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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SEACOLOGY

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1623 SOLANO AVENUE

City or town, state or province, country, and ZIP or foreign postal code

BERKELEY, CA 94707

D Employer identification number

87-0495235

E Telephone number

(510) 559-3505

G Gross receipts \$ 2,743,457

F Name and address of principal officer

DUANE SILVERSTEIN

1623 SOLANO AVENUE

BERKELEY, CA 94707

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SEACOLOGY ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Seacology protects the threatened species and habitats of the worlds islands by working directly with local people to both conserve their natural resources and improve their quality of life

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶311,508

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

\*\*\*\*\*

Signature of officer

DUANE SILVERSTEIN Executive Dir

Type or print name and title

2020-08-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN P00791709

Firm's name ▶ DORAN & ASSOCIATES

Firm's EIN ▶ 26-2769279

Firm's address ▶ 55 MITCHELL BOULEVARD STE 3

Phone no (415) 491-1130

SAN RAFAEL, CA 94903

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

Seacology protects the threatened species and habitats of the world's islands by working directly with local people to both conserve their natural 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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

|           |                                                                                        |
|-----------|----------------------------------------------------------------------------------------|
| <b>4a</b> | (Code ) (Expenses \$ 2,052,228 including grants of \$ 1,035,924 ) (Revenue \$ 81,086 ) |
|           | See Additional Data                                                                    |

|           |                                                                           |
|-----------|---------------------------------------------------------------------------|
| <b>4b</b> | (Code ) (Expenses \$ 37,352 including grants of \$ 10,000 ) (Revenue \$ ) |
|           | See Additional Data                                                       |

|           |                                                             |
|-----------|-------------------------------------------------------------|
| <b>4c</b> | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
|-----------|-------------------------------------------------------------|

|           |                                                     |
|-----------|-----------------------------------------------------|
| <b>4d</b> | Other program services (Describe in Schedule O )    |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ ) |

|           |                                         |           |
|-----------|-----------------------------------------|-----------|
| <b>4e</b> | <b>Total program service expenses</b> ▶ | 2,089,580 |
|-----------|-----------------------------------------|-----------|

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                                          | Yes            | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                              | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                             | <b>2</b> Yes   |    |
| <b>3</b> 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                                                                                                                                                                                                            | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b> 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                                                                                                                                                                                                    | <b>4</b>       | No |
| <b>5</b> 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                                                                                                                                                                     | <b>5</b>       | No |
| <b>6</b> 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 I                                                         | <b>6</b>       | No |
| <b>7</b> 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                                                                                                | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                              | <b>8</b>       | No |
| <b>9</b> 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                  | <b>9</b>       | No |
| <b>10</b> 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                                                                                                          | <b>10</b> Yes  |    |
| <b>11</b> 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                                                                                                                                                                                                                                                 |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                            | <b>11a</b> Yes |    |
| <b>b</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                                                                                                          | <b>11b</b>     | No |
| <b>c</b> 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                                                                                                         | <b>11c</b>     | No |
| <b>d</b> 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                                                                                                                         | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                      | <b>11e</b>     | No |
| <b>f</b> 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                                                             | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                           | <b>12a</b> Yes |    |
| <b>b</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                                                                            | <b>12b</b>     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                   | <b>14a</b> Yes |    |
| <b>b</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? If "Yes," complete Schedule F, Parts I and IV  | <b>14b</b> Yes |    |
| <b>15</b> 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                                                                                                              | <b>15</b> Yes  |    |
| <b>16</b> 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                                                                                                        | <b>16</b> Yes  |    |
| <b>17</b> 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 (see instructions)                                                                                                                                                                                  | <b>17</b>      | No |
| <b>18</b> 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                                                                                                                                                                                                                 | <b>18</b>      | No |
| <b>19</b> 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                                                                                                                                                                                                                                           | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                                   | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                    | <b>20b</b>     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                             | <b>21</b> Yes  |    |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                       | Yes        | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>22</b> 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 . . . . .                                                                                                                                                                                         | <b>22</b>  | No  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                                                                                                                              | <b>23</b>  | Yes |
| <b>24a</b> 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 . . . . .                                                                                                   | <b>24a</b> | No  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                  | <b>24b</b> |     |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                         | <b>24c</b> |     |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                            | <b>24d</b> |     |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                                       | <b>25a</b> | No  |
| <b>b</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 Schedule L, Part I . . . . .                                                                                                                | <b>25b</b> | No  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .                                                         | <b>26</b>  | No  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | <b>27</b>  | No  |
| <b>28</b> 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)                                                                                                                                                                                                |            |     |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                               | <b>28a</b> | No  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                    | <b>28b</b> | No  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                      | <b>28c</b> | No  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                                                          | <b>29</b>  | Yes |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                          | <b>30</b>  | No  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                                                                | <b>31</b>  | No  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                              | <b>32</b>  | No  |
| <b>33</b> 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 I . . . . .                                                                                                                                                                                              | <b>33</b>  | No  |
| <b>34</b> 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 . . . . .                                                                                                                                                                                                                                          | <b>34</b>  | No  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                    | <b>35a</b> | No  |
| <b>b</b> 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 . . . . .                                                                                                                                                                  | <b>35b</b> |     |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                          | <b>36</b>  | No  |
| <b>37</b> 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 . . . . .                                                                                                                                                     | <b>37</b>  | No  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                                                                               | <b>38</b>  | Yes |

