making this happen. As you and Commissioner Bob Cole mentioned at the October 10 meeting, grant approval success rate for any nonprofit increases with a long-term lease compared to a short-term lease. If only a 5-year lease is approved, any grants we apply for in or after 2017 place us under the desired 5-year lease term many organizations require, i.e. Impact 100, Sunday's Child.

A longer-term lease for a 501(c)3 non-profit is akin to county requests to the State of Florida for matching funds for any given project. When the county agrees to match 50% of requested funds compared to 25% of requested, it increases the likelihood the request will be approved.

As a non-profit entity, the financials of the NBSTCC are healthy and are projected to increase with each year. The NBSTCC is grateful for the financial investment of \$165,000 from District 4 Recreation funds for initial construction costs. The return on this investment is immediately apparent to anyone who remembers the old visitor center that had been vacant since 2008 compared to the facility it has become. The capital improvement to the facility itself is a return on the investment if no one came to the center. However, the NBSTCC draws visitors from the region, from across the nation and the world; visitors from Norway to locals have entered the NBSTCC. These visitors, whether they are vacationing in the area, making a field trip from Defuniak Springs, planning a spring break of community service from Illinois or a local family, spend money on gas, food, lodging, and shopping at the NBSTCC Seamore Store. This in turn supports the local economy not only for the ancillary purchases, but when visitors purchase items from the Seamore Store made by nine different local artists, craftsmen and designers, the NBSTCC is supporting these local vendors and as such, the Navarre community.

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The two Tourist Development Council (TDC) grants of \$60,000 (2012); and \$43,915 (2014 shared with Navarre Beach Marine Sanctuary) have been invested not only in the NBSTCC but in the community. One of the main goals of the TDC is to bring people to this area and the NBSTCC is a part of that journey to Navarre. Since the NBSTCC opened on August 9 to October 8, 3,255 visitors have come to the NBSTCC. As stated above, this supports the NBSTCC, but more importantly, supports the community and local economy.

Further concerns Commissioner Williamson mentioned were safety and the certificate of occupancy.

As stated at the October 10 meeting, on October 8, the NBSTCC had 261 visitors. There were zero safety or parking concerns. There is ample parking at the NBSTCC and other public parking places in the Marine Park. The October 8 Turtle Extravaganza brought out families with small children. No one was injured entering or leaving the NBSTCC.

Regarding the certificate of occupancy, it is important to remember the NBSTCC is different than a for-profit business. While the building was safe to be occupied, the pool construction was being finished, as were the many interactive displays. The NBSTCC also applied for the permit to house a sea turtle through Florida Fish and Wildlife. This took time, apparently more time than some were willing to accept. The inspection by FWC took place in April of this year, and while the NBSTCC passed the inspection, the permit was not issued until July 1. On July 20, Gigi arrived from Sea World Orlando, and after a two-week acclimation period required by FWC, the NBSTCC opened to the public with regular hours of operation.

It could be argued, as it has been, that the NBSTCC missed an opportunity to be opened; however, it is imperative to remember that to charge visitors admission, a complete center must be available and that includes a sea turtle. During the time the NBSTCC was waiting for FWC to review and accept the application, conduct the inspection and issue the permit, field trips were conducted, Saturday programs were held, and numerous community events were attended by the volunteers who so selflessly give of their time.

The NBSTCC is extremely grateful to this Board and the community for the support that has made this unique facility a gem for Navarre Beach, and the community at large. With your continued support of a 10-year lease, the NBSTCC will continue to grow and shine a positive light on all that Navarre has to offer.

Warmest Regards,

A handwritten signature in blue ink, appearing to read 'Yvonne C. Harper', is written over a faint, light blue circular stamp or watermark.

Yvonne C. Harper

NBSTCC Board President

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- Enclosure (2): U.S. Form 990-EZ 2014
- Enclosure (3): U.S. Form 990-EZ 2015
- Enclosure (4): 2016 Financial Summary
- Enclosure (5): 2017 Budget
- Enclosure (6): Development Plan
- Enclosure (7): Revenue Projections
- Enclosure (8): Conceptual Front View
- Enclosure (9): Conceptual View 3-year
- Enclosure (10): Conceptual View 3-5-year
- Enclosure (11): Overhead Conceptual View 10-year
- Enclosure (12): Letter of Support from Senator Don Gaetz

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SEPTEMBER 23, 2016

**Santa Rosa County Board of County Commission**

6495 Caroline St. Suite M, Milton, FL 32570

Dear Chairman Lynchard,

On October 31, 2012, Santa Rosa County and the Navarre Beach Sea Turtle Conservation Center (NBSTCC) entered into an agreement whereby the NBSTCC would lease the buildings and grounds located at 8739 and 8740 Gulf Blvd, Navarre Beach, Florida for the sum of \$1.00 a year for the purpose of building a "sea turtle rescue, rehabilitation and education center."

The deteriorated condition of the former state park visitor center resulted in construction being delayed until the spring of 2013. Throughout the construction phase, Florida Fish and Wildlife (FWC) was regularly consulted. It was during this time that FWC expressed the need for a facility to house non-releasable sea turtles. Therefore, the purpose of the NBSTCC changed from a rehabilitation center to a sea turtle sanctuary and education center.

During the construction phase and the FWC permitting process, the NBSTCC volunteers were actively involved in programs and projects that fulfilled our dedication to education, community outreach and partnered research. The NBSTCC hosted numerous field trips from public and private school groups, home-school groups, and nonprofit groups, such as the Boys and Girls Club. The groups traveled from Escambia and Okaloosa County, even Defuniak Springs. Earlier this year, the NBSTCC was honored to be selected by a group of Illinois college students who searched the internet looking for a place to give back to a community; out of the hundreds of places these students could have chosen, they chose the NBSTCC - traveling on a bus from Illinois to Navarre to spend their spring break with us and on Navarre Beach.

The Responsible Pier Initiative, the Data Logger Program, The Diamondback Terrapin Survey, and the guided clear bottom kayak tours of the Gulf Artificial Reef System are examples of the NBSTCC partnering with other organizations, such as the Loggerhead Marinelifelife Center and the Navarre Beach Marine Sanctuary to further the NBSTCC's mission of educating and bringing awareness of sea turtles to the public. Regular monthly trash bashes have resulted in hundreds of pounds of trash being removed from Navarre Beach. Additionally, the NBSTCC volunteers attended tri-county events on a regular basis and held well-attended programs that taught visitors about the importance of sea turtles and of caring for their marine environment: an environment that is vital to Santa Rosa County's economy and quality of life.

Three years after construction began, and much anticipation, the NBSTCC received its permit for a non-releasable sea turtle on July 1, 2016; on July 20, Sea World Orlando brought home Gigi, a loggerhead sea turtle, and on August 9, 2016, the NBSTCC held its grand opening which was attended by elected and county officials, and many community members. Where once stood a deteriorating visitors center, is now an impressive modern facility that holds a 16'x24' 15,000-gallon salt-water pool - home to Gigi, our resident non-releasable loggerhead sea turtle; three salt-water aquariums that hold sea horses, fish

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native to the Gulf of Mexico, and the invasive Lion fish, respectively; two aquariums that are home to our resident Diamondback Tarrapin (a semi-aquatic turtle), and three Eastern Box Turtles (land turtle), respectively. The NBSTCC Shanna Litterst Education Center provides many interactive education displays that allow visitors to learn the importance of maintaining a healthy shared marine environment. The Seamore Gift Store is a phenomenal success that allows us to support the talents of nine local artists, designers and craftsmen.

From August 9 to September October 8, 2016, the NBSTCC has had 3,255 visitors; one school field trip of 30 children; and two birthday party. This is just the beginning. We have field trips scheduled into the spring and are scheduling groups on a regular basis. We continue to hold the monthly trash bash and clear bottom kayak tours with the Navarre Beach Marine Sanctuary.

Throughout this process, the NBSTCC volunteers have remained dedicated to fulfilling our manifest of giving sea turtles more tomorrows through education, community outreach and partnered research to protect threatened and endangered sea turtles and our shared marine environment.

Our success is a result of the NBSTCC's strong county and community support. We look forward to continuing this success and to future growth. Therefore, we respectfully request the Santa Rosa County Board of County Commission extend the NBSTCC lease for a minimum of ten years.

Warm regards,

A handwritten signature in blue ink, appearing to read "Yvonne Harper", is written over the typed name.

