

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

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12 Total revenue – add lines 8 through 11 (must equal Park II), column (A), line 12)	eve	-												
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 880,847. 913,640. 16a Professional fundraising expenses (Part IX, column (A), line 11e)		-						-			= /	028,0	07.	1,386,131.
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ense										·			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	xpe	b	Total fundrais	sing expenses (P	Part IX, col	umn (D), lin	ne 25) 🕨 🔄		239,	390.				
19 Revenue less expenses. Subtract line 18 from line 12	ш	17										452,1	.83.	517,626.
Sign Here Beginning of Current Year End of Year Sign Here 20 Total assets (Part X, line 16) 8, 440, 172. 34, 004. 79, 629. 8, 083, 360. 8, 360, 543. Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here DUANE SILVERSTEIN Type or print name and title Print/Type preparer's name USE ONLY Preparer's signature Date Check X if PTIN Self-employed Print/Type preparer's name Preparer's signature Date Check X if PTIN Self-employed Firm's name Firm's address DORAN & ASSOCIATES 55 MITCHELL BOULEVARD, STE. 3 SAN RAFAEL, CA 94903 Phone no. 415-491-1130 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes		18									= /	361,0)37.	2,817,397.
20 Total assets (Part X, line 16)		-	Revenue less	s expenses. Subt	ract line 1	8 from line	12							
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date DUANE SILVERSTEIN EXECUTIVE DIR. Type or print name and title Print/Type preparer's name Preparer's signature Paid Preparer DORAN, CPA Preparer's signature Date Firm's name DORAN & ASSOCIATES Firm's EIN ► 262769279 Firm's address 55 MITCHELL BOULEVARD, STE. 3 Firm's EIN ► 262769279 May the IRS discuss this return with the preparer shown above? (see instructions)	a or JCeS													
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Forn	n 990 (2017) SEACOLOGY	87-0495235	Page 2
Pa	statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1		<u>.</u>	Λ
	SEACOLOGY PROTECTS THE THREATENED SPECIES AND HABITATS OF THE WOR	RLD'S ISLANDS BY	
	WORKING DIRECTLY WITH LOCAL PEOPLE TO BOTH CONSERVE THEIR NATURAL	L RESOURCES AND	
	IMPROVE THEIR QUALITY OF LIFE.		
2	Did the organization undertake any significant program services during the year which were not listed on the pri-	or	
	Form 990 or 990-EZ?	Yes X	(No
3	If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes 🕅	No
3	If 'Yes,' describe these changes on Schedule O.		
4		vices, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	is to others, the total expe	enses,
		-	
4 a	a (Code:) (Expenses \$ 2,368,868. including grants of \$ 1,376,131.) (F	Revenue \$)
	<u>SEE_SCHEDULE_O</u>		
41	b (Code:) (Expenses \$ 37,785. including grants of \$ 10,000.) (F	Revenue \$)
	SEE_SCHEDULE_O		
	C		
40	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
40	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	e Total program service expenses ► 2,406,653.	0	20 (2017)

Form 990 (2017) SEACOLOGY
Part IV Checklist of Required Schedules

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Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part L.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part 1	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part Il</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13	v	Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

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Pag	e	4

Pai	TIV Checklist of Required Schedules (continued)			
	r -		Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23	Х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
Ċ	bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c		24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? <i>If 'Yes,' complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	30 31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part L.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38		38	Х	
BAA		Form	990 ((2017)

Form 990 (2017)

Form 990 (2017) SEACOLOGY

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Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 12			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a 10			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			Λ
	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	~		v
	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	C 1-		
not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		37
services provided to the payor?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.0		Х
	7 c		Λ
d If 'Yes,' indicate the number of Forms 8282 filed during the year	-		v
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 a		
	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	158		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	14a 14b		- 11
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>		990 (2017

Pa	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7	b below,	and	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or c Schedule O. See instructions.	hanges i	n	
	Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year In a If there are material differences in voting rights among members	18		
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent 1b	18		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?			X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?			X X
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-		
-	members of the governing body?	7a		Х
I	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?		Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Interna	il Reveni		í a c
10:	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(: Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEE. SCHEDULE. Q	12c	Х	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official.		X	<u> </u>
I	Other officers or key employees of the organizationSEE .SCHEDULEOO	15b	Х	
16:	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
I) If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		·	·
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	for public inspection. Indicate how you made these available. Check all that apply.		avail	able
	X Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements the public during the tax year. SEE SCHEDULE O	available to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•		
	KEVIN CLAASSEN 1623 SOLANO AVENUE BERKELEY CA 94707 510-559-3505			

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Part VII Compensation of Officers, Director Independent Contractors	ors, Tru	stee	es, k	Кey	/ Er	nplo	ye	es, Highest C	ompensated En	nployees, and
Check if Schedule O contains a response	or noto to	2014	lino	in t	hic I	Dart \				
Section A. Officers, Directors, Trustees, Ko		-								····· Ц
1 a Complete this table for all persons required to be listed organization's tax year.	I. Report c	ompe	ensat	ion	for tl	ne ca	lenc	lar year ending wit	h or within the	
• List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) i							lua	s or organization	s), regardless of an	nount of
 List all of the organization's current key employe List the organization's five current highest comp who received reportable compensation (Box 5 of Form organization and any related organizations. 	ensated e W-2 and	emplo /or B	oyee ox 7	s (c of	other Forn	thar 109	n an 99-N	officer, director, IISC) of more that	trustee, or key emp in \$100,000 from th	e
• List all of the organization's former officers, key of reportable compensation from the organization and any	related or	ganiz	ation	is.		•				han \$100,000
• List all of the organization's former directors or truste organization, more than \$10,000 of reportable comper										
List persons in the following order: individual trustees employees; and former such persons.	or directo	rs; ir	stitu	utior	nal ti	ruste	es;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any relat	ed organiz	ation	com	iper	nsate	d any	/ cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and Title	(B) Average hours	thar	n one s both	box, an c	unles officer /truste		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL COX	3									
CHAIRMAN	0	Х		Х				0.	0.	0.
<u>(2) SHARI SANT PLUMMER</u> VICE PRESIDENT	<u> 1 </u>	Х		Х			5	0.	0.	0.
(3) SANDIE TILLOTSON	1							0.	0.	0.
VICE PRESIDENT	0	X		x			-	0.	0.	0.
(4) DOUGLAS HERST	2	Ň								
VICE PRESIDENT	0	X		Х				0.	0.	0.

VICE PRESIDENT (5) KEN MURDOCK

(8) MASAYUKI KISHIMOTO

(9) KIMBERLY MYERS HEWLETT

VICE CHAIR

(6) KRISTIN REED

(7) SCOTT HALSTED

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BAA

(11) JOSEPH SCALZO

(12) MICHAEL STAFFIERI

(13) MICHAEL BURBANK

(10) DON ARNTZ

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Part VII Section A. Officers, Directors, Tru	istees,	Key	Emp	oloy	ees,	and	d Highest Com	pensated Emp	loyees (continued)
	(B)			(C)					
(A) Name and title		box,	not che unless	perso	ore than on is bo ctor/tru	th an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	ney employee	employee Was amployee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) JAKE WALKER DIRECTOR	<u>1</u> 0	x					0.	0.	0.
(16) MARSHA GARCES WILLIAMS DIRECTOR	$-\frac{1}{0}$	х					0.	0.	0.
(17) PETER READ DIRECTOR	<u>1</u> 0	x					0.	0.	0.
(18) BARBARA MEYER DIRECTOR	<u>1</u> 0	x					0.	0.	0.
(19) DUANE SILVERSTEIN EXECUTIVE DIR.	$-\frac{40}{0}$		2	X			201,333.	0.	57,829.
(20) KEVIN CLAASSEN ACCT. MGR.	$-\frac{40}{0}$		2	X			82,887.	0.	14,353.
(21)									
(22)									
(23)									
(24)					0	X			
(25)		C		1					
1 b Sub-total							284,220.	0.	72,182.
c Total from continuation sheets to Part VII, Secti						•	0.	0.	0.
d Total (add lines 1b and 1c).						•	284,220.	0.	72,182.
2 Total number of individuals (including but not limited from the organization ► 1	to those I	isted a	above) wh	o rece	ived	more than \$100,00	0 of reportable com	pensation
3 Did the organization list any former officer, direc	tor, or tru	stee.	kev e	empl	ovee	or h	nighest compensat	ed employee	Yes No
on line 1a? If 'Yes,' compléte Schedule J for suc	h individu	al							. 3 X
the organization and related organizations greate such individual									
5 Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If 'Yes</i>	e comper s,' comple	sation te Sci	n fror <i>hedu</i>	n an le J	y unre for su	elate ch p	ed organization or erson	individual	. 5 X
Section B. Independent Contractors Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epend the ca	lent o alenda	contr ar vea	actors ar end	s tha ing y	t received more the vith or within the or	nan \$100,000 of ganization's tax yea	r.
(A) Name and business add				J			(B) Description of		(C) Compensation
2 Total number of independent contractors (including t \$100,000 of compensation from the organization		ited to	those	e list	ed abo	ove)	who received more	than	