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                            | <b>1a</b> | 8   |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> | 0   |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> | Yes |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|                                                                                                                                                                                                                                                                           |                                                |            |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------|-----|----|
| <b>2a</b> 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 . . . . .                                                                         | <b>2a</b> <span style="float: right;">8</span> |            |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                               |                                                | <b>2b</b>  | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                         |                                                | <b>3a</b>  |     | No |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                            |                                                | <b>3b</b>  |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .            |                                                | <b>4a</b>  |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) |                                                |            |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                                 |                                                | <b>5a</b>  |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                 |                                                | <b>5b</b>  |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                                     |                                                | <b>5c</b>  |     |    |
| <b>6a</b> 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? . . . . .                                               |                                                | <b>6a</b>  |     | No |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                          |                                                | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                    |                                                |            |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                                        |                                                | <b>7a</b>  |     | No |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                        |                                                | <b>7b</b>  |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                   |                                                | <b>7c</b>  |     | No |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                      | <b>7d</b> <span style="float: right;">0</span> |            |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                  |                                                | <b>7e</b>  |     | No |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                           |                                                | <b>7f</b>  |     | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                                       |                                                | <b>7g</b>  |     | No |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                                     |                                                | <b>7h</b>  |     | No |
|                                                                                                                                                                                                                                                                           |                                                |            |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                                |                                                | <b>8</b>   |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                        |                                                |            |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                     |                                                | <b>9a</b>  |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                      |                                                | <b>9b</b>  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                          |                                                |            |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                               | <b>10a</b>                                     |            |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                      | <b>10b</b>                                     |            |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                         |                                                |            |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                                              | <b>11a</b>                                     |            |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .                                                                                                                            | <b>11b</b>                                     |            |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                     |                                                |            |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                            | <b>12b</b>                                     |            |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                |                                                |            |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                        |                                                | <b>13a</b> |     |    |
| <b>b</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 . . . . .                                                                                              | <b>13b</b>                                     |            |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                                   | <b>13c</b>                                     |            |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                           |                                                | <b>14a</b> |     | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                              |                                                | <b>14b</b> |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N                               |                                                | <b>15</b>  |     | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O                                                                                           |                                                | <b>16</b>  |     | No |

