

**2024 TAX RETURN**

CLIENT COPY

**Client:** 6GA110

**Prepared for:** GALAPAGOS WHALE SHARK PROJECT  
515 N STATE ST, 14TH FLR  
CHICAGO, IL 60654  
(773) 871-6834

**Prepared by:** ERIC T. CHALLENGER  
CRAY, KAISER LTD.  
1901 S. MEYERS ROAD STE. 230  
OAKBROOK TERRACE, IL 60181  
(630) 953-4900

**Date:** JULY 7, 2025

**Comments:**

Client Copy

**Route to:** \_\_\_\_\_

**2024 Exempt Org. Return**  
prepared for:

**Galapagos Whale Shark Project**  
515 N State St, 14th Flr  
Chicago, IL 60654

Client Copy

**Cray, Kaiser Ltd.**  
1901 S. Meyers Road Ste. 230  
Oakbrook Terrace, IL 60181

**CRAY, KAISER LTD.  
1901 S. MEYERS ROAD STE. 230  
OAKBROOK TERRACE, IL 60181  
(630) 953-4900**

July 7, 2025

Galapagos Whale Shark Project  
515 N State St, 14th Flr  
Chicago, IL 60654

Dear Dominick:

Enclosed for your review:

Form 990-PF	2024 Return of Private Foundation
Form AG990-IL	Illinois Charitable Organization Annual Report

**The Federal return will be electronically filed. Please read the enclosed e-file instructions. An officer should sign the required authorization form and return it to us as soon as possible. You can return the signed form via your portal, email to [efile@craykaiser.com](mailto:efile@craykaiser.com), or fax it to us at (630) 953-4905.**

**The state return must be paper filed and signed by two distinct officers. Please read the enclosed filing instructions for mailing.**

Please be sure to call us if you have any questions.

Sincerely,

Eric T. Challenger

## GALAPAGOS WHALE SHARK PROJECT

85-4173302

	2024	2023	DIFF
<b>REVENUE PER BOOKS</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	95,356	84,446	10,910
DIVIDENDS & INTEREST FROM SECURITIES.....	2,651	863	1,788
TOTAL REVENUE.....	98,007	85,309	12,698
<b>EXPENSES PER BOOKS</b>			
COMPENSATION OF OFFICERS, DIR, ETC.....	12,361	0	12,361
ACCOUNTING FEES.....	1,650	4,070	-2,420
OTHER PROFESSIONAL FEES.....	822	0	822
TRAVEL, CONFERENCES, AND MEETINGS.....	2,666	0	2,666
OTHER EXPENSES.....	80,029	3,020	77,009
TOTAL OPERATING/ADMINISTRATIVE EXP.....	97,528	7,090	90,438
TOTAL EXPENSES.....	97,528	7,090	90,438
EXCESS OF REVENUE OVER EXPENSES.....	479	78,219	-77,740
<b>NET INVESTMENT REVENUE</b>			
DIVIDENDS & INTEREST FROM SECURITIES.....	2,651	863	1,788
TOTAL REVENUE.....	2,651	863	1,788
<b>NET INVESTMENT EXPENSES</b>			
COMPENSATION OF OFFICERS, DIR, ETC.....	1,000	0	1,000
ACCOUNTING FEES.....	1,650	1,000	650
OTHER PROFESSIONAL FEES.....	79	0	79
OTHER EXPENSES.....	411	0	411
TOTAL OPERATING/ADMINISTRATIVE EXP.....	3,140	1,000	2,140
TOTAL EXPENSES.....	3,140	1,000	2,140
NET INVESTMENT INCOME.....	0	0	0
<b>TAX COMPUTATION</b>			
TAX ON INVESTMENT INCOME.....	0	0	0
<b>PAYMENTS AND CREDITS</b>			
TOTAL PAYMENTS AND CREDITS.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0
<b>ADJUSTED NET INCOME REVENUE</b>			
DIVIDENDS & INTEREST FROM SECURITIES.....	2,651	863	1,788
TOTAL REVENUE.....	2,651	863	1,788
<b>ADJUSTED NET INCOME EXPENSES</b>			
TOTAL OPERATING/ADMINISTRATIVE EXP.....	0	0	0
TOTAL EXPENSES.....	0	0	0
ADJUSTED NET INCOME.....	2,651	863	1,788
<b>CHARITABLE PURPOSES DISBURSEMENTS</b>			
COMPENSATION OF OFFICERS, DIR, ETC.....	11,361	0	11,361
ACCOUNTING FEES.....	0	3,070	-3,070

