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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For the	2010 calendar year, or tax year beginning and	ending					
В	Check if applicable	C Name of organization		D Employer identification	ation number			
	Addres	Sea Shepherd Conservation Society						
	Name change	Doing Business As		93-07	92021			
	Initial return	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number				
Ļ	Termin ated	10 DOX 2010		360-3	70-5650			
Ļ	Amend return Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	11,444,709.			
L	tion pendir	Filday Halbol, WA 90230		H(a) Is this a group ret				
		F Name and address of principal officer: PAUL W. WATSON		for affiliates?	Yes X No			
_	Taylay	same as C above empt status: X 501(c)(3)		H(b) Are all affiliates inclu				
		empt status: X 501(c)(3) 501(c) () (insert no) 4947(a)(1) c e: ► WWW - SEASHEPHERD - ORG	or 527	H(c) Group exemption	st. (see instructions)			
		organization X Corporation	I Vear		State of legal domicile OR			
	art I	Summary		Orioiniation 1901 W	State of legal doffliche C11			
9	1	Briefly describe the organization's mission or most significant activities: Prote	ect an	d conserve m	narine			
Activities & Governance		wildlife worldwide						
era	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7			
≈ 8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6			
ēs	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0			
š	6	Total number of volunteers (estimate if necessary)		6	0			
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	13,042.			
			-	Prior Year 9,399,548.	Current Year 8,695,866.			
ïe		Contributions and grants (Part VIII, line 1h)	-	9,399,346.	0,093,000.			
Revenue		Program service revenue (Part VIII, line 2g)		1,048.	3,433.			
æ		investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	417,833.	1,212,002.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	9,818,429.	9,911,301.			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,695.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,016,162.	1,118,042.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,824.	0.			
Ģ	b.	Total fundraising expenses (Part IX, colum n (D), line 25) 666, 7	19.					
щ	17	Other expenses (Part IX, column (A), lines 11a-11ex 11f 24f VED		6,028,717.	8,507,350.			
		Total expenses, Add lines 13-17 (must equal Part IX column (A) line 25) TO		7,072,398.	9,625,392.			
	19	Revenue less expenses Subtract line 18 from line 12 10 1 5 2011		2,746,031.	285,909.			
Net Assets or Fund Balances		Factor (2 of X to 12)	Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		5,994,146.	6,247,767.			
ag Ag	21	Total liabilities (Part X, line 26) OGDEN, UT		535,710.	566,098.			
		Net assets or fund balances. Subtract line 21-from line 20		5,458,436.	5,681,669.			
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules		-	knowledge and belief, it is			
true	, correc	t, and complete Declaration of preparer (other than officer his based on all information of wh	iich preparer	has any knowledge	11			
c:-	_	Signature of officer		Date	<i>(</i>			
Sig		KURT LIEBER, TREASURER		Dato				
Her	e	Type or print name and title		<u></u>				
_			Ī	Date / Check	PTIN			
Paid	,	Print/Type preparer's name Robert C Hilsinger		if self-employed	_			
	arer	Firm's name Hilsinger & Company SJI PS'	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Firm's EIN				
	Only	Firm's address P.O. Box 810	ا	111111111111				
	.	Friday Harbor, WA 98250		Phone no 36	0 378-4610			
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

4e 032002

See Schedule O for Continuation(s)

8,014,296.

Total program service expenses

			res	MÔ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^-	
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 I	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		\neg	
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 I	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? If "Yes," complete Schedule D, Part II	7	ľ	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		X
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	İ	Х
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	_ ^
		140		<u> </u>
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<u> </u>
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? 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 (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	00-		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b Form	990 (2010
			ココリ ()	2U IU)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			Х
~~	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		Х
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	24_		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	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 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X
b	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			l .
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Λ.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		х
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	_		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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			
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	L	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990 ((2010)