**Yvonne Harper**

NBSTCC BOARD PRESIDENT

Encl 1:

990-N 2013 filer information

**Tax Period:**

2013 (01/01/2013 - 12/31/2013)

**Employer Identification Number (EIN):**

45-5197646

**Legal Name:**

NAVARRE BEACH SEA TURTLE CONSERVATION CENTER

**Mailing Address:**

8668 Navarre Parkway 286  
Navarre, FL 32566  
United States

**Doing Business As:**

**Gross receipts not greater than:**

\$50,000

**Organization has terminated:**

No

**Principal Officer's Name and Address:**

Cathy Holmes  
8668 Navarre Parkway 286  
Navarre, FL 32566  
United States

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

OMB No. 1545-1150

**2014**

► Do not enter social security numbers on this form as it may be made public.  
► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning **2014**, and ending **2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.</b>	<b>D</b> Employer identification number <b>45-5197646</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>6797 FERNANDINA ST.</b>	<b>E</b> Telephone number <b>(850) 582-3999</b>
City or town, state or province, country, and ZIP or foreign postal code <b>NAVARRE FL 32566</b>		<b>F</b> Group Exemption Number . . . . .

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: **N/A**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . \$ **138,432.**

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>131,729.</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>1,741.</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>0.</b>
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5 a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5 b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5 c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6 a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6 b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6 c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6 d</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7 a</b>	<b>4,962.</b>	
<b>b</b> Less: cost of goods sold . . . . .	<b>7 b</b>	<b>2,075.</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7 c</b>	<b>2,887.</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>136,357.</b>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>913.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>5,134.</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>927.</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16 Other Expenses	<b>16</b>	<b>15,845.</b>
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>22,819.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>113,538.</b>	
<b>ASSETS</b>	<b>19</b> 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) . . . . .	<b>19</b>	<b>17,438.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>130,976.</b>

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2014)

End 2  
7



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>35 b</b>		
<b>35 c</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		X
<b>36</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">37 a 0</span>		
<b>37 b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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 outstanding at the end of the tax year covered by this return?		X
<b>38 b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>39 a</b> Initiation fees and capital contributions included on line 9		
<b>39 b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">;</span> section 4912 <span style="float:right">;</span> section 4955 <span style="float:right">;</span>		
<b>40 b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
<b>40 c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
<b>40 d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>40 e</b> 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
<b>41</b> List the states with which a copy of this return is filed <span style="float:right">▶</span>		

**42 a** The organization's books are in care of CATHERINE GOSS Telephone no. (850) 582-3999  
 Located at 6797 FERNANDINA ST NAVARRE FL ZIP + 4 32566

	Yes	No
<b>42 b</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)? If 'Yes,' enter the name of the foreign country: <span style="float:right">▶</span>		X

See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

<b>42 c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: <span style="float:right">▶</span>		X
--	--	---

**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
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>44 b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>44 c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44 d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
<b>45 b</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No  
46 X

**Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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. Yes No  
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Yes No  
48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
49a X

b If 'Yes,' was the related organization a section 527 organization? Yes No  
49b

50 Complete this table for the organization's 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

51 Complete this table for the organization's 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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Yes No  
X No

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.

<b>Sign Here</b>	Signature of officer	Date		04/27/15
	CINNAMON HOLDERMAN	PRESIDENT		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	PTIN
	Richard Cantin	<i>Richard Cantin</i>	04/27/15	P01252293
	Firm's name ▶ RICHARD H. CANTIN CPA, PA	Firm's EIN ▶ 27-0113179		Phone no. (850) 934-3730
	Firm's address ▶ 913 GULF BREEZE PARKWAY, STE 14	FL 32561		

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

NAVARR BEACH SEA TURTLE CONSERVATION CENTER, INC.

45-5197646

Name and title of officer

CINNAMON HOLDERMAN

PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO, and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here . . . ▶ <input type="checkbox"/>	<b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .</b>	<b>1 b</b>	
2 a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	<b>b Total revenue, if any (Form 990-EZ, line 9) . . . . .</b>	<b>2 b</b>	136,357.
3 a Form 1120-POL check here . . . ▶ <input type="checkbox"/>	<b>b Total tax (Form 1120-POL, line 22) . . . . .</b>	<b>3 b</b>	
4 a Form 990-PF check here . . . ▶ <input type="checkbox"/>	<b>b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .</b>	<b>4 b</b>	
5 a Form 8868 check here . . . ▶ <input type="checkbox"/>	<b>b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .</b>	<b>5 b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Richard Cantin to enter my PIN 32566 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 04/27/2015

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 5942982222  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 04/27/2015

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see Instructions.**

Form **8879-EO** (2014)

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

OMB No. 1545-1150

**2015**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** \_\_\_\_\_, **2015, and ending** \_\_\_\_\_,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.</b>	<b>D</b> Employer identification number <b>45-5197646</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>8668 NAVARRE PARKWAY #286</b>	<b>E</b> Telephone number <b>(850) 582-3999</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NAVARRE FL 32566</b>	<b>F</b> Group Exemption Number . . . . . ▶
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	
	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	

**I Website:** ▶ **N/A**

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **19,625.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>13,451.</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>5,100.</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>1.</b>
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5 a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5 b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5 c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6 a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6 b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6 c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6 d</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7 a</b>	<b>1,073.</b>	
<b>b</b> Less: cost of goods sold . . . . .	<b>7 b</b>	<b>1,373.</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7 c</b>	<b>-300.</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>18,252.</b>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>1,000.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>8,260.</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>493.</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16 Other Expenses	<b>16</b>	<b>55,364.</b>
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>65,117.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-46,865.</b>	
<b>ASSETS</b>	<b>19</b> 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) . . . . .	<b>19</b>	<b>130,976.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>84,111.</b>

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990-EZ** (2015)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O . . . . .		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O . . . . .		
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III . . . . .		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N . . . . .		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .	37 a	0.
b Did the organization file Form 1120-POL for this year? . . . . .	37 b	X
38 a 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 outstanding at the end of the tax year covered by this return? . . . . .	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . . . . .	38 b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39 a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39 b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I . . . . .	40 b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 . . . . .	40 e	X

41 List the states with which a copy of this return is filed ▶ \_\_\_\_\_

42 a The organization's books are in care of ▶ CINNAMON HOLDERMAN Telephone no. ▶ (850) 232-8191  
 Located at ▶ 8406 LITTLE JOHN JUNCTION RD NAVARRE FL ZIP + 4 ▶ 32566

	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)? . . . . .	42 b	X
If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	42 c	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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .	44 b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45 a	X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45 b	X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
47 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 . . . . .	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49 a	X
b If 'Yes,' was the related organization a section 527 organization? . . . . .	49 b	
50 Complete this table for the organization's 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

51 Complete this table for the organization's 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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . [X] Yes [ ] No

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.

<b>Sign Here</b>	Signature of officer	03/03/16		
	YVONNE HARPER	PRESIDENT		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Richard Cantin		03/02/16	P01252293
	Firm's name	RICHARD H. CANTIN CPA, PA		
	Firm's address	913 GULF BREEZE PARKWAY, STE 14 GULF BREEZE FL 32561		
			Firm's EIN	27-0113179
			Phone no.	(850) 934-3730

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

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

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.</b>	Employer identification number <b>45-5197646</b>
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 state: \_\_\_\_\_
- 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)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						

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 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%

16a **33-1/3% support test – 2015.** If the organization did not check the box on line 13, and 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 – 2014.** 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 – 2015.** 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . .

b **10%-facts-and-circumstances test – 2014.** 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 VI 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 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)				131,729.	13,451.	145,180.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				131,729.	13,451.	145,180.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						145,180.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6				131,729.	13,451.	145,180.
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				131,729.	13,451.	145,180.