**Part VI****Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              |              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 16 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O             |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 16 |     |    |
| <b>2</b> 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?                                               | <b>2</b>     | Yes |    |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     |     | No |
| <b>7a</b> 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?                                                                 | <b>7a</b>    |     | No |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    |     | No |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> 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? If "Yes," provide the names and addresses in Schedule O        | <b>9</b>     |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                       |            | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> |     | No |
| <b>b</b> 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?                                                                   | <b>10b</b> |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | Yes |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |            |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | Yes |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | Yes |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> | Yes |    |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | Yes |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | Yes |    |
| <b>15</b> 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?                                                                        |            |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | Yes |    |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | Yes |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |            |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> |     | No |
| <b>b</b> 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? | <b>16b</b> |     |    |

**Section C. Disclosure**

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>17</b> List the states with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                                  | CA |
| <b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |    |
| <b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                                            |    |
| <b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records<br>▶ Kevin Claassen 1623 Solano Avenue Berkeley, CA 94707 (510) 559-3505                                                                                                                                                                                                                                     |    |

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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 (Box 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.
- List all of the organization's **former** officers, key employees, or 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.

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) DUANE SILVERSTEIN<br>.....<br>Executive Dir       | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       | X       |              |                              |        | 215,000                                                              | 0                                                                         | 48,063                                                                                        |
| (2) KEVIN CLAASSEN<br>.....<br>ACCT MGR               | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       | X       |              |                              |        | 91,623                                                               | 0                                                                         | 15,040                                                                                        |
| (3) PAUL COX<br>.....<br>Chairman                     | 3 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) KIMBERLY MYERS HEWLETT<br>.....<br>Vice President | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) SANDIE TILLOTSON<br>.....<br>Vice President       | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) DOUGLAS HERST<br>.....<br>President               | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) KEN MURDOCK<br>.....<br>Vice Chair                | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) SCOTT WILSON<br>.....<br>Director                 | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) SCOTT HALSTED<br>.....<br>Director                | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) MASAYUKI KISHIMOTO<br>.....<br>Director          | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) DON ARNTZ<br>.....<br>Director                   | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) MICHAEL WARD<br>.....<br>Director                | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) MICHAEL STAFFIERI<br>.....<br>Director           | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) KRISTIN REED<br>.....<br>Vice President          | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) SUZANNA JAMIESON<br>.....<br>Treasurer           | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) JAKE WALKER<br>.....<br>Director                 | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) MARSHA GARCES WILLIAMS<br>.....<br>Director      | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

## Part VII

|                                                                 |         |  |        |
|-----------------------------------------------------------------|---------|--|--------|
| <b>1b Sub-Total</b>                                             |         |  |        |
| <b>1c Total from continuation sheets to Part VII, Section A</b> |         |  |        |
| <b>1d Total (add lines 1b and 1c)</b>                           | 306,623 |  | 63,103 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000  
of reportable compensation from the organization ► 1

|   |                                                                                                                                                                                                                                               | Yes | No  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>                                        | 3   | No  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i> | 4   | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>                       | 5   | No  |