, 42,	Check if Schedule O contains a response to any question in this Part V				X
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	1		ĺ
	(gambling) winnings to prize winners?	, , ,	1c	.]	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	
	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 Schedule O				1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts		1	1
	were not tax deductible?		6b	<u> </u>	ļ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	1	—	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		1	v
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	┨╻	į į	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	<u> </u>	├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		 -
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		8	·	1
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.		9a	į ;	1
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	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.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	
	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	1 1			
	organization is licensed to issue qualified health plans	13b	1		
C	Enter the amount of reserves on hand	13c	<u> </u>	<u></u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		1
			Form	990	(2010)

Form 990 (2010) 93-0792021 Sea Shepherd Conservation Society Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 6 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? Х 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? X 14 14 Does the organization have a written document retention and destruction policy? 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? Х 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 990 (2010)

98250

Sea Shepherd - 360-370-5650

PO Box 2616, Friday Harbor, WA

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (8ox 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title Average hours per week (describe hours for related organizations in Schedule O) Paul Watson President/Executive Dir Average hours per week (describe hours for related organizations in Schedule O) Average hours per (check all that apply) (compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (Check all that apply) (compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (Check all that apply) (Check	(A)	(B)		(C)		(D)	(E)	(F)			
Consense Part Par		Average hours per			Pos	ition		ly)	Reportable compensation	Reportable compensation	amount of
President/Executive Dir 70.00 X X X 121,601. 0. 0. 0.		(describe hours for related organizations in Schedule	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	from the organization and related
Ben Zuckerman		70.00	x		x		x		121,601,	0.	0.
Vice President 3.00 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		, , , , ,	 			_	 				
Treasurer 3.00 X X 0. 0. 0. 0.		3.00	х	_	х		<u> </u>		0.		0.
Bob Talbot	Kurt Lieber				ļ.					_	
Board of Directors	Treasurer	3.00	X		X	<u> </u>			0.	0.	0.
Persia White Board of Directors Bonny Schumaker Board of Directors Boa	Bob Talbot								_		
Board of Directors	Board of Directors	2.00	X		<u> </u>		_	_	0.	0.	0.
Bonny Schumaker Board of Directors Anthony Riedis Board of Directors 2.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Persia White										
Board of Directors	Board of Directors	2.00	X		<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.
Anthony Riedis Board of Directors 2.00 X 0. 0. 0.	-		l			1					_
Board of Directors 2.00 X 0. 0. 0. 0.		2.00	X		<u> </u>	<u> </u>		<u> </u>	0.	- 0.	<u> </u>
											_
	Board of Directors	2.00	X			-			0.	0.	
					<u> </u>		\vdash				
						-	<u> </u>				
							<u> </u>				
										_	

032007 12-21-10

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nple	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
			Average Position hours per (check all that apply)					L A	Reportable	Reportable		stımate	
		hours per week	(CI	neck	all	tnat	app	iy)	compensation from	compensation from related	a	mount of the control	of
		(describe	ector			1			the	organizations	con	npensa	tion
		hours for	Individual trustee or director	88			ated		organization	(W-2/1099-MISC)		rom the	
		related	nuste	Institutional trustee		8	треп		(W-2/1099-MISC)		,	ganızatı	
		organizations in Schedule	dual	nton	ត	Key employee	est co	ĕ				nd relate janizatio	
		O)	힐	lg l	Officer	ş	Highest compensated employee	Former			"		
]		
				_							ļ		
									1				
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		_											
	. <u></u>						<u> </u>				<u>.</u>		
						ļ			 		_		
		ĺ				ĺ	ĺ				ĺ		
		 	<u> </u>	-			┢	_	·		+		
	Sub-total Sub-total		1		ı				121,601.	0			0.
c	Total from continuation sheets to Part V	II. Section A					•		0.	0			0.
d	Total (add lines 1b and 1c)						>		121,601.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wł	o r	eceived more than \$100	,000 in reportable			_
	compensation from the organization							_				T	1
_											·····	Yes	No
3	Did the organization list any former officer,		stee	, ke	y en	olqn	yee,	or h	nighest compensated er	nployee on	_		х
4	line 1a? If "Yes," complete Schedule J for s		. ـ ـ ـ			-+i			har annonaction from	the ergonization	3	 	
•	For any individual listed on line 1a, is the standard related organizations greater than \$15									the organization	4		Х
5	Did any person listed on line 1a receive or									idual for services			
•	rendered to the organization? If "Yes," com	· ·						V.4.	oo organization or more	_	5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	dep	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
	the organization. NONE												
	(A) Name and business	address							(B) Description of s	envices		(C) ensatio	ın.
	Traine and business							-		-			
					•			\neg					
			_										
							_						
2	Total number of independent contractors (including but a	ot li	mite	d to	tho	ا مع	ster	d above) who received a	nore than			
-	Association of independent contractors (including but II	J. 11		J (.55 ili		. 45010/ WHO 10001484 H	10.0 111011			