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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests – 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain . . . . .		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2) . . . . .		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below . . . . .		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination . . . . .		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use . . . . .		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below . . . . .		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations . . . . .		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes . . . . .		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document) . . . . .		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? . . . . .		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? . . . . .		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> . . . . .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) . . . . .		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) . . . . .		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> . . . . .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> . . . . .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> . . . . .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below . . . . .		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) . . . . .		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? . . . . .	<b>11a</b>	
b A family member of a person described in (a) above? . . . . .	<b>11b</b>	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI . . . . .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year . . . . .	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization . . . . .	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) . . . . .	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? . . . . .	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) . . . . .	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard . . . . .	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a  The organization satisfied the Activities Test. Complete line 2 below.

b  The organization is the parent of each of its supported organizations. Complete line 3 below.

c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities . . . . .	<b>2a</b>	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement . . . . .	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . . . . .	<b>3a</b>	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard . . . . .	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain . . . . .	1	
2	Recoveries of prior-year distributions . . . . .	2	
3	Other gross income (see instructions). . . . .	3	
4	Add lines 1 through 3. . . . .	4	
5	Depreciation and depletion . . . . .	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) . . . . .	6	
7	Other expenses (see instructions) . . . . .	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities . . . . .	1 a	
b	Average monthly cash balances . . . . .	1 b	
c	Fair market value of other non-exempt-use assets . . . . .	1 c	
d	<b>Total</b> (add lines 1a, 1b, and 1c). . . . .	1 d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets . . . . .	2	
3	Subtract line 2 from line 1d . . . . .	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) . . . . .	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3) . . . . .	5	
6	Multiply line 5 by .035. . . . .	6	
7	Recoveries of prior-year distributions . . . . .	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A) . . . . .	1	
2	Enter 85% of line 1 . . . . .	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A) . . . . .	3	
4	Enter greater of line 2 or line 3 . . . . .	4	
5	Income tax imposed in prior year . . . . .	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) . . . . .	6	

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

BAA

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D – Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes . . . . .	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity . . . . .	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations . . . . .	
4 Amounts paid to acquire exempt-use assets . . . . .	
5 Qualified set-aside amounts (prior IRS approval required). . . . .	
6 Other distributions (describe in Part VI). See instructions . . . . .	
7 <b>Total annual distributions.</b> Add lines 1 through 6 . . . . .	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. . . . .	
9 Distributable amount for 2015 from Section C, line 6 . . . . .	
10 Line 8 amount divided by Line 9 amount . . . . .	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
1 Distributable amount for 2015 from Section C, line 6 . . . . .			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions) . . . . .			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e . . . . .			
g Applied to underdistributions of prior years . . . . .			
h Applied to 2015 distributable amount . . . . .			
i Carryover from 2010 not applied (see instructions) . . . . .			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f . . . . .			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years . . . . .			
b Applied to 2015 distributable amount . . . . .			
c Remainder. Subtract lines 4a and 4b from 4 . . . . .			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) . . . . .			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . . . .			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c . . . . .			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

BAA

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DO NOT FILE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

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

Name of the organization

Employer identification number

NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.

45-5197646

DO NOT FILE

**Depreciation and Amortization**  
(Including Information on Listed Property)  
▶ Attach to your tax return.

**2015**

Department of the Treasury  
Internal Revenue Service (99)

Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

Name(s) shown on return

NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.

Identifying number  
45-5197646

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	26,001.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015.	17	16,779.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		999.	7.0 yrs	HY	200 DB	143.
d 10-year property						
e 15-year property		25,000.	15.0 yrs	HY	S/L	833.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	43,756.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24 a Do you have evidence to support the business/investment use claimed? . . . . .  Yes  No 24b If 'Yes,' is the evidence written? . . . . .  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							29	

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (do not include commuting miles). . . . .												
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year. Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year. . . . .					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44

**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2015**

**Part I – Identifying Information**

Employer Identification Number . 45-5197646

Name . . . . . NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . 8668 NAVARRE PARKWAY #286 Room/Suite . \_\_\_\_\_

City . . . . . NAVARRE State . . . FL ZIP Code . . . 32566

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number . . . . . (850) 582-3999 Extension . . . . . \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . \_\_\_\_\_

**Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Form 990-EZ <b>only</b> | <input type="checkbox"/> Form 990-EZ <b>with</b> Form 990-T   |
| <input type="checkbox"/> Form 990 <b>only</b>               | <input type="checkbox"/> Form 990 <b>with</b> Form 990-T  |
| <input type="checkbox"/> Form 990-PF <b>only</b>            | <input type="checkbox"/> Form 990-PF <b>with</b> Form 990-T   |
| <input type="checkbox"/> Form 990-T <b>only</b>             | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) <b>for Electronic Filing only</b> |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number)                                 | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust   | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust   | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust   | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe) Corporation/Association                         | <input type="checkbox"/> 527 Organization   |
| Or Trust . . . . .  | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year — Ending month . . . \_\_\_\_\_
- Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2015 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2014 overpayment credited to 2015 estimated tax . . . . .

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/15/15				
2nd Quarter Payment	06/15/15				
3rd Quarter Payment	09/15/15				
4th Quarter Payment	12/15/15				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**Electronic Filing:**

- File the federal return electronically
- File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . 32566

Date PIN entered . . . . . 03/02/2016

**Information required for Electronic Filing:**

Officer's Name . . . . . YVONNE HARPER

**QuickZoom** to the Electronic Filing Information Worksheet . . . . . \_\_\_\_\_

**Electronic Filing of Extensions:**

Check this box to file **Form 8868** (application for extension of time to file return) electronically

**Electronic Filing of Amended Return:**

- Check this box to file **amended return** electronically
- Check this box to file the state and/or city amended return(s) electronically

\* Select the state and/or city amended return(s) to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal of federal balance due</b> (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal of Form 8868 balance due</b> (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal of amended return balance due</b> (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

**Bank Information**

Name of Financial Institution (optional) . . . \_\_\_\_\_

Check the appropriate box . . . . .  Checking  Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.

45-5197646 Page 3

**Payment Information**

Enter the payment date to withdraw tax payment . . . . . \_\_\_\_\_

Balance due amount from this return . . . . . \_\_\_\_\_

Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

Payment date for amended returns . . . . . \_\_\_\_\_

Balance due amount for amended returns . . . . . \_\_\_\_\_

**Part VIII – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . . . .	_____	_____	_____

Letter Salutation . . \_\_\_\_\_

**Part IX – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . rc

**QuickZoom** to Firm/Preparer Info . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-PF, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-T, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-N, e-PostCard . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Client Status . . . . . ▶ \_\_\_\_\_





Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_\_\_

**2015**

Department of the Treasury  
Internal Revenue Service

► Do not send to the IRS. Keep for your records.  
► Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.

45-5197646

Name and title of officer

YVONNE HARPER

PRESIDENT

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a	Form 990 check here . . .	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1 b	_____
2 a	Form 990-EZ check here . . .	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2 b	18,252.
3 a	Form 1120-POL check here . . .	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3 b	_____
4 a	Form 990-PF check here . . .	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4 b	_____
5 a	Form 8868 check here . . .	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5 b	_____

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Richard Cantin to enter my PIN 32566 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date ► 03/03/2016

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 59429822222  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date ► 03/02/2016

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)

IRS e-file Authentication Statement

2015

Keep for your records

Name(s) Shown on Return	Employer ID Number
NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC.	45-5197646

A – Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) . . . . .

ERO entered Officer's PIN . . . . .

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 594298 Self-Select PIN 2222

C – Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

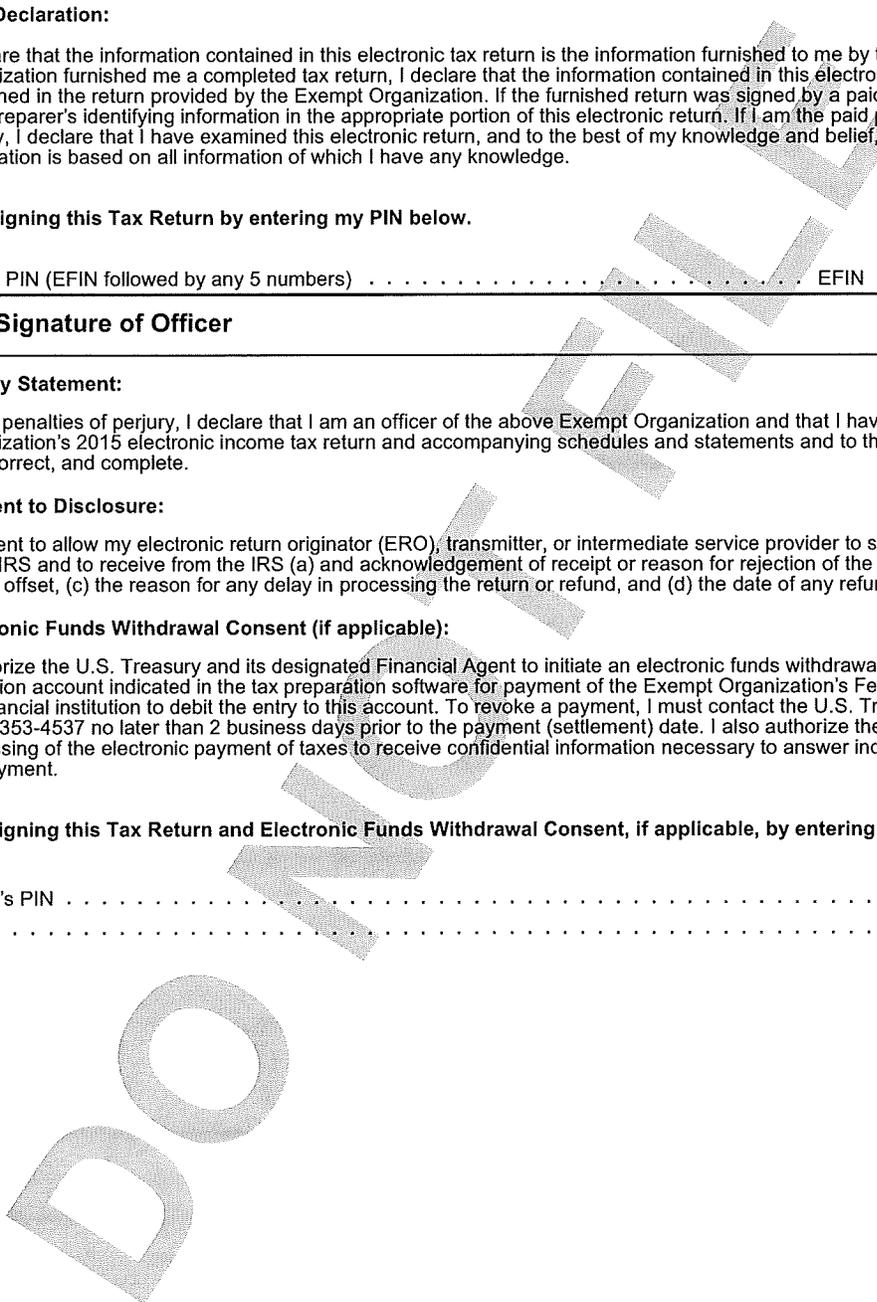
Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN . . . . . 32566