Form 990 (2017) SEACOLOGY Part VIII Statement of Revenue

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	Check if Schedule O contains a resp			(B)	(C)	(D)
			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514
	ederated campaigns 1a					
	Membership dues 1b					
	Fundraising events 1 c Related organizations 1 d					
	Sovernment grants (contributions) 1 e					
t A s	All other contributions, gifts, grants, and similar amounts not included above 1 f	2,472,046.				
g N	Noncash contributions included in lines 1a-1f: \$	64,748.				
h T	Total. Add lines 1a-1f	•	2,472,046.			
-		Business Code				
2a						
b c						
d -						
e -						
fĀ	All other program service revenue					
	Total. Add lines 2a-2f					
3	nvestment income (including dividend	s, interest and				
	other similar amounts)		69,113.			69,1
	ncome from investment of tax-exempt					
Эг	(i) Real	(ii) Personal				
6a (Gross rents	(
b∟	Less: rental expenses					
c R	Rental income or (loss)					
d N	Net rental income or (loss)					
	Gross amount from sales of (i) Securities	(ii) Other				
а	assets other than inventory 5,396,488	•				
b L	ess: cost or other basis					
	and sales expenses 4,838,801 Gain or (loss) 557,687					
	Net gain or (loss)		557,687.			557,6
8a (Gross income from fundraising events		337,007.			337,0
	(not including. \$ of contributions reported on line 1c).					
	See Part IV, line 18	a 3,600.				
	Less: direct expenses	0/0001				
	Net income or (loss) from fundraising e	10/0011	-10,352.			-10,3
9a (Gross income from gaming activities. See Part IV, line 19		10,002.			10,0
	Less: direct expenses					
	Net income or (loss) from gaming activ					
10a (Gross sales of inventory, less returns					
		b				
	Net income or (loss) from sales of inve	entory ►				
	Miscellaneous Revenue	Business Code				
	MISCELLANEOUS	900099	1,000.	1,000.		
b_						
C	All other revenue	1				
	All other revenue	•	1,000.			

020	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations and domestic governments. See Part IV, line 21	32,251.	32,251.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	1,353,880.	1,353,880.		
4					
5	Compensation of current officers, directors, trustees, and key employees	284,220.	215,772.	45,749.	22,699.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	389,106.	238,698.	18,224.	132,184.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)				
~	employer contributions)	94,985.	67,311.	10,306.	17,368.
9 10	Other employee benefits	95,659.	72,097.	6,106.	17,456.
10	Payroll taxes	49,670.	34,083.	4,717.	10,870.
	Fees for services (non-employees): a Management				
	a Management	275.		275.	
	c Accounting	64,351.		64,351.	
	d Lobbying	64,351.		64,351.	
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	23,915.	16,550.		7,365.
12 13	Advertising and promotion	16,529.	11,377.	1,506.	3,646.
14	Information technology		,	,	- /
15	Royalties				
16	Occupancy	44,941.	30,878.	4,285.	9,778.
17	Travel	84,235.	73,048.	6,764.	4,423.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			·	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	912.	627.	85.	200.
23		14,621.	7,358.	4,999.	2,264.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a <u>FIELD_REPS</u>	133,287.	133,287.		
	PUBLIC EDUCATION	40,149.	40,149.		
	c <u>SEACOLOGY_PRIZE_EXPENSES</u>	27,785.	27,785.		
	d <u>PROJECT MONITORING EXPENSES</u>	23,410.	23,410.		
	e All other expenses	43,216.	28,092.	3,987.	11,137.
25	Total functional expenses. Add lines 1 through 24e	2,817,397.	2,406,653.	171,354.	239,390.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following				
	SOP 98-2 (ASC 958-720)	18,056.	15,077.	126.	<u>2,853.</u> Form 990 (2017)

Form 990 (2017) SEACOLOGY

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

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Form 990 (2017) SEACOLOGY Part X Balance Sheet

8	7-	04	49	5235	
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art X				г
	Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing.	452,205.	1	733,342
2	Savings and temporary cash investments.	97,607.	2	1,537,64
3	Pledges and grants receivable, net.	2,126,594.	3	532,77
4	Accounts receivable, net	• •	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
7 8 9	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	107,758.	9	82,81
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	·		·
	b Less: accumulated depreciation 10b 56,242.	1,976.	10 c	1,06
11	Investments – publicly traded securities.	5,331,124.	11	5,518,18
12	Investments – other securities. See Part IV, line 11	.,,	12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11	100.	15	34,34
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,117,364.	16	8,440,17
17	Accounts payable and accrued expenses	34,004.	17	71,49
18	Grants payable		18	•
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	8,13
26	Total liabilities. Add lines 17 through 25	34,004.	26	79,62
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,790,430.	27	7,130,32
28	Temporarily restricted net assets.	3,292,930.	28	1,230,21
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	8,083,360.	33	8,360,54
27 28 29 30 31 32 33	Total liabilities and net assets/fund balances.	8,117,364.	34	8,440,17

Forn	n 990	(2017)	SEACOLOGY 87-	04952	35	Page 12
Pa	t XI		nciliation of Net Assets			
			if Schedule O contains a response or note to any line in this Part XI			
1			e (must equal Part VIII, column (A), line 12)		3,08	<u>89,494.</u>
2			es (must equal Part IX, column (A), line 25)		2,83	17,397.
3			expenses. Subtract line 2 from line 1		2	72,097.
4	Net	assets or	fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,08	83,360.
5	Net	unrealize	d gains (losses) on investments	5		5,086.
6			ices and use of facilities	6		
7			xpenses	7		
8			adjustments	8		
9		-	s in net assets or fund balances (explain in Schedule O).	9		0.
10			fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	0 20	
Dai			cial Statements and Reporting	10	8,30	60,543.
T al			1 0			
		Check	if Schedule O contains a response or note to any line in this Part XII			
	•					Yes No
1	Acco	ounting m	ethod used to prepare the Form 990: Cash X Accrual Other		_	
		e organiz chedule (ation changed its method of accounting from a prior year or checked 'Other,' explain).			
28	Were	e the orga	anization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	lf 'Ye s <u>ep</u> a	es,' checl arate basi	a box below to indicate whether the financial statements for the year were compiled or reviews s, consolidated basis, or both:	ed on a		
		Separat	te basis Consolidated basis Both consolidated and separate basis			
ł	Were	e the orga	anization's financial statements audited by an independent accountant?		2b	Х
	lf 'Ye basi: X	es,' check s, consoli Separat	a box below to indicate whether the financial statements for the year were audited on a separa dated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ate		
(2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit npilation of its financial statements and selection of an independent accountant?		2c	x
	in Se	cheđule (ation changed either its oversight process or selection process during the tax year, explain D.			
	Audi	it Act and	a federal award, was the organization required to undergo an audit or audits as set forth in the Single OMB Circular A-133?		3a	X
ł			e organization undergo the required audit or audits? If the organization did not undergo the required auc plain why in Schedule O and describe any steps taken to undergo such audits		3b	
BAA					Form	990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number						ation number			
SEACOLOGY 87-0495235							-		
Par	:1	Reason for Public Cha	rity Status (All or	rganizations must o	comple	ete this	s part.) See instruc	ctions.	
1	rga	nization is not a private found A church, convention of church	es, or association of ch	nurches described in sec	tion 1 70 ((b)(1)(A)	,		
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 h							
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii).	nter the hospital's	
		name, city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (Co	mplete Part II.)			-	-	escribed in	
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).		
7	Х	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described	
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	l.)				
9		An agricultural research organi or university or a non-land-grau university:							
10		An organization that normally r from activities related to its e investment income and unre June 30, 1975. See section !	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ons, and	(2) no	more than 33-1/3% of	its support from gross	
11		An organization organized a	nd operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).		
12		An organization organized an or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	or sectio	on 509(a)(2). See section 509(a	out the purposes of one a)(3). Check the box in	
а		Type I. A supporting organizatio organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sur a majority of the directo	ported or rs or trus	organizat stees of	tion(s), typically by givin the supporting organizat	g the supported ion. You must	
b		Type II. A supporting organiz management of the supporting must complete Part IV. Sect	ation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You	
с		Type III functionally integrated		ion operated in connectio	n with a	nd functi	onally integrated with its	supported	
-		organization(s) (see instructi	ons). You must comp	plete Part IV, Sections	A, D, an	d E.	onally integrated with, its	Supported	
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	proanization generally	/ must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s and an attentiveness	s) that is not requirement (see	
е		Check this box if the organiz integrated, or Type III non-fu	ation received a written a written attended a strated attended att	supporting organization	۱.				
		nter the number of supported	0						
g	Pr	ovide the following informatio	n about the supported	d organization(s).					
	i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your o	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No	-		
						-			
(A)									
<u>(B)</u>									
(C)									
(D)									
(E)									
Total									

