

# Return of Organization Exempt From Income Tax

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

**COPY**  
DATE No. (5485-0047)

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service(7)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning** , 2007, 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"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See specific instructions. <b>SEACOLOGY</b> 1623 SOLANO AVENUE BERKELEY, CA 94707	<b>D</b> Employer identification number 87-0495235
		<b>E</b> Telephone number (510) 559-3505
		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H (a)** Is this a group return for affiliates? ...  Yes  No  
**H (b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H (c)** Are all affiliates included? ...  Yes  No  
 (If "No," attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: WWW.SEACOLOGY.ORG

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

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 1,954,470.

**I** Group Exemption Number \_\_\_\_\_

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

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

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	1a		
	<b>b</b> Direct public support (not included on line 1a)	1b	1,573,646.	
	<b>c</b> Indirect public support (not included on line 1a)	1c		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 1,528,204. noncash \$ 45,442.)	1e		1,573,646.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4	124,739.	
	<b>5</b> Dividends and interest from securities	5		
6a Gross rents	6a			
	b Less: rental expenses	6b		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		
	<b>7</b> Other investment income (describe _____)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	256,085.	
	b Less: direct expenses other than fundraising expenses	9b	229,264.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	STATEMENT 1	26,821.
10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11			
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,725,206.	
EXPENSES	<b>13</b> Program services (from line 44, column (B))	13	982,323.	
	<b>14</b> Management and general (from line 44, column (C))	14	131,678.	
	<b>15</b> Fundraising (from line 44, column (D))	15	151,987.	
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17		1,265,988.
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		459,218.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,486,864.	
<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		6,652.	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		2,952,734.	

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>SEACOLOGY</b>	Employer identification number <b>87-0495235</b>
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. <b>1623 SOLANO AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BERKELEY, CA 94707</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of. ▶ SEACOLOGY

Telephone No. ▶ (510) 559-3505 FAX No. ▶ (510) 559-3506

- 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2008, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 2007 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) SEE STM 3 (cash \$ 508,004. non-cash \$ _____) If this amount includes foreign grants, check here. <input checked="" type="checkbox"/>	22b	508,004.	508,004.		
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	140,000.	110,600.	16,100.	13,300.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	242,097.	121,125.	44,505.	76,467.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27	52,169.	32,254.	8,369.	11,546.
<b>28</b> Employee benefits not included on lines 25a - 27	28	39,481.	23,300.	6,216.	9,965.
<b>29</b> Payroll taxes	29				
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	20,269.		20,269.	
<b>32</b> Legal fees	32	426.		426.	
<b>33</b> Supplies	33	12,562.	7,668.	1,964.	2,930.
<b>34</b> Telephone	34	3,547.	2,140.	580.	827.
<b>35</b> Postage and shipping	35	6,962.	3,557.	1,757.	1,648.
<b>36</b> Occupancy	36	37,916.	23,097.	5,995.	8,824.
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38	15,963.	12,723.	745.	2,495.
<b>39</b> Travel	39	30,098.	14,794.	10,067.	5,237.
<b>40</b> Conferences, conventions, and meetings	40				
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc (attach schedule)	42	6,124.		6,124.	
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> SEE STATEMENT 4	43a	150,370.	123,061.	8,561.	18,748.
<b>b</b>	43b				
<b>c</b>	43c				
<b>d</b>	43d				
<b>e</b>	43e				
<b>f</b>	43f				
<b>g</b>	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,265,988.	982,323.	131,678.	151,987.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 22,398.; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ 1,195.; and (iv) the amount allocated to Fundraising \$ 4,831.

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **CONSERVATION OF ISLAND ECOSYSTEMS**  
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

**a** SEE ATTACHED SCHEDULE 1

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(Grants and allocations \$ ) If this amount includes foreign grants, check here.

982,323.

**b**

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(Grants and allocations \$ ) If this amount includes foreign grants, check here.

**c**

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(Grants and allocations \$ ) If this amount includes foreign grants, check here.

**d**

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(Grants and allocations \$ ) If this amount includes foreign grants, check here.

**e** Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here.

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) **982,323.**

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	<b>45</b> Cash – non-interest-bearing	11,791.	<b>45</b>	26,475.	
	<b>46</b> Savings and temporary cash investments	413,950.	<b>46</b>	245,062.	
	<b>47 a</b> Accounts receivable				
	<b>b</b> Less: allowance for doubtful accounts		<b>47 c</b>		
	<b>48 a</b> Pledges receivable				
	<b>b</b> Less: allowance for doubtful accounts		<b>48 c</b>		
	<b>49</b> Grants receivable	240,476.	<b>49</b>	156,947.	
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50 a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50 b</b>		
	<b>51 a</b> Other notes and loans receivable (attach schedule)				
	<b>b</b> Less: allowance for doubtful accounts		<b>51 c</b>		
	<b>52</b> Inventories for sale or use	8,888.	<b>52</b>	7,343.	
	<b>53</b> Prepaid expenses and deferred charges	175,642.	<b>53</b>	79,769.	
	<b>54 a</b> Investments – publicly-traded securities <i>STMT 5</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,763,106.	<b>54 a</b>	2,482,999.	
<b>b</b> Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54 b</b>			
<b>55 a</b> Investments – land, buildings, & equipment: basis					
<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55 c</b>			
<b>56</b> Investments – other (attach schedule)		<b>56</b>			
<b>57 a</b> Land, buildings, and equipment: basis	41,665.				
<b>b</b> Less: accumulated depreciation (attach schedule) <i>STATEMENT 6</i>	20,112.	<b>57 c</b>	21,553.		
<b>58</b> Other assets, including program-related investments (describe _____)		<b>58</b>			
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	2,641,530.	<b>59</b>	3,020,148.		
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	3,456.	<b>60</b>	732.	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>		
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>		
	<b>65</b> Other liabilities (describe <i>SEE STATEMENT 7</i> )	151,210.	<b>65</b>	66,682.	
	<b>66 Total liabilities.</b> Add lines 60 through 65	154,666.	<b>66</b>	67,414.	
	NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
		<b>67</b> Unrestricted	2,398,483.	<b>67</b>	2,843,193.
<b>68</b> Temporarily restricted		88,381.	<b>68</b>	109,541.	
<b>69</b> Permanently restricted			<b>69</b>		
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.					
<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>		
<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>		
<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>		
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	2,486,864.	<b>73</b>	2,952,734.		
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	2,641,530.	<b>74</b>	3,020,148.		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,746,645.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments	<b>b1</b>	6,652.
	2 Donated services and use of facilities	<b>b2</b>	14,787.
	3 Recoveries of prior year grants	<b>b3</b>	
	4 Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	21,439.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,725,206.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,725,206.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,280,775.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities	<b>b1</b>	14,787.
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	14,787.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,265,988.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,265,988.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 8		140,000.	21,000.	0.