Date . . . . . 03/02/2016



Electronic Filing Information Worksheet

Keep for your records

2015

Name(s) shown on return NAVARRE BEACH SEA TURTLE CONSERVATION CENTER, INC. Identifying number 45-5197646

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically [ ]

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return. 594298

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return.

ERO Name Richard Cantin ERO Electronic Filers Identification Number (EFIN) 594298
ERO Address 913 Gulf Breeze Pkwy. Ste. 14 ERO Employer Identification Number 27-0113179
City State ZIP Code ERO Social Security Number or PTIN
Gulf Breeze FL 32561 P01252293
Country

Part III - Paid Preparer Information

Firm Name RICHARD H. CANTIN CPA, PA Preparer Social Security Number or PTIN P01252293
Preparer Name Richard Cantin Employer Identification Number 27-0113179
Address 913 GULF BREEZE PARKWAY, STE 14 Phone Number (850) 934-3730 Fax Number (850) 934-3738
City State ZIP Code GULF BREEZE FL 32561
Country Preparer E-mail Address Rick@cantincpa.com

Part IV - Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Row 1: California State Exempt

Part V - Name Control

Name Control, enter here to override default. NAVA

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)	
ANIMAL FOOD/HABITAT MAINTENANCE	2,537.
BUSINESS EXPENSE	161.
EDUCATIONAL PROGRAM	29.
FISH TANKS	170.
OPERATIONS	2,299.
TRAVEL	968.
SALES TAX EXPENSE	242.
SPECIAL EVENTS	150.
Depreciation	43,756.
Tangible Property Tax	524.
FACILITY SUPPLIES	4,528.
<b>Total</b>	<b>55,364.</b>

Form 990-EZ, Part III, Statement of Program Service Accomplishments  
**Organization's Primary Exempt Purpose**

CONSERVATION AND PROTECTION OF THREATENED AND ENDANGERED SEA  
TURTLES THROUGH COMMUNITY EDUCATION  
PROGRAMS AND PARTNERED RESEARCH

DO NOT FILE

Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

**Other Expenses Smart Worksheet**

- To enter assets, **QuickZoom** to Asset Entry Worksheet. . . . . →
- To view a calculated report of all depreciation information,  
**QuickZoom** to Depreciation Reports . . . . . →
- QuickZoom** to Form 4562 . . . . . →

The following items carry to the expanding table on line 16 below:

<b>A</b> Depreciation . . . . .	<u>43,756.</u>
<b>B</b> Amortization . . . . .	<u>          </u>

DO NOT FILE

**Navarre Beach Sea Turtle Conservation Center, Inc.  
Profit and Loss Information**

	<u>Jan 1, 2016 - Aug 7, 2016</u>	<u>Aug 8, 2016 - Sept 30, 2016</u>
Revenues:	\$ 19,638.78	\$ 34,569.59
Expenses:	\$ (18,472.47)	\$ (21,317.43)
Net Income	\$ 1,166.31	\$ 13,252.16
Cash on hand @ 10/11/2016	\$ 30,392.49	

Encl 4

12

**Navarre Beach Sea Turtle Conservation Center, Inc.  
Summary Budget - 2017**

**Revenues:**

Entrance Fees	\$	128,000
Gift Shop	\$	48,000
Special Functions	\$	10,000
Contributions/Donations	\$	15,000
Grants	\$	10,000
<b>Estimated Total Revenues:</b>	<b>\$</b>	<b><u>211,000</u></b>

**Expenses:**

Utilities	\$	15,000
Current Contract Labor	\$	15,000
Insurance	\$	4,000
Other monthly costs based upon recent activity (Includes supplies, repair & maint, vet costs, food, etc.)	\$	100,000
Possibility of an executive director starting mid year (Includes salary and taxes)	\$	25,000
<b>Estimated Total Expenses:</b>	<b>\$</b>	<b><u>159,000</u></b>

**Estimated Net Income:**

**\$ 52,000**

All net proceeds will be used to invest back into the facility and programs in accordance with the mission of the organization

Avg 20 operating days per month X 12 month	240
Avg 150 per day for 10 month - 30K - Use 20K for analysis	20,000
\$5 entrance fee	100,000
Reduce by 5% for discounts	<b>95,000</b>
Avg 200 per day for 2 months - 8K - Use 7K for analysis	7,000
\$5 entrance fee	35,000
Reduce by 5% for discounts	<b>33,000</b>
<b>Estimated Revenue for Entrance Fees</b>	<b>128,000</b>
<b>Estimated \$300 per day for gift shop sales</b>	<b>72,000</b>
For analysis use \$200 per day for gift shop sales	48,000
Reduced total revenue;	176,000

Recurring Expenses

Utilities	\$1,200 Per month - Inc to \$15k for analysis	\$	15,000
Current Contract Labor	\$1k per month - Inc to \$15 for analysis	\$	15,000
Insurance	\$300 per month - Inc to \$4k for analysis	\$	4,000
Other monthly costs based upon recent activity is about \$7,500 per month - inc to \$100k		\$	100,000
Possibility of an executive director starting mid year - \$25000 - Inc Sal and payroll taxes		\$	25,000
		\$	159,000

NAVARRE BEACH SEA TURTLE CONSERVATION CENTER  
DEVELOPMENT PLAN

In the upcoming year, the Center's major goal is to build a development program headed by a dedicated Director of Development.

Over the next year, the Center's goal is to submit three to five grant proposals. Once the Director of Development is installed, the Center will submit one grant per month, averaging \$20,000 each, with a goal of \$80,000 to \$100,000 in grants realized annually.

Over the next three years, the Center will implement both annual and major donor campaigns. The annual campaign will be conducted once a year to help cover the Center's regular, ongoing expenses, as well as raise awareness and acceptance of the Center's primary mission. Through these campaigns, the Center will continue to develop its base of committed and knowledgeable volunteers and cultivate prospects for future giving.