## GALAPAGOS WHALE SHARK PROJECT

85-4173302

	2024	2023	DIFF
<b>CHARITABLE PURPOSES DISBURSEMENTS</b>			
OTHER PROFESSIONAL FEES.....	743	0	743
TRAVEL, CONFERENCES, AND MEETINGS.....	2,666	0	2,666
OTHER EXPENSES.....	79,618	3,020	76,598
TOTAL OPERATING/ADMINISTRATIVE EXP.....	94,388	6,090	88,298
TOTAL EXPENSES AND DISBURSEMENTS.....	94,388	6,090	88,298
<b>NET ASSETS OR FUND BALANCES</b>			
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	88,245	10,026	78,219
EXCESS OF REVENUE OVER EXPENSES.....	479	78,219	-77,740
NET ASSETS/FUND BAL. AT END OF YEAR.....	88,724	88,245	479

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## GALAPAGOS WHALE SHARK PROJECT

85-4173302

	2024	2023	DIFF
<b>YEAR-END AMOUNTS</b>			
ASSETS .....	88,724	88,245	479
LIABILITIES .....	0	0	0
NET ASSETS .....	88,724	88,245	479
<b>REVENUE ITEMS</b>			
PUB SUPPORT, CONTRIB, & PROG SERVICE REV	95,356	84,446	10,910
OTHER REVENUES .....	2,651	863	1,788
TOTAL REVENUE, INCOME, AND CONTRIBS .....	98,007	85,309	12,698
<b>EXPENDITURES</b>			
OPERATING CHAR. PROGRAM EXP. ....	94,388	2,800	91,588
TOTAL CHAR. PROGRAM SERVICE EXP. ....	94,388	2,800	91,588
TOTAL CHAR. PROGRAM EXPENDITURE .....	94,388	2,800	91,588
MANAGEMENT AND GENERAL EXPENSE .....	3,140	4,290	-1,150
TOTAL EXPENDITURES THIS PERIOD .....	97,528	7,090	90,438
<b>PAID FUNDRAISER AND CONSULTANT ACTIVITIES</b>			
NET RECEIVED BY THE CHARITY .....	0	0	0
TOTAL AMT PAID TO PF CONSULTANTS .....	0	0	0

2024

**GENERAL INFORMATION**

**PAGE 1**

**GALAPAGOS WHALE SHARK PROJECT**

**85-4173302**

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-PF, SCH B, 8868  
ILLINOIS: AG990-IL

**CARRYOVERS TO 2025**

NONE

Client Copy

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### PRIOR TO TRANSMISSION OF THE RETURN

**FORM 990-PF**

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

**PAPERLESS E-FILE**

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

**EVEN RETURN**

NO PAYMENT IS REQUIRED.

### AFTER TRANSMISSION OF THE RETURN

**RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

**KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.**

**DO NOT MAIL:**

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### PRIOR TO TRANSMISSION OF THE RETURN

**FORM 8868**

NO SIGNATURE IS REQUIRED WITH FORM 8868.

**EVEN RETURN**

NO PAYMENT IS REQUIRED.

### AFTER TRANSMISSION OF THE RETURN

**RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

**2024**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

**GALAPAGOS WHALE SHARK PROJECT**

**85-4173302**

Name and title of officer or person subject to tax

**DOMINICK VETRANO TREASURER**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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 one line in Part I.