Sec	tion A. Public Support	1			1	T	
	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	1,644,614.	2,309,541.	1,929,242.	3,093,011.	2,472,046.	11,448,454.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3	1,644,614.	2,309,541.	1,929,242.	3,093,011.	2,472,046.	11,448,454.
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)						2,817,273.
	Public support. Subtract line 5 from line 4						8,631,181.
Sec	tion B. Total Support	[I	I	
	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,644,614.	2,309,541.	1,929,242.	3,093,011.	2,472,046.	11,448,454.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	134,847.	115,047	120,282.	133,116.	69,113.	572,405.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C), ,			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						12,020,859.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	-25,377.
13	First five years. If the Form 990 is organization, check this box and						► []
Sec	tion C. Computation of Pu	hlic Sunnort P	ercentage				
	Public support percentage for 20						71.80 %
	Public support percentage from					L	73.77%
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b plicly supported o	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	k this box · · · · · · · · · X
b	33-1/3% support test-2016. If the and stop here. The organization	ne organization die 1 qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box ·····►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Parl	t VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Partied organization.	t VI how the
18	Private foundation. If the organi	zation did not che	CK a box on line	13, 16a, 16b, 17a			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 SEACOLOGY

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.)

D. I.I.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Caleno 1	lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	any 'unusual grants.')						
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						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		5				
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						
с 11	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pu					rr	
15	Public support percentage for 20	•	.,				00
16	Public support percentage from						olo
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	or 2017 (line 10c,	column (f) divide	ed by line 13, colu	ımn (f))		olo
18	Investment income percentage f	irom 2016 Schedu	le A, Part III, line	17			010
19a	33-1/3% support tests—2017. If is not more than 33-1/3%, check						
b	33-1/3% support tests—2016. If the 18 is not more than 33-1/3%	the organization d	lid not check a bo	ox on line 14 or lir	ne 19a, and line 1	6 is more than 33.	1/3%, and
20	Private foundation. If the organi		•		•		
_	9			,			

 Part IV
 Supporting Organizations

 (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 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. 3a **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 **Part VI** when and how the organization made the determination. 3b 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 **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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 **Part VI** 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. 4c 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 Part VI, 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 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(Č)), 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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 Part VI. 9a **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 Part VI*. 9b 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 Part VI*. 9c 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. 10a **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.) 10b

Part IV	Supporting Organizations (continued)				
			Yes	No	
11 Has	the organization accepted a gift or contribution from any of the following persons?				
a A pe	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
gove	erning body of a supported organization?	11a			
b A fa	mily member of a person described in (a) above?	11b			
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.	11c			
Section	B. Type I Supporting Organizations				
			Yes	No	

- 1 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.
- 2 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.*

Section C. Type II Supporting Organizations

			res	NO
1	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).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either () 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).	2		
3	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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>			
	in this regard.	3		

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.

- 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** 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.*
- 3 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** 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.

87-0495235

1

2

1 X / N

Yes

2a

2b

3a

3h

No

ection A – Adjusted Net Income	(A) Prior Year (B) Currer (optior			
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			
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount 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 Minimum Asset Amount (add line 7 to line 6)	8			
ection 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 Distributable Amount. 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

Schedule A (Form 990 or 990-EZ) 2017

ection D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizatior	IS,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported 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 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2017 from Section C, line 6			
0 Line 8 amount divided by line 9 amount			
ection E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 201
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			

e Excess from 2017.....

BAA

Schedule A (Form 990 or 990-EZ) 2017

87-0495235

87-0495235

Page 8 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.) Part VI



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

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-E2, or Form 990- Go to www.irs.gov/Form990 for the latest information 		
Name of the organization		Employer ider	tification number
SEACOLOGY		87-0495	235
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not t	reated as a private foun	dation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treat	ed as a private foundation	on
	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

X 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SEACOI	LOGY	87-0	495235
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$261,989.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$70,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$130,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5_</u>		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
C			Person X

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

1 Employer identification number

of

Page

2 of Part I

<u>50,000.</u>

\$

Payroll

Noncash

(Complete Part II for noncash contributions.)

6___

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page	2	of	2	of Part I
Name of organization	Employer	identifi	cation n	umber	
SEACOLOGY	87-04	952	35		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>50,000.</u>	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8_</u> _		\$705,395.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9_</u> _	PY	\$50,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u> _		\$110,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1	to	1	of Part II
Name of organization		Emp	oyer identific	ation	number
SEACOLOGY		87-	-049523	5	

Part II Noncas	sh Property (see instructions). Use duplicate copies of Part II if a	dditional 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			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Schedule B (Form 990, 990-E	<u> </u>

	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page <u>1</u> to <u>1</u> of Part II		
Name of organ			Employer identification number $87 - 0495235$		
	<i>Exclusively</i> religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations c	he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7), (8), r. Complete columns (a) through (e) and		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
			+		
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I			 		
	(e) Transfer of gift Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) (e) Transfer of gift			
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee			
BAA					

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public

epartment of the Treasury ternal Revenue Service	► Go to www.irs.g	ov/Form990 for instructions		ition.	Open to Public Inspection
ame of the organization				Employer id	entification number
SEACOLOGY					
				87-049	5235
art I Organizati Complete i	ons Maintaining Donor	ered 'Yes' on Form 990	er Similar Funds o , Part IV, line 6.	or Accounts.	
		(a) Donor advised f	funds	(b) Funds and o	other accounts
	nd of year				
	ributions to (during year)				
Aggregate value of gran	its from (during year)				
Aggregate value a	t end of year				
Did the organization are the organization	on inform all donors and dono on's property, subject to the o	r advisors in writing that the rganization's exclusive legal	assets held in donor a control?	dvised funds	Yes No
for charitable purp	on inform all grantees, donors	of the donor or donor advisor,	, or for any other purpo	ose conferring 🔜]Yes □ No
	ate benefit?				
	ion Easements. if the organization answ	varad 'Vac' on Form 990	Part IV/ line 7		
	servation easements held by t				
	of land for public use (e.g., red		Preservation of a hi	storically importa	nt land area
Protection of r			Preservation of a ce		
Preservation of		l			ucture
		Id a sublified concernation coni	huibu tion in the form of a		mant an tha
Complete lines 2a tl last day of the tax	hrough 2d if the organization he vear.	id a qualified conservation cont	Indution in the form of a	conservation ease	ment on the
-	-			Held at the	End of the Tax Ye
a Total number of co	onservation easements			2a	
b Total acreage rest	ricted by conservation easem	ents		2 b	
	vation easements on a certifie			2 c	
d Number of conservent structure listed in the structure listed in the structure listed in the structure listed in the structure list of the structure l	vation easements included in the National Register.	(c) acquired after 7/25/06, ar	nd not on a historic	2 d	
8 Number of conserva tax year ►	ation easements modified, transf	ferred, released, extinguished,	or terminated by the org	anization during the	5
1 Number of states wi	here property subject to conserv	vation easement is located ►			
and enforcement of	tion have a written policy rega of the conservation easements	s it holds?			Yes No
S Staff and volunteer ►	hours devoted to monitoring, ins	specting, handling of violations.	, and enforcing conserva	ation easements du	ring the year
7 Amount of expenses ►\$	s incurred in monitoring, inspect	ting, handling of violations, and	l enforcing conservation	easements during	the year
B Does each conservand section 170(h)	vation easement reported on)(4)(B)(ii)?	line 2(d) above satisfy the re-	quirements of section	170(h)(4)(B)(i)]Yes 🗌 No
In Part XIII, describe include, if applicat conservation ease	e how the organization reports on the text of the footnote to ments.	conservation easements in its root the organization's financial s	evenue and expense sta statements that describ	tement, and balances the organization	ce sheet, and on's accounting for
art III Organizati Complete i	ons Maintaining Collec	tions of Art, Historical ered 'Yes' on Form 990	Treasures, or Other, Part IV, line 8.	er Similar Ass	ets.
art, historical treasu	elected, as permitted under S ires, or other similar assets held xt of the footnote to its financ	d for public exhibition, educatior	n, or research in furthera	tatement and bala ance of public servi	ince sheet works o ce, provide,
historical treasures, following amounts	elected, as permitted under S or other similar assets held for relating to these items:	public exhibition, education, or	r research in furtherance	of public service, p	sheet works of an provide the
••	ded on Form 990, Part VIII, li			-	
•••	ed in Form 990, Part X			-	
2 If the organization range amounts required	eceived or held works of art, his to be reported under SFAS 1	storical treasures, or other simil 16 (ASC 958) relating to thes	lar assets for financial ga se items:	ain, provide the foll	owing
a Revenue included	on Form 990, Part VIII, line 1.			▶\$	