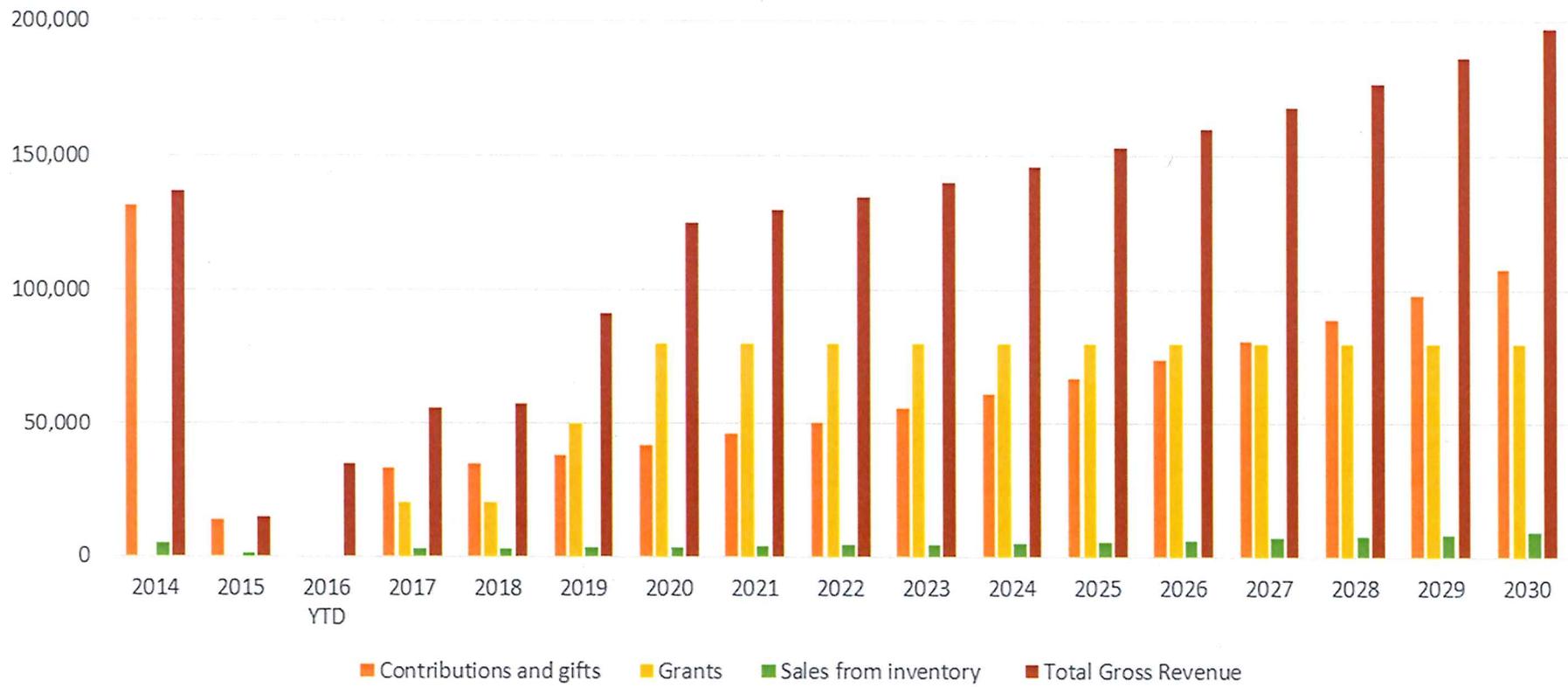
Between three and five years out, the Center will develop a planned giving campaign. Once established, this campaign will realize the majority of gifts to the Center.

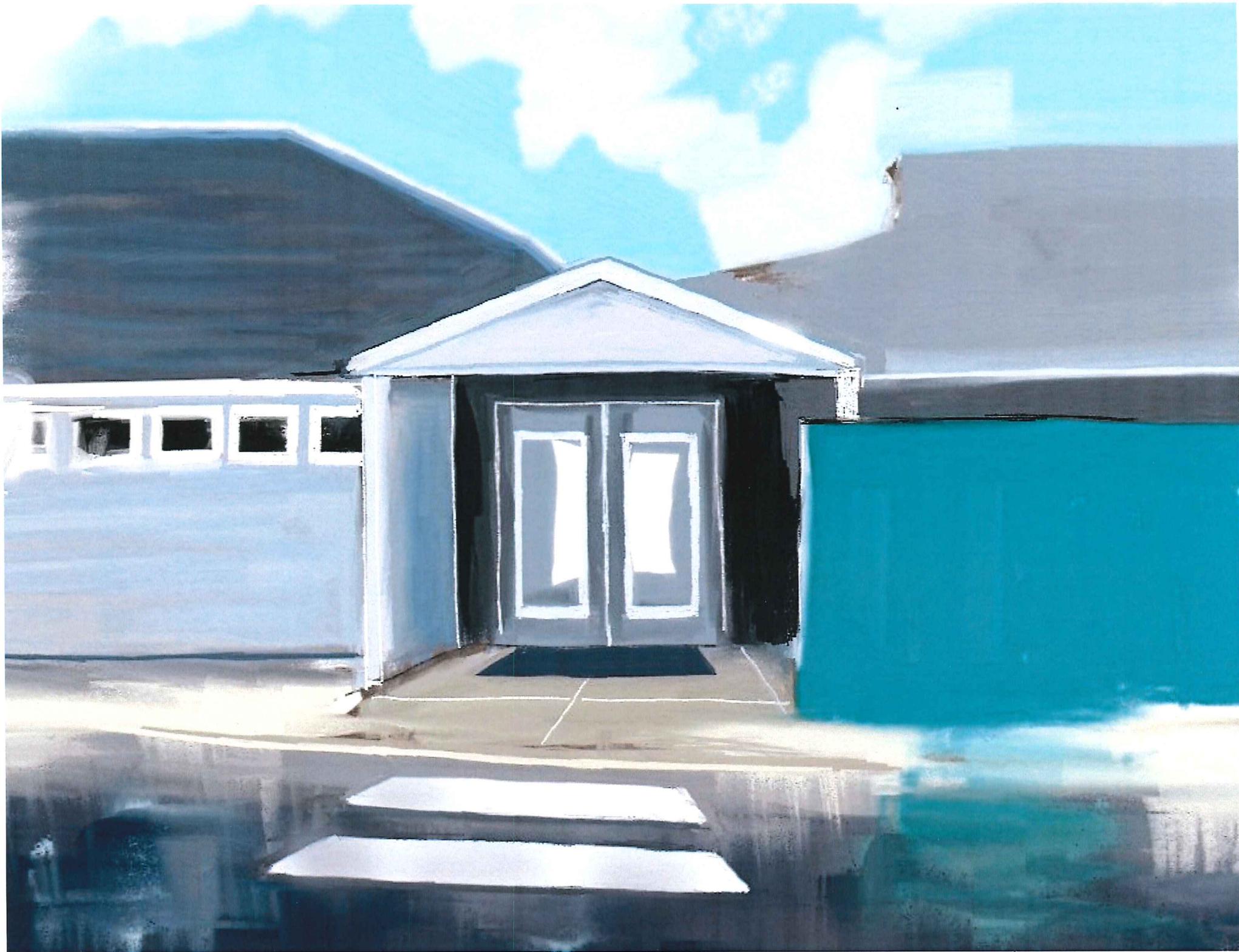
The Center's long term goal (between five and ten years) is to establish a foundation board independent from its executive board. The foundation board will consist of five to seven members of influence and affluence with the express purpose of raising funds. The foundation board will retain all fundraising authority, while the executive board will retain the authority to allocate those funds.

Over the next ten years, the Center seeks to triple its constituency base with the following estimated impact on gifts:

**Revenue Projections Through 2030**

	2014	2015	2016 YTD	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Contributions and gifts	131,729	13,451		32,794	34,434	37,877	41,665	45,831	50,414	55,456	61,001	67,102	73,812	81,193	89,312	98,243	108,068
Grants				20,000	20,000	50,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000
Sales from inventory <sup>1</sup>	4,962	1,073		2,813	2,954	3,249	3,574	3,931	4,324	4,757	5,233	5,756	6,331	6,965	7,661	8,427	9,270
<b>Total Gross Revenue</b>	<b>136,691</b>	<b>14,524</b>	<b>34,570</b>	<b>55,607</b>	<b>57,387</b>	<b>91,126</b>	<b>125,239</b>	<b>129,763</b>	<b>134,739</b>	<b>140,213</b>	<b>146,234</b>	<b>152,857</b>	<b>160,143</b>	<b>168,157</b>	<b>176,973</b>	<b>186,670</b>	<b>197,338</b>
<b>Assumptions</b>																	
Projected growth rate				3%	5%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Baseline sales for FY 2017 calculated from current average (7.8% of total revenue)																	





FRONT VIEW W/ EAGLE SCULPT PROJECT End 8



Outdoor Education  
Center



End 10 - New Estancia

Additional Pool - 10 yr

NEW ENTRANCE - 5 yr

Outdoor Educational  
Facility - 3 yr

NBSTCC  
Existing Structure



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**COMMITTEES:**  
Appropriations Subcommittee on Education, *Chair*  
Appropriations  
Education Pre-K - 12  
Ethics and Elections  
Health Policy  
Higher Education  
Rules

**SENATOR DON GAETZ**  
1st District

September 30, 2016

The Honorable Lane Lynchard  
Chairman  
Santa Rosa County Board of County Commissioners  
6495 Caroline Street  
Milton, Florida 32570

Dear Chairman Lynchard,

It is a special privilege to write in strong support of the Navarre Beach Sea Turtle Conservation Center's (NBSTCC) request for a lease extension. A renewed agreement will provide the NBSTCC with the ability to continue its mission of educating, conserving and protecting endangered and non-releasable sea turtles.

As you know, the Navarre Beach Sea Turtle Conservation Center is a cooperative effort between the State of Florida, Santa Rosa County, the Navarre Beach Area Chamber of Commerce and a passionate group of local residents.