<b>1a Form 990</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> _____
<b>2a Form 990-EZ</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a Form 990-PF</b> check here . . . . .	<input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b> <u>0.</u>
<b>5a Form 8868</b> check here . . . . .	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a Form 990-T</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a Form 4720</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a Form 5227</b> check here . . . . .	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a Form 5330</b> check here . . . . .	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a Form 8038-CP</b> check here . . . . .	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize CRAY, KAISER LTD. to enter my PIN 67111 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax \_\_\_\_\_

Date \_\_\_\_\_

**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.

**36669360181**  
**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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

ERIC T. CHALLENGER

Date \_\_\_\_\_

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

**Application for Extension of Time To File an Exempt Organization  
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.  
 Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I – Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	GALAPAGOS WHALE SHARK PROJECT	85-4173302
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	515 N STATE ST, 14TH FLR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHICAGO, IL 60654	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of DOMINICK VETRANO 515 NORTH STATE ST, 14TH FLR CHICAGO IL 60  
 Telephone No. (773) 871-6834 Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box .....

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_

If this is for the whole group, check this box. ....

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. ....

**1** I request an automatic 6-month extension of time until 11/15, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2024 or  
 tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b> \$	0.

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2024 or tax year beginning , 2024, and ending ,20

GALAPAGOS WHALE SHARK PROJECT 515 N STATE ST, 14TH FLR CHICAGO, IL 60654

A Employer identification number 85-4173302

B Telephone number (see instructions) (773) 871-6834

G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change

C If exemption application is pending, check here

D 1 Foreign organizations, check here

2 Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization: Section 501(c)(3) exempt private foundation, Section 4947(a)(1) nonexempt charitable trust, Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 88,724. J Accounting method: Cash, Accrual, Other (specify)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-27).

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	8,794.	14,795.	14,795.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)	79,451.	73,929.	73,929.
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe )				
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	88,245.	88,724.	88,724.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe )			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	88,245.	88,724.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	88,245.	88,724.		
30 Total liabilities and net assets/fund balances (see instructions)	88,245.	88,724.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	88,245.
2 Enter amount from Part I, line 27a	2	479.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	88,724.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	88,724.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8. <span style="border: 1px solid black; padding: 2px;"> </span>		3	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 — see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions)		
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) <span style="border: 1px solid black; padding: 2px;"> </span>	1	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) <span style="border: 1px solid black; padding: 2px;"> </span>	2	0.
3	Add lines 1 and 2 <span style="border: 1px solid black; padding: 2px;"> </span>	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) <span style="border: 1px solid black; padding: 2px;"> </span>	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- <span style="border: 1px solid black; padding: 2px;"> </span>	5	0.
6	Credits/Payments:		
a	2024 estimated tax pymts and 2023 overpayment credited to 2024 <span style="border: 1px solid black; padding: 2px;"> </span>	6a	
b	Exempt foreign organizations — tax withheld at source <span style="border: 1px solid black; padding: 2px;"> </span>	6b	
c	Tax paid with application for extension of time to file (Form 8868) <span style="border: 1px solid black; padding: 2px;"> </span>	6c	
d	Backup withholding erroneously withheld <span style="border: 1px solid black; padding: 2px;"> </span>	6d	
7	Total credits and payments. Add lines 6a through 6d. <span style="border: 1px solid black; padding: 2px;"> </span>	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached <span style="border: 1px solid black; padding: 2px;"> </span>	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> <span style="border: 1px solid black; padding: 2px;"> </span>	9	0.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> <span style="border: 1px solid black; padding: 2px;"> </span>	10	
11	Enter the amount of line 10 to be: <b>Credited to 2025 estimated tax</b> <span style="border: 1px solid black; padding: 2px;"> </span>	11	
	<b>Refunded</b> <span style="border: 1px solid black; padding: 2px;"> </span>		