►\$

TEEA3301L 10/11/17

Schedule D (Form 990) 2017 SEACC		(1 -	87-049	
Part III Organizations Maintai	ning Collections	of Art, Historic	al Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, items (check all that apply):	, accession, and other		C C	a significant use of its	collection
a Public exhibition			kchange programs		
b Scholarly research		e Other			
 c Preservation for future generation 4 Provide a description of the organization 		explain how they furt	her the organization's	exempt purpose in	
Part XIII.	tion colicit or receive	denotions of ort bi	stariaal tracquiraa, ar	other cimiler eccete	
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained	as part of the organ	nization's collection?		Yes No
Part IV Escrow and Custodial line 9, or reported an a				wered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or oth	er intermediary for o	contributions or other	assets not included	Yes No
b If 'Yes,' explain the arrangement					
					Amount
c Beginning balance				. 1c	
d Additions during the year				. 1d	
e Distributions during the year					
f Ending balance					<u> </u>
2 a Did the organization include an a				-	Yes No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanation	n has been provided	on Part XIII	
Part V Endowment Funds. Co	omploto if the or	appization anow	arad 'Vac' on Ear	m 000 Part IV lir	20.10
Farty Endowment Funds. Of	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	1,128,405.	473,953			
b Contributions	1,887,578.	700,000	450,240	. 457,505.	21,971.
-	1,001,010.	100,000	•		
c Net investment earnings, gains, and losses	310,597.	54,452	-8,837	4,865.	58,790.
d Grants or scholarships	108,163.	100,000	13,450	•	
e Other expenditures for facilities	,				
and programs				0.	
f Administrative expenses	2 010 417	1 100 405	472.052	100.040	407.005
g End of year balance2 Provide the estimated percentage	3,218,417.	1,128,405			497,985.
a Board designated or quasi-endowing	-		j, column (a)) neid a	5:	
b Permanent endowment ►	8 <u>100</u>	<u>).00</u> %			
c Temporarily restricted endowmen		90			
The percentages on lines 2a, 2b, ar		<u> </u>			
			a hall a sur al sa alua da da da sur al sé		
3a Are there endowment funds not in the organization by:	ne possession of the o	rganization that are n	eid and administered f	or the	Yes No
(i) unrelated organizations					. 3a(i) X
(ii) related organizations					3a(ii) X
b If 'Yes' on line 3a(ii), are the rela	ted organizations list	ted as required on S	chedule R?		3b
4 Describe in Part XIII the intended	l uses of the organiza	ation's endowment f	unds. SEE PART	XIII	
Part VI Land, Buildings, and I					
Complete if the organi	zation answered	'Yes' on Form 9	90, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost (in	t or other basis (vestment)	b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements			20,782.	20,782.	0.
d Equipment			12,524.	11,460.	1,064.
e Other			<u>24,000.</u>	24,000.	0.
Total. Add lines 1a through 1e. (Colum BAA	n (u) must equal For	111 990, Part X, colui	пп (в), ппе тис.)		1,064. ule D (Form 990) 2017
				Scrieut	

TEEA3302L 08/10/17

Schedule	(Form 990) 2017 SEACOLOGY		8	37-0495235	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered	'Yes' on Form 99	N/A		, line 12.
(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos		
	ial derivatives				
	v-held equity interests				
(3) Other					
<u>(A)</u>					
(B)					
(C)					
$\frac{(D)}{(E)}$					
(E) (F)					
<u>(G)</u>					
(H)					
(l)					
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨				
Part VIII	Investments – Program Related.		N/A		
	Complete if the organization answered (a) Description of investment	(b) Book value	U, Part IV, line IIC. See F (c) Method of valuation: Cost		
(1)				t of end-of-year mark	let value
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) ► Other Assets.	N/A			
Fartin	Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11d. See F	Form 990, Part X	, line 15.
		scription	· · ·	(b) Book	
(1)					
(2) (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
	lumn (b) must equal Form 990, Part X, column (E	2 line 15		►	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fi				
	(a) Description of liability	(b) Book value			
. ,	ral income taxes				
	PAID EXPEDITION DEPOSITS	8,13	33.		
(3)					
(4)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	nn (b) must equal Form 990, Part X, column (B) line 25.)				
∠. Liability for	r uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's f	inancial statements that reports the orga	inization's liability for unce	rtain

tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017 SEACOLOGY 8'	7-0495235	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,095,400.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	.] [
c Recoveries of prior year grants 2c	1	
d Other (Describe in Part XIII.)	1	
e Add lines 2a through 2d.	2 e	5,906.
3 Subtract line 2e from line 1.	3	3,089,494.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,089,494.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 2	2,818,217.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	820.
3 Subtract line 2e from line 1.	3	2,817,397.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,817,397.
Part XIII Supplemental Information.		

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE QUASI-ENDOWMENT HELD FOR OPERATING PURPOSES FUND SHALL MAKE AN ANNUAL DISTRIBUTION TO THE CORPORATION GENERAL ACCOUNT FOR ANNUAL OPERATING PURPOSES IN AN AMOUNT TO BE DETERMINED BY THE BOARD, BETWEEN 0% AND 6% OF THE MARKET VALUE OF THE ENDOWMENT FUND ON THE PRECEDING DECEMBER 31. SUCH DISTRIBUTION SHALL BE MADE NO LATER THAN MARCH 31 OF EACH YEAR. THE ANNUAL DISTRIBUTION AMOUNT SHALL BE INITIALLY SET AT 0% UNTIL THE ENDOWMENT FUND REACHES A BALANCE OF \$5,000,000, AT WHICH TIME THE ANNUAL DISTRIBUTION AMOUNT WILL BE SET AT 4% OF THE MOVING AVERAGE OF THE LAST THREE BAA Schedule **D** (Form 990) 2017 PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

YEARS' TOTAL MARKET VALUE OF THE ENDOWMENT FUND ON EACH DECEMBER 31. AN INCREASE OF THE 6% MAXIMUM LIMIT MAY BE CHANGED BY THE BOARD ONLY WITH A DUAL VOTE PER THE PROCEDURES SET FORTH BELOW FOR EXTRAORDINARY DISTRIBUTIONS FROM THE ENDOWMENT ACCOUNT. THE ANNUAL DISTRIBUTION AMOUNT SHOULD BE SET BY THE BOARD WITHIN A RANGE NORMALLY CONSIDERED PRUDENT.

A SEPARATE QUASI-ENDOWMENT FUND WAS ESTABLISHED IN 2016 TO CONTRIBUTE TO THE CORPORATION'S LONG-TERM VIABILITY. EACH YEAR, SOME OF THESE SEPARATE OUASI-ENDOWMENT FUNDS WILL BE WITHDRAWN AND DEPOSITED INTO THE GENERAL OPERATING ACCOUNT TO BE USED FOR PROJECTS AND OPERATIONS, OTHER THAN THE SRI LANKA MANGROVE PROTECTION PROGRAM. IN 2016, THE AMOUNT WITHDRAWN WAS \$100,000, WITH FUTURE WITHDRAWALS TO INCREASE BY CPI.

OUASI-ENDOWMENT EXTRAORDINARY DISTRIBUTIONS: IN ORDER TO WITHDRAW AND DISTRIBUTE FUNDS FROM THE QUASI-ENDOWMENT TO THE GENERAL OPERATING ACCOUNT IN EXCESS OF THE ANNUAL DISTRIBUTION AMOUNT ESTABLISHED BY THE BOARD, THE PROPOSED WITHDRAWAL MUST BE COMMUNICATED TO THE BOARD MEMBERS AND THE VOTE OF AT LEAST 75% OF THE ACTING BOARD MEMBERS, NOT JUST A QUORUM OF THOSE PRESENT, MUST APPROVE THE WITHDRAWAL BY TWO SEPARATE VOTES AT LEAST 30 DAYS APART. SUCH NOTICE SHALL BE GIVEN IN PERSON, OR BY WRITTEN OR ELECTRONIC COMMUNICATION AS PROVIDED IN THE BY-LAWS FOR THE GIVING OF NOTICES.

AMOUNTS EARNED ON INVESTMENT RETURNS FOR THE QUASI-ENDOWMENT FUND ARE RELEASED FROM RESTRICTION AND APPROPRIATED AS EARNED.

DISTRIBUTIONS FROM THE FALEALUPO ENDOWMENT MAY BE MADE FROM BOTH INVESTMENT PRINCIPAL AMOUNTS EARNED ON INVESTMENT RETURNS FOR THE FALEALUPO ENDOWMENT ARE AND INCOME. Schedule **D** (Form 990) 2017 TEEA3305L 08/10/17

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

RELEASED FROM RESTRICTION AND APPROPRIATED AS EARNED. DISTRIBUTIONS FROM THE FALEALUPO ENDOWMENT ARE MADE ON A CASE-BY-CASE BASIS.