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

|                                                                                         |                                                                                                                                         |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|-----------|---------------|--------|--------|--|--|--------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| Form 990 (2019)                                                                         |                                                                                                                                         |               |                |           |               |        |        |  |  | Page <b>9</b>            |                                                    |                                         |                                                                    |
| Part VIII Statement of Revenue                                                          |                                                                                                                                         |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| Check if Schedule O contains a response or note to any line in this Part VIII . . . . . |                                                                                                                                         |               |                |           |               |        |        |  |  | <input type="checkbox"/> |                                                    |                                         |                                                                    |
|                                                                                         |                                                                                                                                         |               |                |           |               |        |        |  |  | (A)<br>Total revenue     | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts                               | 1a Federated campaigns . . . . .                                                                                                        |               | 1a             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | b Membership dues . . . . .                                                                                                             |               | 1b             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | c Fundraising events . . . . .                                                                                                          |               | 1c             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | d Related organizations                                                                                                                 |               | 1d             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | e Government grants (contributions)                                                                                                     |               | 1e             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                  |               | 1f             | 2,418,332 |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | g Noncash contributions included in<br>lines 1a - 1f \$                                                                                 |               | 1g             | 94,474    |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | h Total. Add lines 1a-1f . . . . .                                                                                                      |               |                |           |               |        |        |  |  |                          | 2,418,332                                          |                                         |                                                                    |
| Program Service Revenue                                                                 | 2a                                                                                                                                      |               | Business Code  |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         |                                                                                                                                         |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | b                                                                                                                                       |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | c                                                                                                                                       |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | d                                                                                                                                       |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | e                                                                                                                                       |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | f All other program service revenue                                                                                                     |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| g Total. Add lines 2a-2f. . . . .                                                       |                                                                                                                                         |               |                |           |               |        |        |  |  | 0                        |                                                    |                                         |                                                                    |
| Other Revenue                                                                           | 3 Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                             |               |                |           | 131,060       |        |        |  |  |                          | 131,060                                            |                                         |                                                                    |
|                                                                                         | 4 Income from investment of tax-exempt bond proceeds                                                                                    |               |                |           | 0             |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | 5 Royalties . . . . .                                                                                                                   |               |                |           | 0             |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         |                                                                                                                                         |               | (i) Real       |           | (ii) Personal |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | 6a Gross rents                                                                                                                          |               | 6a             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | b Less rental<br>expenses                                                                                                               |               | 6b             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | c Rental income<br>or (loss)                                                                                                            |               | 6c             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | d Net rental income or (loss) . . . . .                                                                                                 |               |                |           | 0             |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         |                                                                                                                                         |               | (i) Securities |           | (ii) Other    |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | 7a Gross amount<br>from sales of<br>assets other<br>than inventory                                                                      |               | 7a             |           | 193,355       |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | b Less cost or<br>other basis and<br>sales expenses                                                                                     |               | 7b             |           | 112,979       |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | c Gain or (loss)                                                                                                                        |               | 7c             |           | 80,376        |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | d Net gain or (loss) . . . . .                                                                                                          |               |                |           | 80,376        |        | 80,376 |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | 8a Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               | 8a             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | b Less direct expenses . . . . .                                                                                                        |               | 8b             |           | 23,562        |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | c Net income or (loss) from fundraising events . . . . .                                                                                |               |                |           | -23,562       |        |        |  |  |                          | -23,562                                            |                                         |                                                                    |
|                                                                                         | 9a Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                |               | 9a             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | b Less direct expenses . . . . .                                                                                                        |               | 9b             |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | c Net income or (loss) from gaming activities . . . . .                                                                                 |               |                |           | 0             |        |        |  |  |                          |                                                    |                                         |                                                                    |
|                                                                                         | 10a Gross sales of inventory, less<br>returns and allowances . . . . .                                                                  |               | 10a            |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| b Less cost of goods sold . . . . .                                                     |                                                                                                                                         | 10b           |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| c Net income or (loss) from sales of inventory . . . . .                                |                                                                                                                                         |               |                | 0         |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| Miscellaneous Revenue                                                                   |                                                                                                                                         | Business Code |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| 11a MISCELLANEOUS                                                                       |                                                                                                                                         | 900099        |                | 710       |               | 710    |        |  |  |                          |                                                    |                                         |                                                                    |
| b                                                                                       |                                                                                                                                         |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| c                                                                                       |                                                                                                                                         |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| d All other revenue . . . . .                                                           |                                                                                                                                         |               |                |           |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| e Total. Add lines 11a-11d . . . . .                                                    |                                                                                                                                         |               |                | 710       |               |        |        |  |  |                          |                                                    |                                         |                                                                    |
| 12 Total revenue. See instructions . . . . .                                            |                                                                                                                                         |               |                | 2,606,916 |               | 81,086 |        |  |  | 107,498                  |                                                    |                                         |                                                                    |

Form 990 (2019)