Upon entering into its lease agreement with Santa Rosa County in 2012, NBSTCC board members and volunteers worked diligently to acquire the necessary funding to renovate the former Navarre Beach State Park Visitor Center into a rehabilitation and education center for sea turtles. In working with the Florida Fish and Wildlife Conservation Commission, a recommendation was provided by FWC leaders to house non-releasable sea turtles. Because of the need for this type of facility, the NBSTCC adjusted their mission from focusing on rehabilitation to providing a sanctuary for non-releasable turtles.

Today, the Navarre Beach Sea Turtle Conservation Center is an ecotourism destination for people who love the real Florida and who want to preserve and protect sea life. Thousands of visitors, especially bright and curious children excited by science and the sea, will learn, appreciate and enjoy marine biology at the Shanna Litterest Education Center and through various community outreach programs. They also have an opportunity to meet Gigi, a 200 pound, 30 year old sea turtle, who is blind and non-releasable.

**REPLY TO:**

- 4300 Legendary Drive, Suite 230, Destin, FL 32541 (850) 897-5747 FAX: (888) 263-2259
- 420 Senate Office Building, 404 South Monroe Street, Tallahassee, FL 32399-1100 (850) 487-5001
- 5230 West U.S. Highway 98, Administration Building, 2nd Floor, Panama City, FL 32401 (850) 747-5856

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

September 30, 2016

Page 2

With your approval, this hard-working, devoted group of volunteers will be able to continue their pursuit of educating and protecting sea life for years to come. Please give the Navarre Beach Sea Turtle Conservation Center's renewal request favorable consideration.

Respectfully,

A handwritten signature in blue ink, appearing to read "Don Gaetz", is centered on the page. The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

Senator Don Gaetz

# **Request for Eagle Scout Project**

NBSTCC  
8740 Gulf Blvd, Navarre Beach, FL 32566  
Tel 850.499.6774  
info@navarrebeachseaturtles.org  
www.navarrebeachseaturtles.org



October 17, 2016

**Santa Rosa County Board of County Commission**

6495 Caroline St. Suite M, Milton, FL 32570

Dear Chairman Lynchard,

The Navarre Beach Sea Turtle Conservation Center is requesting approval for an improvement of an added shade and cover project at the NBSTCC.

This improvement has been started as an Eagle Scout project for Ethan Mears; the NBSTCC was under the impression a permit or Board of County Commission approval was not needed because it is not attached to the building and it is a volunteer Eagle Scout project. We were wrong and we are seeking to rectify this mistake.

Work on the shade and cover structure began on October 10. After anonymous complaints were placed to the county, it was brought to our attention on October 12 that Board approval and permits are required. At that time, all work stopped.

This shade and cover will protect visitors as they enter the NBSTCC from the elements and it will protect the NBSTCC's entrance doors from excessive wind. The materials used are in keeping with the materials of NBSTCC building, e.g. paint, roof shingles, et. al. Enclosed are documents detailing this project.

The NBSTCC respectfully request approval of this volunteer Eagle Scout Shade and Cover project that will serve to protect visitors upon entrance, protect the building's door, and enhance the building.

Thank you,

Yvonne C. Harper

NBSTCC Board President

Enclosure: Project outline and drawings submitted by Eric Straight, Assistant Scout Master (12 pages), and photos.

# Eagle Scout Project

## Shade and Shelter

### NBSTCC

Ethan Mears is a Life Scout working on his Eagle Scout Project. This project is going to benefit the NBSTCC by providing some protection to the entrance doors from the wind while giving shade and shelter to those at the entrance of the Center.

The proposed project is to build an eight foot wall on the North side of the building and tying it to the existing six foot fence. It will be tied into the fence by replacing the existing 4x4's with 8 foot 4x4's or fabricated stainless steel 3/16" plates that will bolt to the existing 4x4's with 5/16" stainless bolts, 2 on each 4x4 piece sandwiching the 4x4's between two plates. The eight foot wall will consist of three 4x4's notched at the top for a 2x6 to be bolted flush for the hurricane straps and trusses to be nailed to, then framed in using 2x4's. All Pressure treated lumber. The wall will then be secured to the concrete with steel brackets and 1/2" redhead concrete anchors. The brackets will then be bolted to the 4x4 with two each 5/16" galvanized bolts. The wall will then be covered in 1/2" pressure treated plywood and Hardi Plank to match the outside structure. Four Trusses will be built using 2x4" pressure treated lumber and hurricane straps. The roof will then be covered in 1/2" PT plywood secured using exterior deck screws. Peal and Seal will then be used to cover the plywood and flashing installed along with starter shingles before the Architectural shingles get nailed down. Shingles used will be the same brand and color to match the existing building.

Thank you for helping and giving us the opportunity to Mentor and grow our Future Leaders. These Eagle projects are used to further the development and Leadership skills in our young men. So that they may become better citizens in our communities and Nation.