PART X - FIN 48 FOOTNOTE

ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE CORPORATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE CORPORATION. THE CORPORATION HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAVE MEASURED THE CORPORATION'S EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE CORPORATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED. ANY INTEREST OR PENALTIES ASSESSED TO THE CORPORATION ARE RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)	Statement Complete if the or	OMB No. 1545-0047					
Department of the Treasury		 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information 					
Internal Revenue Service Name of the organization		Employer					
SEACC)LOGY			87-0495			
	nation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet	te if the organization	on answered 'Yes'		
1 For grantmakers. Does the grantees' eligibility	the organization ma for the grants or assi	intain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assis the grants or assistan	tance, ice?XYes No		
2 For grantmakers. Describ United States. PAR	-	zation's procedures	s for monitoring the use of its gra	ants and other assistance	e outside the		
3 Activities per Region.	The following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	n (f) Total expenditures for and investments in the region		
(1) SOUTH ASIA			GRANTS		939,146.		
(2) SUB-SAHARAN AFRICA			GRANTS		42,606.		
CENTRAL AMERICA AND (3) THE CARIB)		GRANTS		52,509.		
EAST ASIA & THE							
(4) PACIFIC			GRANTS		228,846.		
(5) SOUTH AMERICA			GRANTS		49,630.		
(6) SOUTH AMERICA		4	PROGRAM SERVICES	PROJECT MONITORING	20,305.		
(7) CENTRAL AMERICA		б	PROGRAM SERVICES	PROJECT MONITORING	21,526.		
(8) EAST ASIA		10	PROGRAM SERVICES	PROJECT MONITORING	70,282.		
(9) SUB-SAHARAN AFRICA		3	PROGRAM SERVICES	PROJECT MONITORING	20,774.		
(10)				PROJECT			
(10) SOUTH ASIA		3	PROGRAM SERVICES	MONITORING	30,922.		
(11) EUROPE		1	PROGRAM SERVICES	PUBLIC EDUCATION	9,827.		
(12) NORTH AMERICA		1	PROGRAM SERVICES	PROJECT MONITORING	5,188.		
(13) NORTH AMERICA			GRANTS		27,445.		
(14) EUROPE			GRANTS		13,698.		
(15)							
(16)							
(17)							
3a Sub-total		28			1,532,704.		
b Total from continuation sheets to Part I							

 c Totals (add lines 3a and 3b)...
 0
 28

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

1,532,704. Schedule F (Form 990) 2017

Page 2

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book FMV, appraisal other)
			CENTRAL	COMMUNITY					
(1)			AMERICA	PATROL	17,085.	WIRE TRANS.			US DOLLARS
			CENTRAL	SEWAGE					
(2)			AMERICA	PUMPS	10,000.	WIRE TRANS.			US DOLLARS
			CENTRAL						
(3)			AMERICA	SIGNAGE	8,500.	WIRE TRANS.			US DOLLARS
			CENTRAL						
(4)			AMERICA	TRAINING	16,924.	WIRE TRANS.			US DOLLARS
				AERIAL					
(5)			EAST ASIA	WALKWAY	6,200.	WIRE TRANS.			US DOLLARS
				COMM.					
(6)			EAST ASIA	CENTER	12,952.	WIRE TRANS.			US DOLLARS
				COMM.					
(7)			EAST ASIA	CENTER	18,765.	WIRE TRANS.			US DOLLARS
				COMM.					
(8)			EAST ASIA	CENTER	24,500.	WIRE TRANS.			US DOLLARS
(9)			EAST ASIA	COMM. CENTER	7 ,514.	WIRE TRANS.			US DOLLARS
				COMMUNITY					
10)			EAST ASIA	CENTER	23,736.	WIRE TRANS.			US DOLLARS
				DAYCARE					
11)			EAST ASIA	CENTER	14,845.	WIRE TRANS.			US DOLLARS
				EDUCATION					
12)			EAST ASIA	CENTER	20,243.	WIRE TRANS.			US DOLLARS
				HYDRO					
13)			EAST ASIA	SYSTEM	8,932.	WIRE TRANS.			US DOLLARS
				KINDERGART					
14)			EAST ASIA	EN REPAIR	16,526.	WIRE TRANS.			US DOLLARS
				PIER					
15)			EAST ASIA	CONSTRUCT.	26,250.	WIRE TRANS.			US DOLLARS
				SCHOOL					
(16)			EAST ASIA	BUILDING	19,043.	WIRE TRANS.			US DOLLARS

BAA

Schedule F (Form 990) 2017

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Bechedule F (Form 990) 2017 SEACOL(Part III Grants and Other Assista Part IV, line 16. Part III ca		Outside the Unit	ted States. Comple	ete if the organi		0495235 es' on Form
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Descrip noncash ass
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)			COPT			

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18) BAA

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

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TEEA3505L 08/10/17

Schedule F (Form 990) 2017



Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

THE ORGANIZATION'S POLICY IS TO RELEASE FUNDS IN TWO OR THREE DISBURSEMENTS. AUTHORIZATION AND AGREEMENT TO FUND EACH INSTALLMENT IS CONTINGENT UPON RECEIPT AND APPROVAL OF A DETAILED INTERIM REPORT OF THE PREVIOUS PHASE. THESE REPORTS ARE REQUIRED AND ARE IN ADDITION TO THE REQUIRED SEMI-ANNUAL PROJECT PROGRESS REPORTS PROVIDED BY THE REGION'S FIELD REPRESENTATIVE. THE INTERIM REPORT MUST INCLUDE A DETAILED WRITTEN DESCRIPTION OF IMPLEMENTATION ACTIVITIES, A FINANCIAL STATEMENT OF EXPENDITURES, AND PHOTOS OF PROGRESS. IF PHOTOGRAPHIC EVIDENCE CANNOT BE PROVIDED, THE REPORT IS NOT CONSIDERED FINALIZED UNTIL AFTER AN INDEPENDENT SITE VISIT IS MADE BY A REPRESENTATIVE OF THE ORGANIZATION.



87-0495235 Continuation Page 1 Of 1

Part	II Continuation of Grant	s and Other Assis	tance to Organiza	tions or Entit	ies Outside the Un	ited States.	(Schedule F (Form	990), Part II	, line 1)
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				SCHOOL		WIRE			
			EAST ASIA	BUILDING	4,577.	TRANS.			US DOLLARS
				SEACOLOGY		WIRE			U.S.
			EAST ASIA	PRIZE	10,000.	TRANSFE			DOLLARS
				WATER		WIRE			
			EAST ASIA	PIPES	7,763.	TRANS.			US DOLLARS
				WOMEN'S		WIRE			
			EAST ASIA	CENTER	7,000.	TRANS.			US DOLLARS
						WIRE			
			EUROPE	EDUCATION	13,698.	TRANS.			US DOLLARS
				FISHERMEN'		WIRE			
			NORTH AMERICA	S SHELTER	8,310.	TRANS.			US DOLLARS
				VIDEO		WIRE			
			NORTH AMERICA	PRODUCTION	4,504.	TRANS.			US DOLLARS
				WATER		WIRE			
			NORTH AMERICA	TREATMENT	14,631.	TRANS.			US DOLLARS
				COMPOSTING		WIRE			
			SOUTH AMERICA	FACILITY	18,861.	TRANS.			US DOLLARS
				ECOTOURISM		WIRE			
			SOUTH AMERICA	CENTER	8,115.	TRANS.			US DOLLARS
				ECOTOURISM		WIRE			
			SOUTH AMERICA	PLANNING	7,921.	TRANS.			US DOLLARS
				RESTORATIO		WIRE			
			SOUTH AMERICA	N	14,733.	TRANS.			US DOLLARS
						WIRE			
			SOUTH ASIA	EQUIPMENT	1,950.				US DOLLARS
				MICRO-LOAN		WIRE			
			SOUTH ASIA	S	937,196.				US DOLLARS
				OFFICE		WIRE			
			SUB SAH AFRICA	REHAB	1,527.	TRANS.			US DOLLARS
				WATCH		WIRE			
			SUB SAH AFRICA	TOWER	19,218.	TRANS.			US DOLLARS
				WATER		WIRE			
			SUB SAH AFRICA	CISTERN	21,611.	TRANS.			US DOLLARS
				WORKSHOP		WIRE			
			SUB SAH AFRICA	CONST.	250.	TRANS.			US DOLLARS