**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 ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                          | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                                 | 12,585                       | 12,585                                 |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                            | 0                            |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                                     | 1,033,339                    | 1,033,339                              |                                               |                                    |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                             | 306,623                      | 232,213                                | 51,297                                        | 23,113                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                        | 0                            |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                             | 435,368                      | 267,956                                | 18,506                                        | 148,906                            |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                                  | 111,298                      | 74,686                                 | 11,005                                        | 25,607                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                              | 104,597                      | 64,577                                 | 4,678                                         | 35,342                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                                       | 53,414                       | 35,629                                 | 4,866                                         | 12,919                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>a</b> Management.                                                                                                                                                                                                                                           | 0                            |                                        |                                               |                                    |
| <b>b</b> Legal.                                                                                                                                                                                                                                                | 0                            |                                        |                                               |                                    |
| <b>c</b> Accounting.                                                                                                                                                                                                                                           | 27,166                       |                                        | 27,166                                        |                                    |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                             | 0                            |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                              | 0                            |                                        |                                               |                                    |
| <b>f</b> Investment management fees.                                                                                                                                                                                                                           | 54,392                       |                                        | 54,392                                        |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                           | 37,332                       | 4,552                                  | 940                                           | 31,840                             |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                                           | 0                            |                                        |                                               |                                    |
| <b>13</b> Office expenses.                                                                                                                                                                                                                                     | 9,016                        | 6,016                                  | 830                                           | 2,170                              |
| <b>14</b> Information technology.                                                                                                                                                                                                                              | 0                            |                                        |                                               |                                    |
| <b>15</b> Royalties.                                                                                                                                                                                                                                           | 0                            |                                        |                                               |                                    |
| <b>16</b> Occupancy.                                                                                                                                                                                                                                           | 47,870                       | 31,956                                 | 4,387                                         | 11,527                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                              | 113,410                      | 91,577                                 | 10,561                                        | 11,272                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                              | 0                            |                                        |                                               |                                    |
| <b>20</b> Interest.                                                                                                                                                                                                                                            | 0                            |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                              | 0                            |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                                           | 152                          | 101                                    | 14                                            | 37                                 |
| <b>23</b> Insurance.                                                                                                                                                                                                                                           | 11,610                       | 5,680                                  | 3,897                                         | 2,033                              |
| <b>24</b> 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.)                                                    |                              |                                        |                                               |                                    |
| <b>a</b> FIELD REPS                                                                                                                                                                                                                                            | 153,534                      | 153,534                                |                                               |                                    |
| <b>b</b> SEACOLOGY PRIZE EXPENSES                                                                                                                                                                                                                              | 27,352                       | 27,352                                 |                                               |                                    |
| <b>c</b> PROJECT MONITORING EXPENSES                                                                                                                                                                                                                           | 25,018                       | 25,018                                 |                                               |                                    |
| <b>d</b> COMPUTER SERVICES                                                                                                                                                                                                                                     | 12,355                       | 8,262                                  | 1,101                                         | 2,992                              |
| <b>e</b> All other expenses                                                                                                                                                                                                                                    | 19,979                       | 14,547                                 | 1,682                                         | 3,750                              |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                                  | 2,596,410                    | 2,089,580                              | 195,322                                       | 311,508                            |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 32,566                       | 26,416                                 | 121                                           | 6,029                              |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                                                                      |                                                                                                                                                                                                                                | (A)<br>Beginning of year |           | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 591,093                  | <b>1</b>  | 430,197            |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      | 1,324,617                | <b>2</b>  | 462,595            |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          | 193,148                  | <b>3</b>  | 220,660            |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    |                          | <b>4</b>  | 0                  |
|                                                                                      | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  |                          | <b>5</b>  | 0                  |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                           |                          | <b>6</b>  | 0                  |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             |                          | <b>7</b>  | 0                  |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 |                          | <b>8</b>  | 0                  |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       | 125,581                  | <b>9</b>  | 110,740            |
|                                                                                      | <b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D                                                                                                                                   | <b>10a</b> 75,308        |           |                    |
|                                                                                      | <b>b</b> Less—accumulated depreciation                                                                                                                                                                                         | <b>10b</b> 57,306        | 152       | <b>10c</b> 18,002  |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     | 4,223,308                | <b>11</b> | 6,309,014          |
|                                                                                      | <b>12</b> Investments—other securities—See Part IV, line 11 . . . . .                                                                                                                                                          |                          | <b>12</b> | 0                  |
|                                                                                      | <b>13</b> Investments—program-related—See Part IV, line 11 . . . . .                                                                                                                                                           |                          | <b>13</b> | 0                  |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          |                          | <b>14</b> | 0                  |
|                                                                                      | <b>15</b> Other assets—See Part IV, line 11 . . . . .                                                                                                                                                                          | 604,912                  | <b>15</b> | 459,823            |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 7,062,811                                                                                                                                                                                                                      | <b>16</b>                | 8,011,031 |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 70,144                   | <b>17</b> | 77,724             |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             |                          | <b>18</b> |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           |                          | <b>19</b> |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |                          | <b>20</b> |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D                                                                                                                                                 |                          | <b>21</b> |                    |
|                                                                                      | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b> |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |                          | <b>23</b> |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |                          | <b>24</b> |                    |
|                                                                                      | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)<br>Complete Part X of Schedule D                                            |                          | <b>25</b> |                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                          | 70,144                   | <b>26</b> | 77,724             |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                           |                          |           |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 6,705,439                | <b>27</b> | 6,975,889          |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         | 287,228                  | <b>28</b> | 957,418            |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                    |                          |           |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |                          | <b>29</b> |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |                          | <b>30</b> |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                     |                          | <b>31</b> |                    |
|                                                                                      | <b>32</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                   | 6,992,667                | <b>32</b> | 7,933,307          |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 7,062,811                                                                                                                                                                                                                      | <b>33</b>                | 8,011,031 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                               |           |           |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 2,606,916 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 2,596,410 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 10,506    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 6,992,667 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 930,134   |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  |           |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 7,933,307 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 Act and OMB Circular A-133?
- 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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