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**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		X
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. \$ <u>0.</u> <b>(2)</b> On foundation managers. \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....		X
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <u>IL</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII.	X	
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. ....		X
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address: <u>WWW.GALAPAGOSWHALESHARK.ORG</u>	X	
<b>14</b> The books are in care of <u>DOMINICK VETRANO</u> Telephone no. <u>(773) 871-6834</u> Located at <u>515 NORTH STATE ST, 14TH FLR CHICAGO IL</u> ZIP + 4 <u>60654</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here. .... N/A. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. .... <b>15</b> <u>N/A</u>		
<b>16</b> At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a (1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a (2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a (3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a (4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	1a (5)	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a (6)	X
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here. .... <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? If "Yes," list the years .....	2a	X
20 __ , 20 __ , 20 __ , 20 __		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement – see instructions.) .....	2b	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ....		
20 __ , 20 __ , 20 __ , 20 __		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) .....	3b	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024? .....	4b	X

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Form 990-PF (2024)

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	5d	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8		X

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		12,361.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000..... 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- -----		
----- -----		
----- -----		
----- -----		
----- -----		
Total number of others receiving over \$50,000 for professional services .....		0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 SEE STATEMENT 5 ----- -----	94,388.
2 ----- -----	
3 ----- -----	
4 ----- -----	

**Part VIII-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A ----- -----	
2 ----- -----	
All other program-related investments. See instructions. 3 ----- -----	
Total. Add lines 1 through 3 .....	0.

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**Part IX** **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities.....	<b>1a</b>	
<b>b</b>	Average of monthly cash balances.....	<b>1b</b>	
<b>c</b>	Fair market value of all other assets (see instructions).....	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).....	<b>1d</b>	0.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).....	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.....	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.....	<b>3</b>	
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).....	<b>4</b>	
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3.....	<b>5</b>	0.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5.....	<b>6</b>	0.

**Part X** **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6.....	N/A	<b>1</b>	
<b>2a</b>	Tax on investment income for 2024 from Part V, line 5.....	<b>2a</b>		
<b>b</b>	Income tax for 2024. (This does not include the tax from Part V.).....	<b>2b</b>		
<b>c</b>	Add lines 2a and 2b.....	<b>2c</b>		
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.....	<b>3</b>		
<b>4</b>	Recoveries of amounts treated as qualifying distributions.....	<b>4</b>		
<b>5</b>	Add lines 3 and 4.....	<b>5</b>		
<b>6</b>	Deduction from distributable amount (see instructions).....	<b>6</b>		
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.....	<b>7</b>		

**Part XI** **Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26.....	<b>1a</b>	94,388.
<b>b</b>	Program-related investments – total from Part VIII-B.....	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.....	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required).....	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).....	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4.....	<b>4</b>	94,388.

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Form 990-PF (2024)

**Part XII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
<b>1</b> Distributable amount for 2024 from Part X, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2024:				
<b>a</b> Enter amount for 2023 only .....				
<b>b</b> Total for prior years: 20 __, 20 __, 20 __				
<b>3</b> Excess distributions carryover, if any, to 2024:				
<b>a</b> From 2019 .....				
<b>b</b> From 2020 .....				
<b>c</b> From 2021 .....				
<b>d</b> From 2022 .....				
<b>e</b> From 2023 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2024 from Part XI, line 4: \$ _____				
<b>a</b> Applied to 2023, but not more than line 2a ..				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions) .....				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions) .....				
<b>d</b> Applied to 2024 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus .....				
<b>5</b> Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5. ....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions .....				
<b>e</b> Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount – see instructions .....				
<b>f</b> Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions) .....				
<b>8</b> Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions) ..				
<b>9</b> Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2020 .....				
<b>b</b> Excess from 2021 .....				
<b>c</b> Excess from 2022 .....				
<b>d</b> Excess from 2023 .....				
<b>e</b> Excess from 2024 .....				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0.				0.
<b>b</b> 85% (0.85) of line 2a					0.
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed	94,388.	6,090.	46,076.		146,554.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					0.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	94,388.	6,090.	46,076.		146,554.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	95,356.	84,446.	51,826.	4,276.	235,904.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	82,356.	84,446.	51,826.	4,276.	222,904.
<b>(3)</b> Largest amount of support from an exempt organization	20,000.	15,100.	46,125.		81,225.
<b>(4)</b> Gross investment income	2,651.	863.			3,514.