93-0792021 Form 990 (2010) Sea Shepherd Conservation Society Part VIII Statement of Revenue (D) (C) (A) (B) Revenue excluded from Unrelated Total revenue Related or business exempt function tax under sections 512, 513, or 514 revenue revenue 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 11 8,695,866. similar amounts not included above 27,454 9 Noncash contributions included in lines 1a-1f \$ 8,695,866. h Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,274. 3,274. other similar amounts) Income from investment of tax-exempt bond proceeds 856,824 856,824. 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 4,102. assets other than inventory b Less: cost or other basis 3,943 and sales expenses c Gain or (loss) 159. 159. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 1884643. and allowances ь 1529465 b Less: cost of goods sold 355,178. 355,178. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

0.

3,274.

Form 990 (2010)

▶ 9,911,301.1,212,161.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must com	3) and 501(c)(4) organiza olete column (A) but are :			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		1		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				······································
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			171111111111111111111111111111111111111	
5	Compensation of current officers, directors,				
	trustees, and key employees	121,601.	121,601.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u>-</u>			
7	Other salaries and wages	825,624.	467,717.	287,453.	70,454.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			20.522	0.000
9	Other employee benefits	94,647.	57,219.	28,538.	8,890.
10	Payroll taxes	76,170.	53,883.	15,882.	6,405.
11	Fees for services (non-employees):				
а	Management	507 (61	465 227	122,329.	105.
Ь	Legal	587,661.	465,227.	61,274.	103.
¢		61,274.		01,2/4.	<u> </u>
d	Lobbying		**************************************		
e	Professional fundraising services See Part IV, line 17		<u>, , , , , , , , , , , , , , , , , , , </u>		
f	Investment management fees	262,634.	101,374.	54,830.	106,430.
_	Other	272,094.	31,249.	5,551.	235,294.
12	Advertising and promotion	572,356.	240,047.	200,621.	131,688.
13	Office expenses	241,324.	154,227.	40,294.	46,803.
14 15	Information technology Royalties	211/321.	13 1/22/0	20/222	
16	Occupancy	46,219.	20,165.	26,054.	
17	Travel	406,853.	289,184.	65,720.	51,949.
18	Payments of travel or entertainment expenses		•		<u> </u>
••	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	32,724.	26,179.	4,254.	2,291.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	661,496.	655,519.	4,320.	1,657.
23	Insurance	10,329.	824.	9,463.	42.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	Ship Fuel & Maint, Suppl	4,737,391.	4,737,391.		
b	Helicopter Op & Maint	458,454.	458,454.		
c	Galapagos supplies	150,655.	134,014.	16,641.	
d	Dues/Subscriptions	5,740.	22.	1,153.	4,565.
е	Federal Income Tax	146.			146.
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,625,392.	8,014,296.	944,377.	666,719.
26	Jaint costs. Check here if following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation				
					- 000

5,681,669.