# Additional Data

**Software ID:** 19009920  
**Software Version:** 2019v5.0  
**EIN:** 87-0495235  
**Name:** SEACOLOGY

Form 990 (2019)

**Form 990, Part III, Line 4a:**

IN 2019, SEACOLOGY'S BOARD OF DIRECTORS APPROVED 18 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 2019 PROJECTS FUNDED A VARIETY OF COMMUNITY BENEFITS IN RETURN FOR VARIOUS PROTECTIONS, AS DESCRIBED ON SCHEDULE O

**Form 990, Part III, Line 4b:**

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 PETER KALLANG AS THE 2019 PRIZE RECIPIENT ADDITIONAL DESCRIPTION ON SCHEDULE O

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**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2019**  
**Open to Public Inspection**

Name of the organization  
SEACOLOGY

Employer identification number  
87-0495235

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                                |                                                             |    |                                                   |                                                 |

Part II

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

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

Section A. Public Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                             | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")                                                                                                    | 1,929,242 | 3,093,011 | 2,472,046 | 2,049,870 | 2,418,332 | 11,962,501 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |           |           |           |           |           | 0          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |           |           |           |           |           | 0          |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                        | 1,929,242 | 3,093,011 | 2,472,046 | 2,049,870 | 2,418,332 | 11,962,501 |
| <b>5</b> 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) |           |           |           |           |           | 3,032,787  |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                         |           |           |           |           |           | 8,929,714  |

Section B. Total Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                        | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4                                                                                                            | 1,929,242 | 3,093,011 | 2,472,046 | 2,049,870 | 2,418,332 | 11,962,501 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 120,282   | 133,116   | 69,113    | 116,408   | 131,060   | 569,979    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |           |           |           |           |           | 0          |
| <b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))                              |           |           |           |           |           | 0          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                         |           |           |           |           |           | 12,532,480 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                               |           |           |           |           | <b>12</b> | -72,412    |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

|                                                                                                  |           |          |
|--------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 71.250 % |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14                        | <b>15</b> | 72.680 % |

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2019

**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.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                              | <b>3a</b>  |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        | <b>4b</b>  |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                           | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                              | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>   |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                      | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          | <b>9b</b>  |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               | <b>9c</b>  |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                          | <b>10b</b> |    |