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
NONE
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
NONE
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:
- b** The form in which applications should be submitted and information and materials they should include:
- c** Any submission deadlines:
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
<b>Total</b> .....				<b>3a</b>
<i>b Approved for future payment</i>				
<b>Total</b> .....				<b>3b</b>

Client Copy





**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

GALAPAGOS WHALE SHARK PROJECT

Employer identification number

85-4173302

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . \$ \_\_\_\_\_

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

Name of organization <b>GALAPAGOS WHALE SHARK PROJECT</b>	Employer identification number <b>85-4173302</b>
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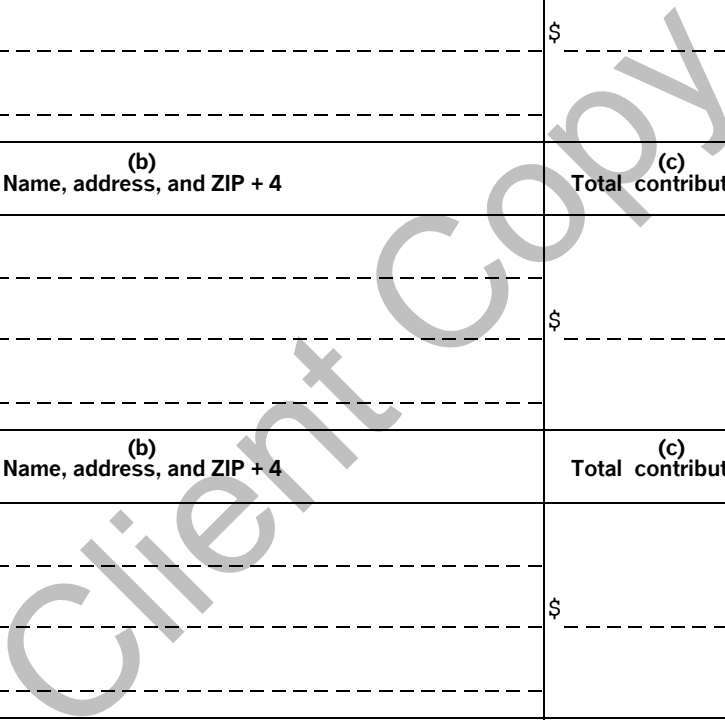
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PLANETERRA INTERNATIONAL 19 S CHARLOTTE ST TORONTO, ONTARIO M5V 2H5 CANADA	\$ 9,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	SEA THE FUTURE - LISBOA PORTUGAL LARGO MONTERROIO DE MASCARENHAS, LISBOA 1070-103 PORTUGAL	\$ 6,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	FIDELITY CHARITABLE TRUST DAF PO BOX 770001 CINCINATTI, OH 45277	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	SHARK PROJECT INTERNATIONAL SINSERSTRASSE 67 CHAM, 6330 SWITZERLAND	\$ 16,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	GALAPAGOS CONSERVATION TRUST 164-180 UNION STREET, UNIT G02 LONDON, SE1 0LH UNITED KINGDOM	\$ 12,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	QUASAR 10544 NW 11TH CT PLANTATION, FL 33322	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>GALAPAGOS WHALE SHARK PROJECT</b>	Employer identification number <b>85-4173302</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	STEPPES TRAVEL ----- 51 CASTLE ST ----- CIRENCESTER, GL7 1QD UNITED KINGDOM -----	\$ 5,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>GALAPAGOS WHALE SHARK PROJECT</b>	Employer identification number <b>85-4173302</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **GALAPAGOS WHALE SHARK PROJECT** Employer identification number **85-4173302**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$                      *N/A*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