	990 (Sea Shepherd Conservation Socie Balance Sheet	ety	93-	0792021 Page 11
<u>+ - 631</u>	*/	Bularios direct	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	581,382.		225,814.
	2	Savings and temporary cash investments	11,714.	2	481,689.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	61,586.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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)	_	6	<u> </u>
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	153,565.	8	215,513. 377.
`	9	Prepaid expenses and deferred charges	26,259.	9	377.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 6,734,107. 10b 1,759,457.			
	b	Less: accumulated depreciation 10b 1,759,457.	5,104,036. 37,212.	10c	4,974,650. 44,859.
	11	Investments - publicly traded securities	37,212.	11	44,859.
	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	79,978.		243,279.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,994,146.		6,247,767.
	17	Accounts payable and accrued expenses	8,661.	17	161,437.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
litie	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	463,049		404,661.
	24	Unsecured notes and loans payable to unrelated third parties	64,000	24	
	25	Other liabilities Complete Part X of Schedule D	····	25	
	26	Total liabilities. Add lines 17 through 25	535,710	26	566,098.
		Organizations that follow SFAS 117, check here X and complete			

6,247,767. Form 990 (2010)

5,681,669.

Net Assets or Fund Balances

27

30

31

32

33

5,458,436.

5,458,436.

5,994,146

28

29

30

31

32

33

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here

and

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

	_	Sea She	pherd Conser	vatio	n Soc	iety			93	-0792	021	
Part I	Reason		ty Status (All organiz				.) See inst	ructions.				
he orga	nization is not a	private foundation i	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	, or association of churc	ches descr	ibed in se	ction 170	b)(1)(A)(i).	•				
2 🗔	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).					
4	A medical res	search organization of	perated in conjunction	with a hosi	oital descr	ibed in se	ction 170((b)(1)(A)(iii	i). Enter th	e hospital'	's name,	
	city, and state											
5	An organizati	on operated for the l	penefit of a college or un	niversity ov	vned or op	erated by	a governn	nental unit	described	ın tı		
	section 170	(b)(1)(A)(iv). (Comple	te Part II.)									
6		•	ent or governmental unit									
7 <u>X</u>	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ublic desc	ribed in	
_	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳			ection 170(b)(1)(A)(vi).								_	
9			eives: (1) more than 33 1									
	activities rela	ted to its exempt fur	ctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fr	rom gross	investme	ent
			exable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization af	ter June 3	10, 1975.	
_		509(a)(2). (Complete										
10 🛌			erated exclusively to te									
11			erated exclusively for the									
			tions described in secti). See sec	tion bust	a)(S). Onec	sk the box	ınaı	
			organization and compl Type II	ete lines i Typ			ograted		4	Type III - 0	Other	
- F	a ∐ Type I		t the organization is not					more disa				
e L	foundation m	this box, i certify that	han one or more publicly	controlled v cupporte	d organiza	tions desi	ribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
			ten determination from						, (u)(1) U. U.		(-)(-)	
f		rganization, check th		ine into the	at it is a 1y	pc 1, 13pc	11, 01 1, pc					
g			rganization accepted ar	ny aift or co	ontribution	from anv	of the follo	owing per	sons?			
9			rectly controls, either al								Yes	No_
			upported organization?	J		•				11g(i)		
			described in (i) above?	1						11g(ii)		
			person described in (i)		e?					11g(iii)		
h			about the supported or									
		Ū	• •									
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) is the c	rganization			(vi) Is organizatio	the	(vli) An	nount of	
	ganization	(, =	organization (described on lines 1-9		sted in your	organizat		(i) organiz	ed in the	sup	port	
	-		above or IRC section	<u> </u>	document?		r support?	US				
			(see instructions))	Yes	No	Yes	No	Yes	No			
								 				
				-	-				 			-
								ļ	 			
							 		 			
Total												

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 Sea Shepherd Conservation Society 93-07920 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)