SCHEDULE I		G	rants and Ot	her Assistance	to Organization	IS.		OMB No. 1545-0047				
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.											
Department of the Treasury Internal Revenue Service		 ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information 										
Name of the organization SEAC	OLOGY						Employer identified					
							87-049523	35				
		rants and Assista										
	sed to award th	ne grants or assistant	ce?		eligibility for the grants			X Yes No				
2 Describe in Part IV the c	°		8				PART IV					
Part II Grants and Ot Form 990, Par				and Domestic Gove more than \$5,000. F								
1 (a) Name and address of or government	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) COCODRILO C/O OCEAN P.O. BOX 53090		46 1401707	F01 (7) (2)	10,010				OFFSHORE MARINE				
WASHINGTON, DC 2000		46-1431787	501(0)(3)	19,219.	0.			PROTECTION				
(2) LEMUR CONSERVATION P.O. BOX 249 MYAKKA CITY, FL 342		59-3359549	501 (C) (3)	13,032.	0.			FOOTBRIDGE CONSTRUCTION				
(3)												
				P	X							
(4)				CO,								
(5)												
<u>(6)</u>												
<u></u>												
<u>(8)</u>												
2 Enter total number of s	section 501(c)(3) and government o	rganizations listed	in the line 1 table			•	2				
3 Enter total number of a							•••••••	0				
BAA For Paperwork Reduc	-				TEEA3901L	08/10/17	Schedu	le I (Form 990) (2017)				

87-0495235

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION'S POLICY IS TO RELEASE FUNDS IN TWO OR THREE DISBURSEMENTS. AUTHORIZATION AND AGREEMENT TO FUND EACH INSTALLMENT IS CONTINGENT UPON RECEIPT AND APPROVAL OF A DETAILED INTERIM REPORT OF THE PREVIOUS PHASE. THESE REPORTS ARE REQUIRED AND ARE IN ADDITION TO THE REQUIRED SEMI-ANNUAL PROJECT PROGRESS REPORTS PROVIDED BY THE REGION'S FIELD REPRESENTATIVE. THE INTERIM REPORT MUST INCLUDE A DETAILED WRITTEN DESCRIPTION OF IMPLEMENTATION ACTIVITIES, A FINANCIAL STATEMENT OF EXPENDITURES, AND PHOTOS OF PROGRESS. IF PHOTOGRAPHIC EVIDENCE CANNOT BE PROVIDED, THE REPORT IS NOT CONSIDERED FINALIZED UNTIL AFTER AN INDEPENDENT SITE VISIT IS MADE BY A REPRESENTATIVE OF THE ORGANIZATION.

SCHEDULE J	Com	pensation Information		OMB No.	1545-004	17
(Form 990)	For certain Officers, Directors, Tru	20	17			
Department of the Treasury Internal Revenue Service	 Complete if the organ Go to www.irs.gov/form 	Open to Public Inspection				
Name of the averagination	SEACOLOGY		Employer identificatio	•		
	SEACOLOGI		87-0495235			
Part I Question	s Regarding Compensation					
					Yes	No
1 a Check the approp VII, Section A, I	priate box(es) if the organization provide ine 1a. Complete Part III to provide a	d any of the following to or for a person listed on Fo ny relevant information regarding these items.	rm 990, Part			
First-class of	or charter travel	Housing allowance or residence for	personal use			
Travel for co	ompanions	Payments for business use of perso	onal residence			
Tax indemn	ification and gross-up payments	Health or social club dues or initiati	on fees			
Discretionar	y spending account	Personal services (such as, maid, cha	uffeur, chef)			
b If any of the boxe	es on line 1a are checked, did the organi	zation follow a written policy regarding payment or				
		scribed above? If 'No,' complete Part III to expla	ain	1b		
		imbursing or allowing expenses incurred by all c irector, regarding the items checked on line 1a?		2		
CEO/Executive	any, of the following the filing organizat Director. Check all that apply. Do not ensation of the CEO/Executive Directo	ion used to establish the compensation of the organ check any boxes for methods used by a related or, but explain in Part III.	ization's organization to			
X Compensati	on committee	Written employment contract				
Independen	t compensation consultant	X Compensation survey or study				
Form 990 of	f other organizations	X Approval by the board or compensa	ation committee			
4 During the year, organization or	, did any person listed on Form 990, F a related organization:	Part VII, Section A, line 1a, with respect to the fi	ling			
	ance payment or change-of-control p			4a		Х
		ntal nonqualified retirement plan?				Х
		sed compensation arrangement?		4c		Х
If 'Yes' to any o	f lines 4a-c, list the persons and prov	ide the applicable amounts for each item in Par	t III.			
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9.				
5 For persons lister contingent on the	d on Form 990, Part VII, Section A, line revenues of:	1a, did the organization pay or accrue any compens	ation			
8				5a		Х
b Any related orga	anization?			5b		Х
If 'Yes' on line 5a	a or 5b, describe in Part III.					
contingent on th	ne net earnings of:	1a, did the organization pay or accrue any compens				
-						Х
, ,	anization? a or 6b, describe in Part III.			6b		X
7 For persons list payments not de	ed on Form 990, Part VII, Section A, escribed on lines 5 and 6? If 'Yes,' de	line 1a, did the organization provide any nonfixe	d	7		Х
to the initial cor	tract exception described in Regulation	aid or accrued pursuant to a contract that was s ons section 53.4958-4(a)(3)?		8		х
9 If 'Yes' on line 8,	did the organization also follow the rebu	uttable presumption procedure described in Regulati	ons			
section 53.4958	-6(c)?			9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation				
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
DUANE SILVERSTEIN	(i)	201,333.	0.	0.	30,200.	27,629.	259,162.	0.
1 EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)		+				+	
	(i)							
3	(ii)		+				+	
	(i)							
4	(ii)		+				<u>+</u>	
	(i)							
5	(ii)						<u>+</u>	
	(i)							
6	(ii)				[F	
	(i)			YC				
7	(ii)		- CO		Γ		Γ	
	(i)							
8	(ii)						[
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)		L				\bot	
11	(ii)							
	(i)							
12	(ii)							
	(i)						L	
13	(ii)							
	(i)						L	
14	(ii)							
	(i)		L		L		L	
15	(ii)							
	(i)		L		L		L	
16	(ii)							
BAA			TEEA4102L 08/09	9/17			Schedule	J (Form 990) 2017

87-0495235

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COPY

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2017

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 000

SEF	EACOLOGY 87-0495235								
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d od of d contrib) etermir oution a	iing mounts	
1	Art – Works of art								
2	Art – Historical treasures								
3	Art – Fractional interests.								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities – Publicly traded	Х	7	64,748.	FAIR N	MKT V	ALUE		
10	Securities – Closely held stock								
11	Securities – Partnership, LLC, or trust interests.								
12	Securities – Miscellaneous								
13	Qualified conservation contribution – Historic structures								
14	Qualified conservation contribution – Other								
15	Real estate – Residential								
16	Real estate – Commercial								
17	Real estate – Other.								
18	Collectibles								
19	Food inventory.								
20	Drugs and medical supplies								
21	Taxidermy.								
22	Historical artifacts.								
23	Scientific specimens								
24	Archeological artifacts.								
25									
26	Other ► () Other ► ()								
27	Other ► ()								
28	Other► ()								
29	Number of Forms 8283 received by the organization du	uring the tax	year for contributions for	r which the					
	organization completed Form 8283, Part IV, Donee				29				
							Yes	No	
3 0a	During the year, did the organization receive by contrib	oution any pr	operty reported in Part I	lines 1 through 28 that					
500	it must hold for at least three years from the date				sed				
	for exempt purposes for the entire holding period?					30 a		Х	
b	If 'Yes,' describe the arrangement in Part II.								
31	Does the organization have a gift acceptance polic	cy that requi	res the review of any r	nonstandard contribution	ns?	31		Х	
32a	Does the organization hire or use third parties or renoncash contributions?					32 a		Х	
b	If 'Yes,' describe in Part II.								

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2017)

87-0495235 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COPY

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

SEACOLOGY

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 87-0495235

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

IN 2017, SEACOLOGY'S BOARD OF DIRECTORS APPROVED 20 NEW PROJECTS ON ISLANDS AROUND THE WORLD. SEACOLOGY GRANTS GO TO COMMUNITIES THAT ARE WORKING TO PROTECT THEIR MARINE OR TERRESTRIAL ENVIRONMENTS AND NEED SOME KIND OF COMMUNITY BENEFIT, SUCH AS A SCHOOL OR COMMUNITY CENTER. SEACOLOGY'S 2017 PROJECTS FUNDED A VARIETY OF COMMUNITY BENEFITS IN RETURN FOR VARIOUS PROTECTIONS, INCLUDING:

(1.) REDUCTION OF AIR AND WATER POLLUTION ON ISLA GRANDE IN COLOMBIA IN THE ORIKA COMMUNITY BY PROVIDING TRASH PROCESSING, RECYCLING, AND COMPOSTING FACILITY. (2.) EXPANSION OF NAHTIK MARINE NO-TAKE AREA FROM 185 TO 388 ACRES AND PROTECTION FOR 15 YEARS ON POHNPEI IN FEDERATED STATES OF MICRONESIA IN THE WOAUN KOAPIN SOAMWOAI COMMUNITY, IN EXCHANGE FOR CONSTRUCTION OF A COMMUNITY MEETING AND LEARNING CENTER. (3.) PROTECTION OF 741-ACRE MANGROVE FOREST FOR 15 YEARS ON BORNEO IN INDONESIA IN THE SETAPUK BESAR COMMUNITY, IN EXCHANGE FOR CONSTRUCTION OF A COMMUNITY AND MANGROVE EDUCATION CENTER AND 200-METER BRIDGE INTO FOREST. (4.) REDUCED POLLUTION FROM UNTREATED SEWAGE AND REPLANTING OF DEFORESTED 2.5-ACRE AREA ON HOLBOX ISLAND IN MEXICO IN EXCHANGE FOR CONSTRUCTION OF TOILET FACILITIES WITH RAINWATER COLLECTION AND STORAGE SYSTEM AND SOLAR-POWERED WATER TREATMENT SYSTEM. (5.) PROTECTION OF 132 ACRES OF MANGROVE FOREST FOR 30 YEARS AND MANGROVE NURSERY ON MINDORO ISLAND IN THE PHILIPPINES IN THE BATUHAN COMMUNITY, IN EXCHANGE FOR CONSTRUCTION OF A DAYCARE CENTER. (6.) SUPPORT OF 440-ACRE FISH HABITAT RESERVE FOR 15 YEARS ON ATATA ISLAND IN TONGA, IN EXCHANGE FOR REBUILDING OF COMMUNITY CENTER AND ALTERNATIVE LIVELIHOOD PROGRAM. (7.) EVENTUAL DECLARATION OF 24,710-ACRE PERMANENT MARINE PROTECTED AREA ON DOÑA SEBASTIANA ISLAND IN CHILE IN THE CARELMAPU COMMUNITY, IN EXCHANGE FOR FINANCIAL SUPPORT TO DEVELOPMENT OF MANAGEMENT PLAN AND EQUIPMENT TO PROMOTE ECOTOURISM. (8.)

MULTIMEDIA EDUCATIONAL CAMPAIGN TO INCREASE AWARENESS, AMONG FISHERMEN,

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SCHOOLCHILDREN, TOURISTS, AND RESTAURANT OPERATORS ISLAND, OF THE ECOLOGICAL IMPORTANCE OF PARROTFISH ON PROVIDENCIA ISLAND IN COLOMBIA. (9.) PROTECTION OF 4,500 ACRES OF FOREST HABITAT OF THE MANGAIA KINGFISHER (TANGA'EO) FOR 15 YEARS ON MANGAIA ISLAND IN COOK ISLANDS, IN EXCHANGE FOR REFURBISHING A SCHOOL BUILDING, AND PURCHASE OF TOOLS AND EQUIPMENT FOR SKILLED TRADES COURSES. (10.) COMMUNITY ENGAGEMENT IN MANGROVE PROTECTION ON HISPANIOLA ISLAND IN THE DOMINICAN REPUBLIC IN MONTECRISTI PROVINCE, IN EXCHANGE FOR TRAINING AND EMPLOYMENT OF YOUTH IN KAYAK MANGROVE TOURISM. (11.) COMMUNITY PATROL AND MONITORING IN JARAGUA NATIONAL PARK ON HISPANIOLA ISLAND IN THE DOMINICAN REPUBLIC BY PROVIDING CAPACITY-BUILDING AND INFRASTRUCTURE FOR ECOTOURISM. (12.) AWARENESS AND PROMOTION OF MANGROVE ECOSYSTEM CONSERVATION ON HISPANIOLA ISLAND IN THE DOMINICAN REPUBLIC IN THE LAS GARITAS COMMUNITY, IN EXCHANGE FOR A MANGROVE BOARDWALK FOR ENVIRONMENTAL EDUCATION AND ECOTOURISM. (13.) MANGROVE REPLANTING IN A 7-ACRE AREA, CONSERVATION OF MANGROVES AND SEA TURTLE NESTING HABITAT FOR 10 YEARS ON CARRIACOU ISLAND IN GRENADA, IN EXCHANGE FOR MATERIALS AND TRAINING FOR A WOMEN'S CRAFTS COOPERATIVE. (14.) PROTECTION OF 50 ACRES OF MANGROVES PLUS REPLANTING OF 197 ACRES, FOR 15 YEARS ON JAVA ISLAND IN INDONESIA IN THE PANTAI BAHAGIA COMMUNITY, IN EXCHANGE FOR A COMMUNITY AND MANGROVE EDUCATION CENTER; WELLS, WATER STORAGE TANKS AND BATHROOM FACILITIES AT 6 LOCATIONS. (15.) RESTORE 86 ACRES OF ECOLOGICALLY VALUABLE PEATLAND AND INCREASE HABITAT FOR THE THREATENED CURLEW IN THE BOG OF ALLEN IN IRELAND, IN EXCHANGE FOR ENVIRONMENTAL EDUCATION FOR SCHOOLCHILDREN. (16.) PROTECTION OF A 350-HECTARE (865-ACRE) MANGROVE FOREST FOR 20 YEARS IN MIDA CREEK ON KIREPWE ISLAND IN KENYA, IN EXCHANGE FOR WATER CISTERN CONSTRUCTION AND REPAIR, AND MANGROVE REPLANTING. (17.) PROTECTION OF 400-ACRE FOREST WATERSHED FOR 20 YEARS ON BORNEO ISLAND IN MALAYSIA IN MANGKADAIT VILLAGE, IN EXCHANGE FOR INSTALLATION OF A 10-KILOMETER, GRAVITY-FED WATER SYSTEM TO PROVIDE CLEAN WATER SUPPLY. (18.) PERMANENT PROTECTION OF 37 ACRES (22 TERRESTRIAL, 15 MARINE, INCLUDING

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SEAGRASS) OF DUGONG AND SEA TURTLE HABITAT AND ENVIRONMENTAL EDUCATION ON NGERKEKLAU ISLAND IN PALAU, IN EXCHANGE FOR CONSTRUCTION OF A PIER ON NGERKEKLAU ISLAND, PLANT NURSERY AND STORAGE FOR EDUCATIONAL EQUIPMENT ON BABELDOAB ISLAND. (19.) PROTECTION OF 1,380 ACRES OF MANGROVES FOR 15 YEARS AND REFORESTATION OF FIVE ACRES OF MANGROVES ON ISLA HUESO DE BALLENA IN PERU IN THE PUERTO PIZARRO COMMUNITY, IN EXCHANGE FOR RESTORATION AND IMPROVEMENT OF AN INTERPRETIVE CENTER IN PUERTO PIZARRO, TRASH COLLECTION, AND INTERPRETIVE TRAIL ON LOVE ISLAND. (20.) PROTECTION OF TWO NO-TAKE FISH SANCTUARIES (301 ACRES TOTAL) AND 124 ACRES OF MANGROVES FOR 15 YEARS ON LUZON ISLAND IN THE PHILIPPINES IN THE AGDANGAN COMMUNITY, IN EXCHANGE FOR CONSTRUCTION OF AN ENVIRONMENTAL EDUCATION CENTER AND 400-METER MANGROVE BOARDWALK IN BARANGAY KANLURANG CALUTAN.

THIS WAS THE THIRD YEAR OF SEACOLOGY'S SRL LANKO MANGROVE CONSERVATION PROJECT. SEACOLOGY, IN COLLABORATION WITH SRI LANKA BASED NGO SUDEESA (ALSO KNOWN AS SMALL FISHERS FEDERATION OF LANKA), IS WORKING TO MAKE SRI LANKA THE WORLD'S FIRST NATION TO PROTECT ALL OF ITS MANGROVE FORESTS. THE SRI LANKA MANGROVE CONSERVATION PROJECT IS THE LARGEST AND PERHAPS MOST FAR-REACHING SINGLE INITIATIVE IN SEACOLOGY'S 25-YEAR HISTORY. THE PROJECT IS STRIVING TO PROTECT ALL 21,782 ACRES (8,815 HECTARES) OF SRI LANKA'S EXISTING MANGROVE FORESTS BY PROVIDING ALTERNATIVE JOB TRAINING AND MICROLOANS TO 15,000 IMPOVERISHED WOMEN WHO LIVE IN 1,500 SMALL COMMUNITIES ADJACENT TO THE MANGROVE FORESTS. THE PROJECT IS ALSO REPLANTING 9,600 ACRES (3,885 HECTARES) OF MANGROVE FORESTS THAT HAVE BEEN CUT DOWN, USING SEEDLINGS RAISED IN THREE SEACOLOGY-FUNDED MANGROVE NURSERIES. IN EXCHANGE FOR RECEIVING MICROLOANS TO START SMALL BUSINESSES, EACH OF THE 1,500 COMMUNITIES WILL BE RESPONSIBLE FOR PROTECTING AN AVERAGE OF 21 ACRES OF MANGROVE FOREST. A FIRST-OF-ITS KIND MANGROVE MUSEUM TO EDUCATE THE PUBLIC ABOUT THE IMPORTANCE OF PRESERVING THIS RESOURCE WAS BUILT AS PART