Sincerely Yours,

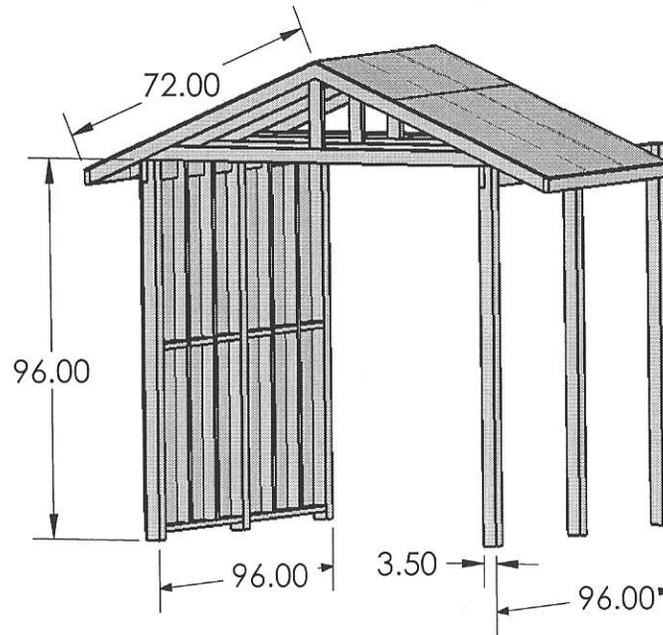
Eric W. Straight

Asst. Scout Master

And Eagle Scout

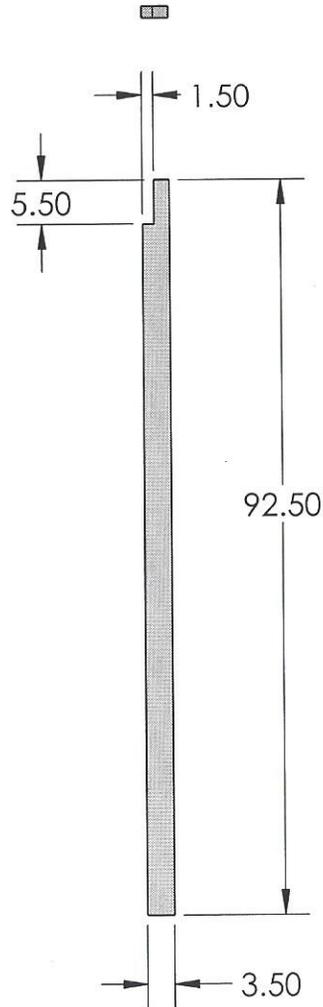


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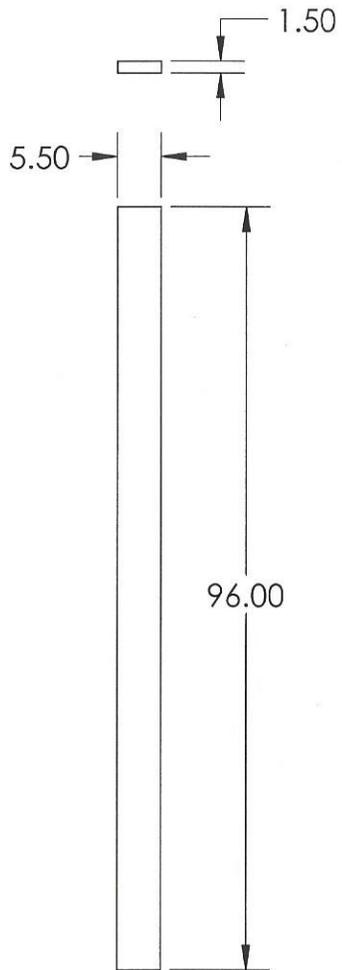
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		TWO PLACE DECIMAL ±	Q.A.			
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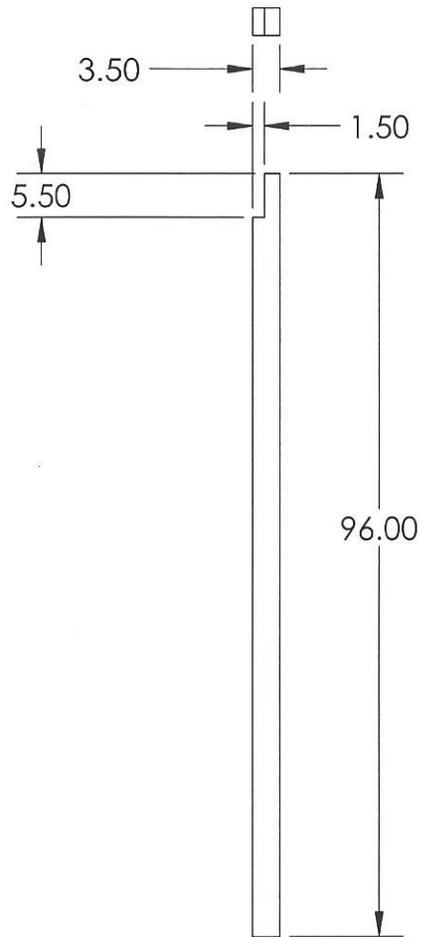
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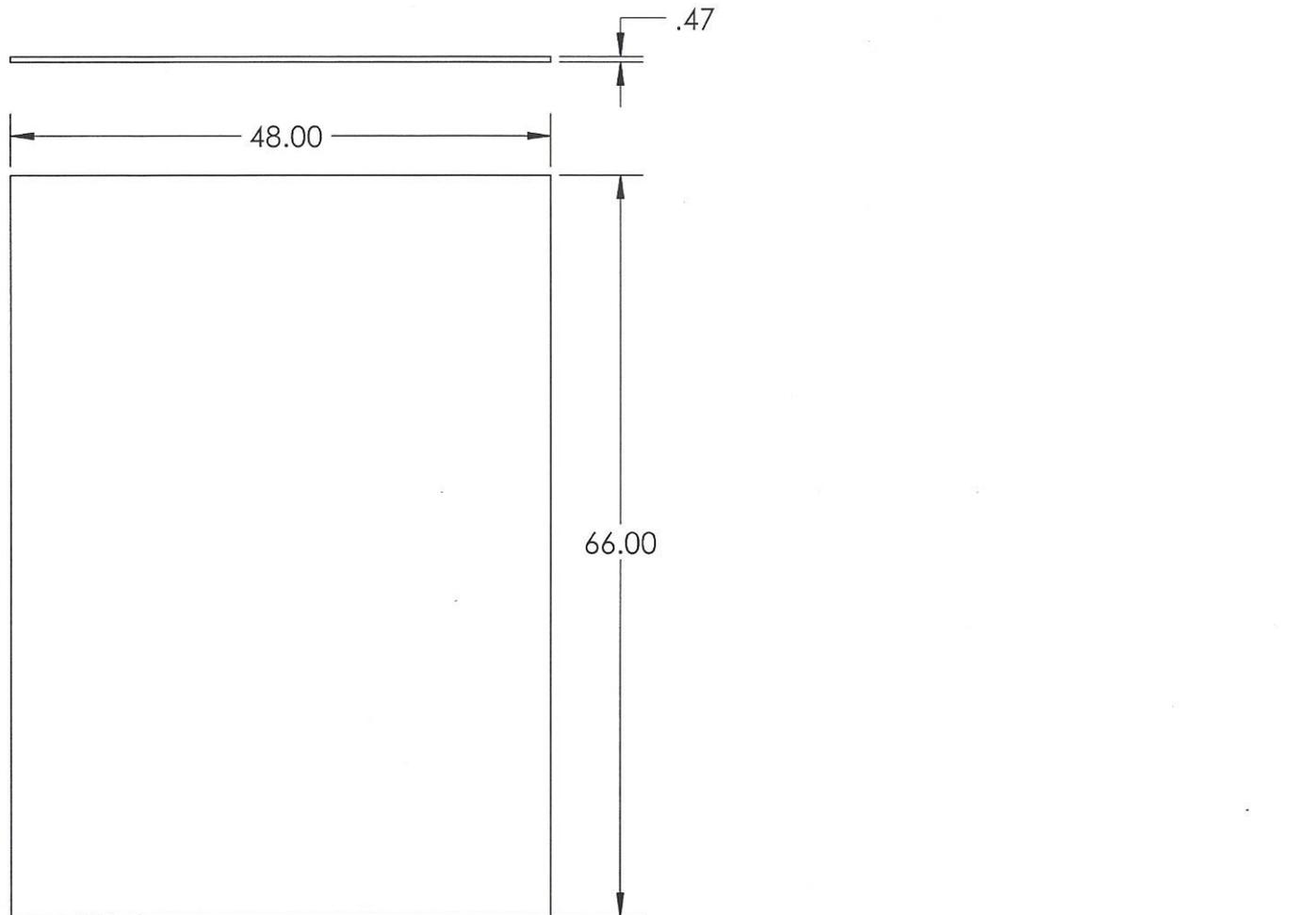
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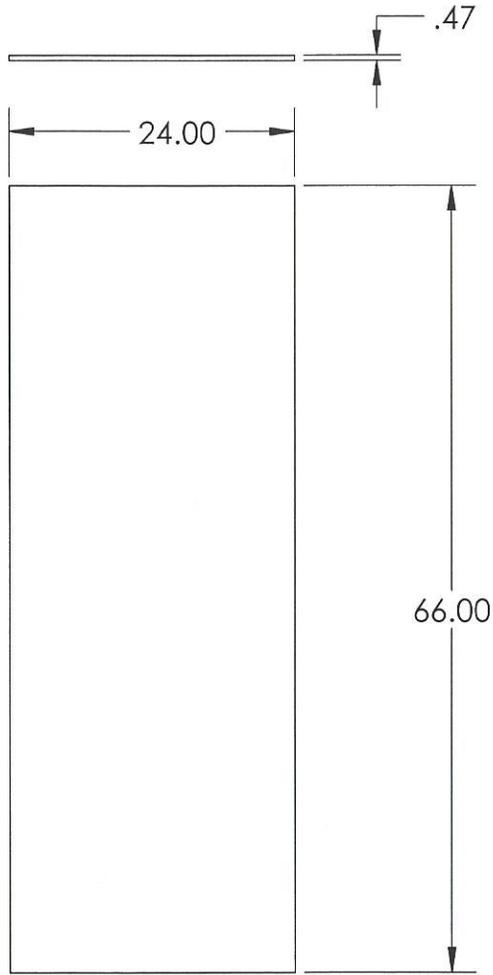