Se	ction A. Public Support		·	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and					<u>-</u> -	
	membership fees received. (Do not						
	include any "unusual grants.")	2457248.	3441932.	4168283.	4665673.	7394213.	22127349.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						,
	or expended on its behalf					_	
3	The value of services or facilities		_				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2457248.	3441932.	4168283.	4665673.	7394213.	22127349.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	11,711,111					22127349.
	ction B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2457248.	3441932.	4168283.	4665673.	7394213.	22127349.
8	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,692.	2,124.	52,812.	120,737.	1,048.	184,413.
9	Net income from unrelated business	·		•			
	activities, whether or not the						
	business is regularly carried on		41,864.		17,031.	14,042.	72,937.
10	Other income. Do not include gain		•				
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	711			- /·II * · ·	, ,	22384699.
12	· · · · · · · · · · · · · · · · · · ·	etc. (see instruction	ons)			12	103,110.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	=					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	98.85 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	98.47 %
16a	33 1/3% support test - 2010.If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2009.if the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	his box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2010.If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization		▶ □
b	10% -facts-and-circumstances tes	-	-		-	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		▶ □
18	Private foundation. If the organization		-	•			ns ►
							0 er 000 E7\ 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e	2010	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include 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 bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7	Amounts included on lines 1, 2, and							
	3 received from disqualified persons					 		
•	O 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							
(Add lines 7a and 7b				<u> </u>	<u> </u>		
8	Public support (Subtract line 7c from line 6)							
	ction B. Total Support					.,		
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		e) 2010	(f) Total
9	Amounts from line 6				<u></u>			
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
I	b Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
(Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	r the organization	e firet second thu	d fourth or fifth t	ay year as a secti	on 501	(c)(3) organi	zation.
•	check this box and stop here	are organization :	a mar, accond, mil	o, rourer, or merit	wi your as a scott	J., JU 11	CONCO Organii	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2010 (column (fl)	·	15		<u>%</u>
	Public support percentage from 2009			22.3/11/10//		16	_	%
	ction D. Computation of Inve				 	1.0_1		
	Investment income percentage for 20			ne 13, column (fl)	· · · · · · · · · · · · · · · · · · ·	17		%
	Investment income percentage from			10 10, 00/01/11/ (1)/		18		<u> </u>
	a 33 1/3% support tests - 2010. If the			on line 14 and lin	e 15 is more than		%, and line	
יטו	more than 33 1/3%, check this box a						,, and inte	▶ □
							in 33 1/3%	and -
	b 33 1/3% support tests - 2009. If the							
20	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	in did not check a	DOX ON line 14, 19	a, or 190, check t	nis box and see if	ເອເເບຕີໄ	0(15	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

Sea Shepherd Conservation Society

Employer identification number 93-0792021

Pa	t I Organizations Maintaining Donor Advise		is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	se conferring
	Impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) 🔲 Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	-
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	es the organization's accounting for
-	conservation easements.	(Ott. Oir Handard
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
D	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		*
2	If the organization received or held works of art, historical treations of the control of the co		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		\$
þ	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 Sea She	pherd Cons	erva	tion S	Society		93-0	<u> 792021</u>	. Pa	.ge 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical T	reasures, c	r Other	Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									3
	(check all that apply):									
а	Public exhibition									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further	the organization	on's exem _l	pt purpose in Pa	art XIV.		
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizat	on answered '	'Yes" to Fo	orm 990, Part IV	, line 9, or		
12	Is the organization an agent, trustee, custod		diany for	contributio	ons or other as	sets not in	ıcluded			
10		ian or other intermet	Jiary 101	CONTRIBUTE)	3010 1101 111	.э.саса	Yes		No
b	on Point 990, Part X?									
U	olf "Yes," explain the arrangement in Part XIV and complete the following table: Amount									
_	Beginning balance						1c			
	Additions during the year						1d			
•	Distributions during the year						1e			
•	Ending balance						1f		_	
22	-	orm 000 Part Y line	212					Yes		No
	a bid the organization include an amount of 1 of									
	b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
12373	Trade Villone Landon Complete	(a) Current year	1	rior year	(c) Two year		f) Three years bac	k (e) Four	vears	back
15	Beginning of year balance	(a) Carrent year		noi your	(6) 1.00 / 0.00	3 3 3 3 3 3				
10 h					 		''1'1111111' ' 1'	******	++	********
	Contributions									
ی م	Net investment earnings, gains, and losses Grants or scholarships				<u> </u>		*************	··· [··· ······	*******	,
ū	Other expenditures for facilities		-						•••••	
e	and programs									
	Administrative expenses									
'	End of year balance		1-				***************************************	******		
2	•	er end balance held:	ac.							
	Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment									
	c Term endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
Ja	by: Yes No									
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	-	
h		s listed as required i	on Sched	dule R?				3b		
4	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds									
Par	t VI Land, Buildings, and Equipn				<u>.</u>				-	
LT	Description of investment	(a) Cost or o			st or other	(c) Acc	cumulated	(d) Boo	k valu	
	Description of investment	basis (invest			s (other)		reciation			
1a	Land	vision vision			14,256.			21	4,2	56.
b	Buildings				46,416.	·	38,152.		8,2	
0	Leasehold improvements			├ 						
d	Equipment									
e	Other			5.8	73,435.	1,7	21,305.	4,15	2,1	30.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Par	t X. colui			<u>-</u> -		4,97		
	in the second sec									

Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. FIN 48 (ASC 740) 032053 12-20-10

(10)

	dule D (Form 990) 2010 Sea Shepherd Conservation S				792021	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audited Finan</u>	cial Sta	tement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		9,911	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		9,625	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		285	<u>,909.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			,676.
9	Total adjustments (net). Add lines 4 through 8		9			<u>,676.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			<u>,233.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per	<u>Return</u>		
1	Total revenue, gains, and other support per audited financial statements			1	9,911	,301.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		_		
b	Donated services and use of facilities	2b		_ 1		
C	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV.)	2d		_		^
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	9,911	<u>,301.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,911	<u>,301.</u>
Pa	TXIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses p	er Retu	rn	
1	Total expenses and losses per audited financial statements			1	9,625	<u>, 392 . </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
c	Other losses	2c		_		
d	Other (Describe in Part XIV.)	2d		_		_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	9,625	<u>,392.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	9,625	<u>,392.</u>
Pa	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	i, lines 1a and 4; P	art IV, line	s 1b and 2	2b; Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this part to pr	ovide any	additional	information.	
Par	ct XI, Line 8 - Other Adjustments:					
_						
Cas	sh to accrual adjustment			-		
		:				
Uni	realized investment gains & foreign exchan	ge differe	ences			
						
						
				Sched	lule D (Form	990) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
0010
711 1 11
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

Sea Shepherd Co	nservati	on Socie	etv		93-079202	1
			tside the United States. Compl	ete if the organ		
to Form 990, Par			toldo tilo offica otatosi compi	oto ii tiio organ	in Lation and the state of the	
		maintain record	ds to substantiate the amount of the g	rants or assista	ince, the	
			selection criteria used to award the gra			Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outs	side the United Stat	es.
3 Activities per Region. (T	he following Part	I. line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If active is a progeneral describe	vity listed in (d) gram service, specific type se(s) in region	(f) Total expenditures for and investments in region
Austrailia	1	3	Program Services	maintenance Shepherd ve		190,808.
				Port stops, maintenance Shepherd ve	repair and of Sea ssels,	
New Zealand	1	1	Program Services		nd outreach,	24,055.
				Protection Galapagos I through dev		
Ecuador	1	1	Program Services	AIS and rad	io systems,	266,517.
				1	enses in 2010 In seal hunt	
Canada	0	0	Program Services	legal defen	se.	1,272.
3 a Sub-total	3	5				482,652.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	3	5				482,652.
			•	1		

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See Part IV for Column (e) descriptions