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

OF THIS PROJECT. SEACOLOGY IS HARNESSING SUDEESA'S EXPERIENCE IN IMPLEMENTING JOB-TRAINING AND MICROFINANCE PROGRAMS, FIELDS IN WHICH SUDEESA HAS BEEN A LEADER FOR MORE THAN 15 YEARS. THIS PARTNERSHIP WILL GIVE MANY MORE IMPOVERISHED SRI LANKANS ALTERNATIVE WAYS TO EARN A LIVING THAT DO NOT ENTAIL CUTTING DOWN MANGROVES.ADDITIONALLY, SEACOLOGY SUPPORTED SEVERAL IMPROVEMENTS TO PREVIOUSLY FUNDED COMMUNITY BENEFITS IN RETURN FOR RENEWED OR EXTENDED PROTECTIONS AND CONTINUED TO SUPPORT ACTIVE PROJECTS APPROVED IN PRIOR YEARS. FINALLY, SEACOLOGY MONITORED ONGOING AND COMPLETED PROJECTS AND CONSERVATION AREAS TO ENSURE THAT CONSERVATION AGREEMENTS WERE UPHELD AND COMMUNITY BENEFITS WERE BEING USED FOR INTENDED PURPOSES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE ANNUAL SEACOLOGY PRIZE RECOGNIZES AN INDIGENOUS ISLANDER FOR EXCEPTIONAL ACHIEVEMENT IN PRESERVING THE ENVIRONMENT AND CULTURE OF HIS OR HER HOME COUNTRY. THE SEACOLOGY BOARD OF DIRECTORS CHOSE ENVIRONMENTAL DEFENDER REGINA PAZ LOPEZ OF THE PHILIPPINES TO RECEIVE THE 2017 SEACOLOGY PRIZE.

MS. LOPEZ HAS LONG BEEN AN OUTSPOKEN CHAMPION OF SOCIAL AND ENVIRONMENTAL CAUSES IN THE PHILIPPINES. WHEN SHE SPEARHEADED THE REHABILITATION OF THE BADLY POLLUTED PASIG RIVER AND NEARBY URBAN STREAMS, SHE WAS NAMED TO CHAIR THE PASIG RIVER REHABILITATION COMMISSION. HER EFFORTS THERE LED TO THE CLEANUP OF AT LEAST 17 TRIBUTARIES IN THE PASIG RIVER SYSTEM.

SHE ALSO LED A CAMPAIGN TO SAVE LA MESA WATERSHED, A ONCE-NEGLECTED AREA THAT CONTAINS THE LAST REMAINING RAINFOREST OF ITS SIZE IN METRO MANILA, AS WELL AS THE RESERVOIR FROM WHICH 12 MILLION PEOPLE GET THEIR DRINKING WATER. IT IS NOW LA MESA ECOPARK, A TREE-LINED PARK WHERE URBAN DWELLERS CAN HIKE, FISH, AND RIDE MOUNTAIN BIKES OR HORSES.

Schedule **0** (Form 990 or 990-EZ) (2017)

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

AS A LEADER OF THE SAVE PALAWAN ISLAND MOVEMENT, MS. LOPEZ LOBBIED AGAINST THE ENVIRONMENTAL RAVAGES OF MINING ON PHILIPPINE ISLANDS. HER STANCE DREW ANGRY CRITICISM FROM THE POWERFUL MINING INDUSTRY.

THAT CRITICISM INTENSIFIED IN 2016, WHEN MS. LOPEZ BECAME ACTING SECRETARY OF THE PHILIPPINES DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES (DENR). SHE ESTABLISHED THE FIRST-EVER FORUMS FOR CONSULTATIONS BETWEEN THE DENR AND INDIGENOUS GROUPS, AND SHUT DOWN ILLEGAL FISH PENS IN THE COUNTRY'S LARGEST LAKE. BUT HER STRONGEST ACTIONS WERE DIRECTED SQUARELY AT MINING OPERATIONS, ESPECIALLY HEAVILY POLLUTING NICKEL MINES. SHE BANNED OPEN-PIT MINES AND MOVED TO SHUT DOWN MORE THAN HALF OF THE OPERATIONS OF THE COUNTRY'S MINING COMPANIES.

THESE BOLD ACTIONS COST MS. LOPEZ HER JOB. IN MAY 2017, THE MEMBERS OF A CONGRESSIONAL COMMISSION ON APPOINTMENTS-SOME OF WHOM HAD TIES TO THE MINING INDUSTRY-VOTED HER OUT. BUT INSIDE GOVERNMENT OR OUT, SHE HAS VOWED TO KEEP FIGHTING. SHE HAS ALREADY STARTED I LOVE (INVESTMENTS IN LOVING ORGANIZATIONS FOR VILLAGE ECONOMIES), TO LIFT FILIPINOS OUT OF POVERTY BY BUILDING GREEN BUSINESSES AT THE GRASSROOTS LEVEL.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION HAS ADOPTED THE FOLLOWING POLICY:

1) THE DRAFT OF THE INTERNAL REVENUE SERVICE FORM 990 BE DISTRIBUTED TO ALL MEMBERS OF THE SEACOLOGY BOARD OF DIRECTORS AS A PDF FILE VIA EMAIL WITHIN 5 DAYS OF THE DEADLINE FOR SUBMITTING THE FORM 990 TO TAXING AUTHORITIES (ORIGINAL OR EXTENDED DEADLINE); AND 2) THAT THE DRAFT OF THE INTERNAL REVENUE SERVICE FORM 990 WILL BE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD, THE EXECUTIVE DIRECTOR,

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

AND THE ACCOUNTING MANAGER, EACH ACTING ON BEHALF OF THE BOARD OF DIRECTORS, PRIOR TO SUBMITTING THE FORM 990 TO TAXING AUTHORITIES.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE FOLLOWING POLICY HAS BEEN ADOPTED BY THE ORGANIZATION: NO MEMBER OF THE BOARD OF DIRECTORS SHALL PARTICIPATE IN ANY DISCUSSION OR VOTE ON ANY MATTER IN WHICH HE OR SHE OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY HAS POTENTIAL CONFLICT OF INTEREST DUE TO HAVING MATERIAL ECONOMIC INVOLVEMENT REGARDING THE MATTER BEING DISCUSSED. WHEN SUCH A MATTER PRESENTS ITSELF, THE DIRECTOR MUST ANNOUNCE HIS OR HER POTENTIAL CONFLICT, DISQUALIFY HIMSELF OR HERSELF, AND BE EXCUSED FROM THE MEETING UNTIL DISCUSSION IS OVER ON THE MATTER INVOLVED. THE PRESIDENT OF THE MEETING IS EXPECTED TO MAKE AN INQUIRY IF SUCH CONFLICT APPEARS TO EXIST AND THE BOARD MEMBER HAS NOT MADE IT KNOWN.

EACH MEMBER OF THE BOARD OF DIRECTORS, EMPLOYEES AND INDEPENDENT CONTRACTS (WHO RECEIVE MORE THAN \$25,000 PER YEAR FROM SEACOLOGY) SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY,
- D. DISCLOSE THE EXISTENCE OF ANY POTENTIAL CONFLICTS OF INTEREST, AND

E. UNDERSTANDS SEACOLOGY IS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE ORGANIZATION HAS ESTABLISHED A COMPENSATION COMMITTEE TO REVIEW THE COMPENSATION OF KEY EMPLOYEES EARNING IN EXCESS OF \$100,000 PER YEAR. ONE COMPENSATION COMMITTEE FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES ((

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL REPORTS: SEACOLOGY PREPARES AN ANNUAL REPORT AND DISTRIBUTES IT TO THE PUBLIC VIA EMAIL, MAIL, AND BY POSTING IT ON SEACOLOGY'S WEBSITE. THE ANNUAL REPORT CONTAINS AN UNAUDITED ENDING-YEAR STATEMENT OF FINANCIAL ACTIVITES WITH A NOTE THAT RECOMMENDS THE PUBLIC CONTACT THE SEACOLOGY OFFICE MID-YEAR TO OBTAIN A COPY OF AUDITED FINANCIAL STATEMENTS. SEACOLOGY ALSO DISTRIBUTES THE INTERNAL REVENUE SERVICE'S FORM 990 TO THE PUBLIC BY POSTING A COPY TO THE SEACOLOGY WEBSITE.

GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY: SEACOLOGY DISTRIBUTES POLICIES APPROVED BY THE BOARD OF DIRECTORS, INCLUDING THE CONFLICT OF INTEREST POLICY, TO STAFF IN AN EMPLOYEE MANUAL AND/OR ACCOUNTING MANUAL, TO THE BOARD OF DIRECTORS IN A BOARD HANDBOOK, AND STORES THESE POLICIES ALONG WITH GOVERNING DOCUMENTS IN A READILY ACCESSABLE AREA OF THE MAIN OFFICE FOR STAFF TO PROVIDE TO THE PUBLIC UPON REQUEST.

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