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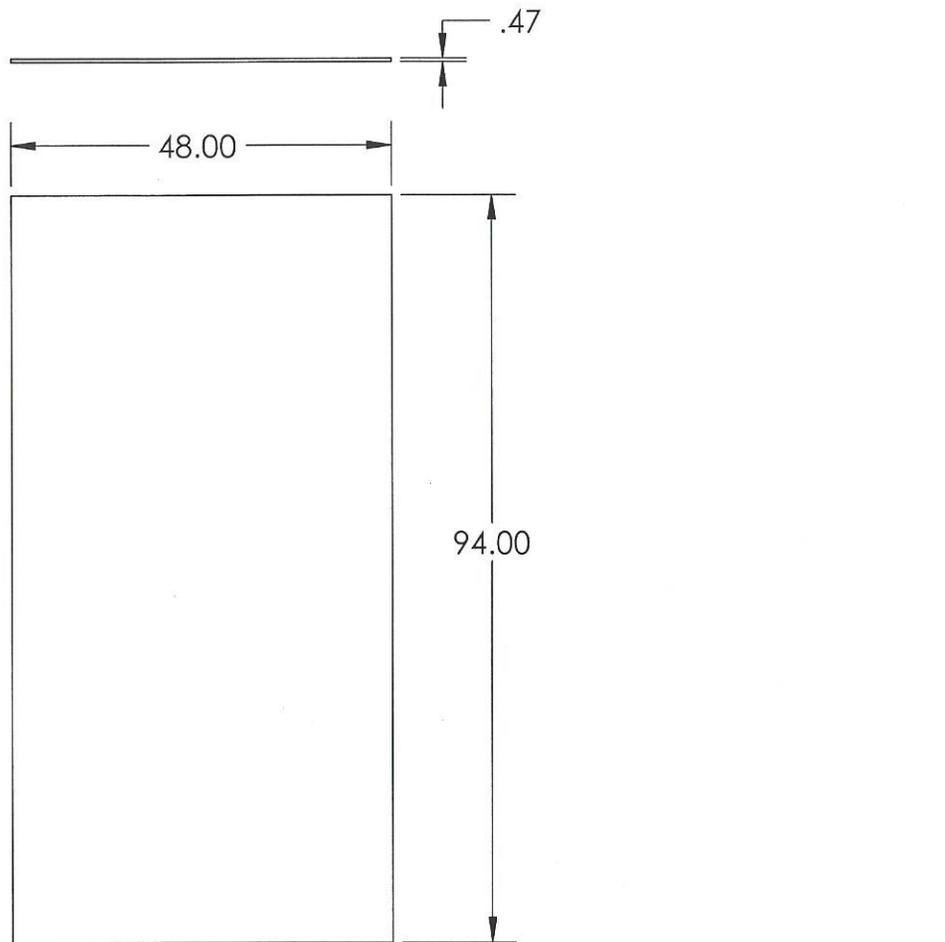
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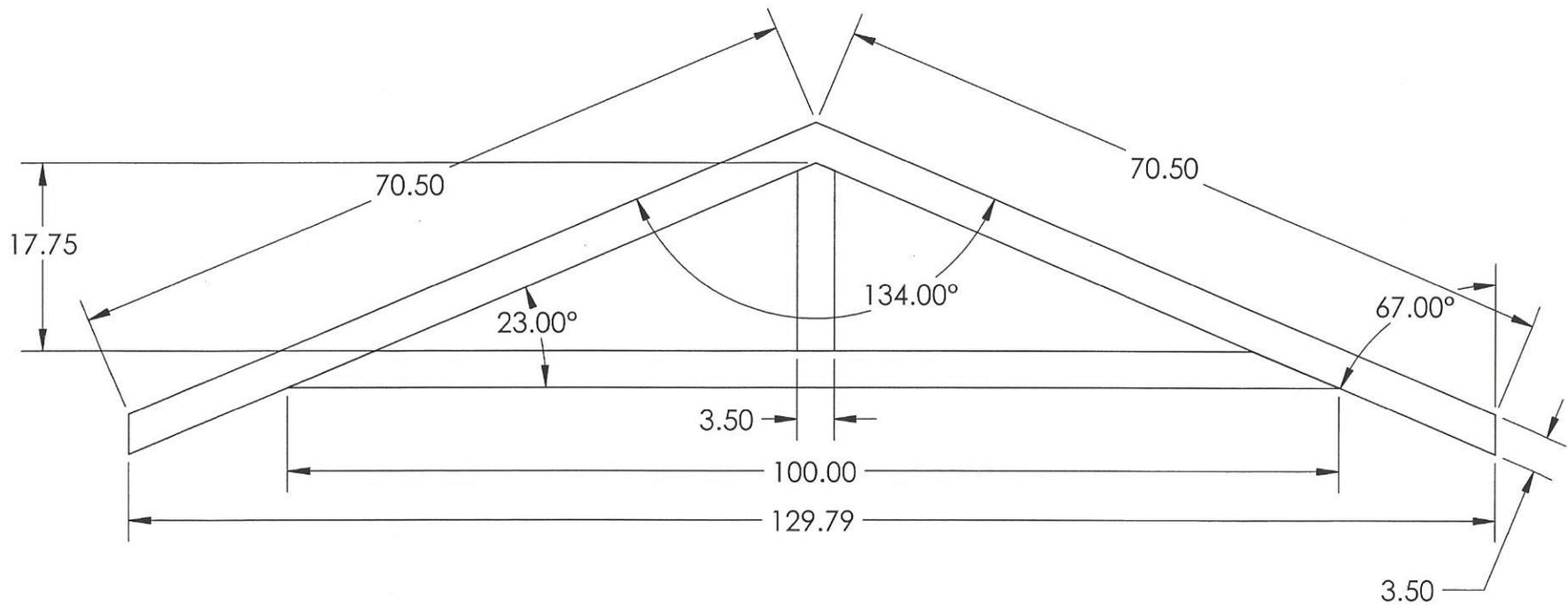
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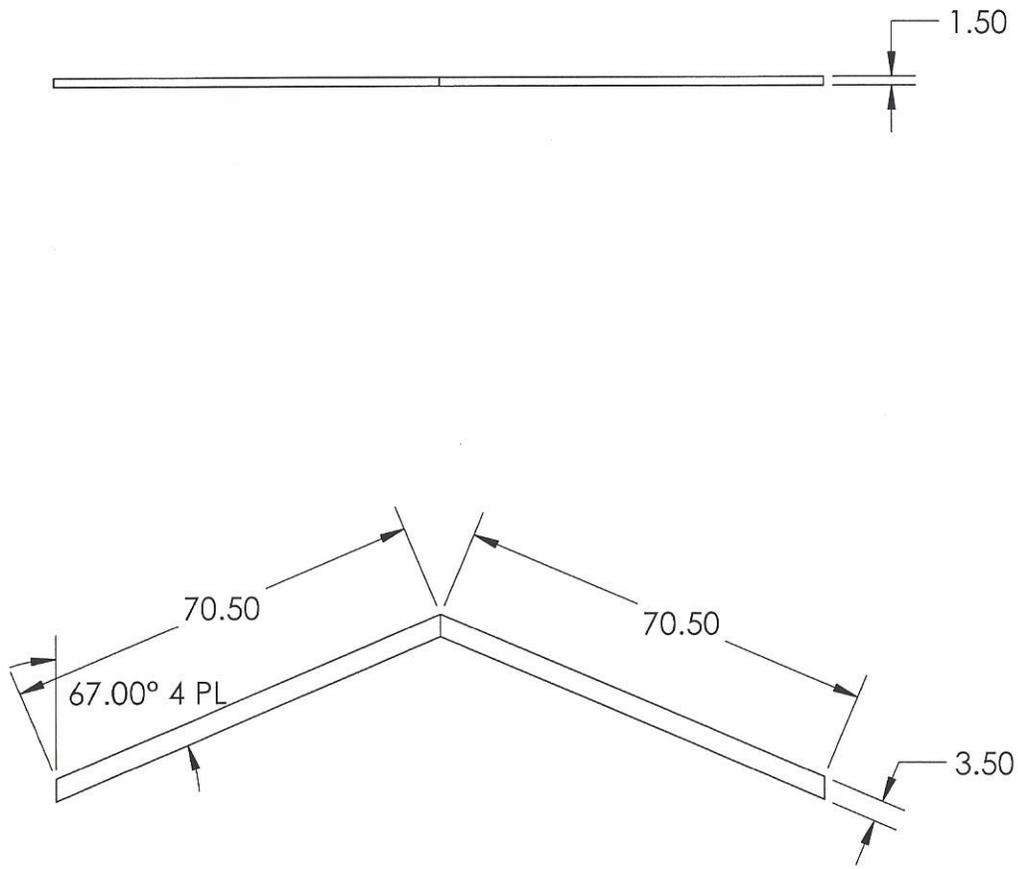
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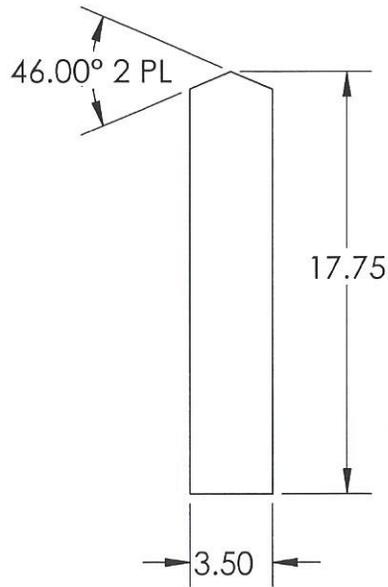
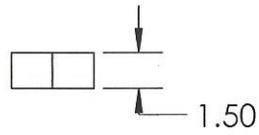
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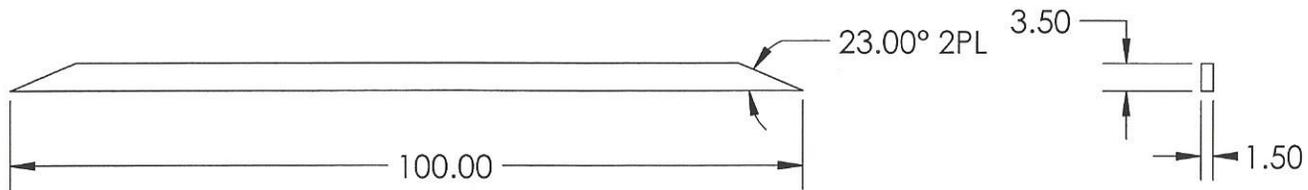
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<b>A</b>	<b>Truss 4</b>					
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