Schedule F (Form 990) 2010

032071

Sea Shepherd Conservation Society

Schedule F (Form 990) 2010

8 2 2 2	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.	(c) Region (d) Purpose of (e) Amount (f) Manner of non-cash of non-cash of non-cash of cash grant of					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
	nizations or Entities Outside the 0. Check this box if no one recipier ace is needed.						Enter total number of recipient organizations listed above that are recognized as charities by th
eived more than \$5, blicated if additional (b) IRS code section and EIN (if applicable)	Part # j Grants and Other Assistance to Organizations or Ei reciplent who received more than \$5,000. Check this be Part II can be duplicated if additional space is needed.	1 (a) Name of organization					2 Enter total number of r

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Page 3

Sea Shepherd Conservation Society

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)			1		
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2010

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Inspection

Employer identification number

Sea Shepherd Conservation Society 93-0792021 Part I Types of Property (a) (b) (c) (d) Check If Number of Noncash contribution Method of determining amounts reported on applicable contributions or noncash contribution amounts items contributed Form 990, Part VIII, line 1g 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 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 41 22,171. Cost 25 Other > (Supplies X 3,517. (Space X Cost 26 Other > (Food 29 X 1,765. Cost 27 Other > 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

t

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Sea Shepherd Conservation Society

Employer identification number 93-0792021

Form 990, Part III, Line 4a, Program Service Accomplishments:
government sourcescost them more than fifty percent of their
self-designated quota, thus directly saving the lives of 528 whales
that would otherwise have been killed in violation of international
law.

Our 2010-2011 Antarctic whale defense campaign, Operation No

Compromise, for which we prepared throughout the year and initiated in
early December 2010, also took place against illegal Japanese whaling
operations in the Southern Ocean. This was our seventh venture to
defend marine wildlife off the coast of Antarctica, and this time we
took our ships, the "Steve Irwin" and "Bob Barker", as well as our
newest vessel, the "Gojira", and our newly acquired MD500E helicopter,
the "Nancy Burnet." The campaign ended when the whaling fleet left the
area months earlier than planned, thereby attributing the early
departure to Sea Shepherd's effective efforts at stopping illegal
whaling in the Southern Ocean Whale Sanctuary.

Form 990, Part III, Line 4b, Program Service Accomplishments:

fishing. Sea Shepherd hired a renowned Ecuadorian lawyer who

specializes in environmental law. We have established close contact

with the Ecuadorian Supreme Court, Attorney General, and Ministries of

Interior and Justice. A guide book about environmental crimes and law

is ready. This will get presented to the judicial system throughout

Ecuador. At the educational level, there is a lack of material

regarding the environment. Our Shark Awareness Pack has filled part of

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Sea Shepherd Conservation Society	Employer identification number 93-0792021
that niche by being the first NGO to present an education	al project for
the Galapagos youth. This project contains information d	istributed by
local media and has resulted in a field guide (Sharks of	Galapagos)
which will be distributed, free of charge, to the schools	. The
organization's work at protecting the Galapagos Islands i	s paying
dividends and will continue to see increased focus in the	coming years.
Form 990, Part III, Line 4c, Program Service Accomplishme	ents:
largest bluefin fishery in Norway. In 2010, Sea Shepherd	patrolled the
Mediterranean to identify and document illegal bluefin tu	na fishing
vessels and operations. Sea Shepherd utilized non-violen	t methods to
disrupt illegal operations and brought global media atten	tion to the
issue. Sea Shepherd's objective is to save the bluefin fr	om extinction.
Form 990, Part III, Line 4d, Other Program Services:	
Sea Shepherd Conservation Society also focuses on numerou	s other marine
conservation issues. Sea Shepherd is committed to protect	ting sharks
from rampant overfishing. Additionally, the Society is i	nvolved in the
protection of dolphins. Another important campaign is the	e protection
of seals. Sea Shepherd is conducting campaigns to protect	t these
endangered species.	
Expenses \$ 457,057. including grants of \$ 0. Revenue	\$ 0.
Form 990, Part V, Line 4b, List of Foreign Countries:	
Australia, Canada, Ecuador, New Zealand	
Form 990, Part VI, Section B, line 11: Copy of tax return	was emailed to
all Board members after completion.	A
032212 01-24-11 Sched	dule O (Form 990 or 990-EZ) (2010)