## GALAPAGOS WHALE SHARK PROJECT

85-4173302

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
.....	\$ 1,650.	\$ 1,650.		
TOTAL	<u>\$ 1,650.</u>	<u>\$ 1,650.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES.....	\$ 79.	\$ 79.		
WEBSITE DESIGN.....	743.			\$ 743.
TOTAL	<u>\$ 822.</u>	<u>\$ 79.</u>	<u>\$ 0.</u>	<u>\$ 743.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES.....	\$ 411.	\$ 411.		
DIVING EQUIPMENT.....	2,517.			\$ 2,517.
INTERNET.....	540.			540.
LICENSES.....	980.			980.
OFFICE SUPPLIES/SUBSCRIPTIONS.....	130.			130.
RENTAL EXPENSES.....	38,300.			38,300.
SOFTWARE.....	190.			190.
TRACKING TAG SUPPLIES.....	36,961.			36,961.
TOTAL	<u>\$ 80,029.</u>	<u>\$ 411.</u>	<u>\$ 0.</u>	<u>\$ 79,618.</u>

**STATEMENT 4**  
**FORM 990-PF, PART VII, LINE 1**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JONATHAN RICHARD GREEN 2800 N LAKE SHORE DR #2102 CHICAGO, IL 60657	CHAIRMAN 20.00	\$ 0.	\$ 0.	\$ 0.

## GALAPAGOS WHALE SHARK PROJECT

85-4173302

**STATEMENT 4 (CONTINUED)**  
**FORM 990-PF, PART VII, LINE 1**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JENNY YVONNE WAACK 2800 N LAKE SHORE DR #2102 CHICAGO, IL 60657	DIRECTOR 10.00	\$ 0.	\$ 0.	\$ 0.
SOFIA MACARENA GREEN ITURALDE 2800 N LAKE SHORE DR #2102 CHICAGO, IL 60657	DIRECTOR 20.00	12,361.	0.	0.
JENNIFER NICOLE GARNETT 2800 N LAKE SHORE DR #2102 CHICAGO, IL 60657	PRESIDENT 1.00	0.	0.	0.
DOMINICK VETRANO 2800 N LAKE SHORE DR #2102 CHICAGO, IL 60657	TREASURER 1.00	0.	0.	0.
SUSAN ADIE 2800 N LAKE SHORE DR #2102 CHICAGO, IL 60657	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 12,361.	\$ 0.	\$ 0.

**STATEMENT 5**  
**FORM 990-PF, PART VII-A, LINE 1**  
**SUMMARY OF DIRECT CHARITABLE ACTIVITIES**

<u>DIRECT CHARITABLE ACTIVITIES</u>	<u>EXPENSES</u>
THE PURPOSE OF GWSP IS TO BETTER UNDERSTAND THE BEHAVIOR, ABUNDANCE, AND DISTRIBUTION OF WHALE SHARKS AT THE LOCAL, REGIONAL, AND GLOBAL LEVEL THROUGH RESEARCH AND EDUCATION; AND TO USE THAT KNOWLEDGE TO RAISE GLOBAL AWARENESS AND PROMOTE THE AMPLIFICATION OF MARINE PROTECTED AREAS FOR SHARKS AS AMBASSADORS FOR MARINE CONSERVATION.	\$ 94,388.

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

Form AG990-IL

Revised 04/24

ID: 2BN

ILVA0212L 09/18/24

For Office Use Only

**Illinois Attorney General Kwame Raoul**  
Charitable Trust Bureau, 115 S. LaSalle St  
Chicago, IL 60603

CO #01083288

PMT #	_____
AMT	_____
INIT	_____

Report for the Fiscal Period:

Beginning 1/01/24

& Ending 12/31/24

MO DAY YR

*Make Checks Payable to Illinois Charity Bureau Fund*

**Check all items attached:**

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Federal ID # 85-4173302

Are contributions to the organization tax deductible? Yes  No

Date organization was created: 11/17/2020

MO DAY YR

Legal Name: <u>GALAPAGOS WHALE SHARK PROJECT</u>	YEAR-END AMOUNTS	
Mail Address: <u>515 N STATE ST, 14TH FLR</u>		
City, State: <u>CHICAGO, IL 60654</u>	<b>A ASSETS</b>	<b>A \$ 88,724.</b>
Zip Code: _____	<b>B LIABILITIES</b>	<b>B \$ 0.</b>
	<b>C NET ASSETS</b>	<b>C \$ 88,724.</b>
<b>I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR</b>	PERCENTAGE	AMOUNT
<b>D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)</b>	97.30 %	<b>D \$ 95,356.</b>
<b>E GOVERNMENT GRANTS AND MEMBERSHIP DUES</b>	%	<b>E \$</b>
<b>F OTHER REVENUES SEE STATEMENT 1</b>	2.70 %	<b>F \$ 2,651.</b>
<b>G TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, &amp; F)</b>	100%	<b>G \$ 98,007.</b>
<b>II SUMMARY OF ALL EXPENDITURES DURING THE YEAR</b>		
<b>H OPERATING CHARITABLE PROGRAM EXPENSE</b>	96.78 %	<b>H \$ 94,388.</b>
<b>I EDUCATION PROGRAM SERVICE EXPENSE</b>	%	<b>I \$</b>
<b>J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H &amp; I)</b>	96.78 %	<b>J \$ 94,388.</b>
<b>J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$</b>		
<b>K GRANTS TO OTHER CHARITABLE ORGANIZATIONS</b>	%	<b>K \$</b>
<b>L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J &amp; K)</b>	96.78 %	<b>L \$ 94,388.</b>
<b>M MANAGEMENT AND GENERAL EXPENSE</b>	3.22 %	<b>M \$ 3,140.</b>
<b>N FUNDRAISING EXPENSE</b>	%	<b>N \$</b>
<b>O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, &amp; N)</b>	100%	<b>O \$ 97,528.</b>
<b>III SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES</b>		
<small>(Attach Attorney General Report of Individual Fundraising Campaign – (Form IFC). One for each PFR.)</small>		
<b>PROFESSIONAL FUNDRAISERS:</b>		
<b>P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</b>	100%	<b>P \$ 0.</b>
<b>Q TOTAL FUNDRAISERS FEES AND EXPENSES</b>	%	<b>Q \$ 0.</b>
<b>R NET RECEIVED BY THE CHARITY (P MINUS Q=R)</b>	%	<b>R \$ 0.</b>
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
<b>S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</b>		<b>S \$ 0.</b>
<b>IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
<b>T NAME, TITLE: _____</b>		<b>T \$</b>
<b>U NAME, TITLE: _____</b>		<b>U \$</b>
<b>V NAME, TITLE: _____</b>		<b>V \$</b>
<b>V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</b>		List on back side of Instructions CODE
<b>W DESCRIPTION: <u>SEE STATEMENT 2</u></b>	<b>W #</b>	<b>071</b>
<b>X DESCRIPTION: _____</b>	<b>X #</b>	
<b>Y DESCRIPTION: _____</b>	<b>Y #</b>	

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT? .....		X
2	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		X
3	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		X
4	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		X
5	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		X
6a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		X
6b	IF 'YES', ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____.		
7	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		X
8	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		X
9	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		X
10	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>SEE STATEMENT 3</u>		
11	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>DOMINICK VETRANO (312) 871-6834</u>		

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2 FOR FEES DUE SEE INSTRUCTIONS.
- 3 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JENNIFER GARNETT  
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

DOMINICK VETRANO  
TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

ERIC T. CHALLENGER  
PREPARER (PRINT NAME) SIGNATURE DATE

**STATEMENT 1**  
**FORM AG990-IL, PAGE 1, LINE F**  
**OTHER REVENUES**

INVESTMENT INCOME..... \$ 2,651.  
TOTAL \$ 2,651.

**STATEMENT 2**  
**FORM AG990-IL, PAGE 1, PART V**  
**CHARITABLE PROGRAM DESCRIPTION - LINE W**

RAISE PUBLIC AWARENESS FOR WHALE SHARKS AND MARINE CONSERVATION THROUGH RESEARCH AND EDUCATION.

**STATEMENT 3**  
**FORM AG990-IL, PAGE 2, QUESTION 10**  
**NAME AND ADDRESS OF INSTITUTIONS HOLDING THREE LARGEST ACCOUNTS**

CHARLES SCHWAB  
CHICAGO, IL

Client Copy