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>a</b> 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 <b>Part VI</b> 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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>a</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                    |  |  |

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

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

| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                            |           | (A) Prior Year | (B) Current Year<br>(optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>  |                |                                |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>  |                |                                |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>  |                |                                |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>  |                |                                |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>  |                |                                |
| <b>6</b> 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) | <b>6</b>  |                |                                |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>  |                |                                |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>  |                |                                |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                           |           | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)                                                                           | <b>1</b>  |                |                                |
| <b>a</b> Average monthly value of securities                                                                                                                                                                      | <b>1a</b> |                |                                |
| <b>b</b> Average monthly cash balances                                                                                                                                                                            | <b>1b</b> |                |                                |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b> |                |                                |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b> |                |                                |
| <b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)                                                                                                                     |           |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>  |                |                                |
| <b>3</b> Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>  |                |                                |
| <b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                                                                                            | <b>4</b>  |                |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6</b> Multiply line 5 by .035                                                                                                                                                                                  | <b>6</b>  |                |                                |
| <b>7</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>  |                |                                |
| <b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>  |                |                                |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                           |           |                | Current Year                   |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>  |                |                                |
| <b>2</b> Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>  |                |                                |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>  |                |                                |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>  |                |                                |
| <b>5</b> Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | <b>6</b>  |                |                                |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |           |                |                                |

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

| <b>Section D - Distributions</b>                                                                                                                          | <b>Current Year</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                            |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                            |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                        |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                        |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions                                                                               |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                                |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6                                                                                             |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                          |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)                                                                                                                               | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2019</b> | <b>(iii)<br/>Distributable<br/>Amount for 2019</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2019 from Section C, line 6                                                                                                                                   |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2019<br>(reasonable cause required-- explain in <b>Part VI</b> )<br>See instructions                                                    |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2019                                                                                                                                        |                                     |                                                 |                                                    |
| <b>a</b> From 2014. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>b</b> From 2015. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>c</b> From 2016. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>d</b> From 2017. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>e</b> From 2018. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through e                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                           |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2019 distributable amount                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2014 not applied (see instructions)                                                                                                                                     |                                     |                                                 |                                                    |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                                                        |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2019 from Section D, line 7<br>\$                                                                                                                                    |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                           |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2019 distributable amount                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4                                                                                                                                              |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2<br>If the amount is greater than zero, explain in <b>Part VI</b><br>See instructions |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions                              |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c                                                                                                                            |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7                                                                                                                                                                    |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |

Additional Data

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EIN: 87-0495235  
Name: SEACOLOGY

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

Facts And Circumstances Test

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DLN: 93493226016520

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
SEACOLOGY

Employer identification number  
87-0495235

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a Revenue included on Form 990, Part VIII, line 1  
b Assets included in Form 990, Part X

► \$

► \$

► \$

► \$

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

Cat No 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 2,931,246        | 3,218,417      | 1,128,405          | 473,953              | 496,240             |
| b Contributions                                  |                  | 57,926         | 1,887,578          | 700,000              |                     |
| c Net investment earnings, gains, and losses     | 614,922          | -234,803       | 310,597            | 54,452               | -8,837              |
| d Grants or scholarships                         | 113,025          | 110,294        | 108,163            | 100,000              | 13,450              |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 3,433,143        | 2,931,246      | 3,218,417          | 1,128,405            | 473,953             |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                         |                                      |                                 |                              |                |
| b Buildings                                                                                     |                                      |                                 |                              |                |
| c Leasehold improvements                                                                        |                                      | 20,782                          | 20,782                       |                |
| d Equipment                                                                                     |                                      | 12,524                          | 12,524                       |                |
| e Other                                                                                         |                                      | 42,002                          | 24,000                       | 18,002         |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 18,002         |

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                             |
| (2) Closely-held equity interests . . . . .                             |                |                                                             |
| (3) Other _____                                                         |                |                                                             |
| (A)                                                                     |                |                                                             |
| (B)                                                                     |                |                                                             |
| (C)                                                                     |                |                                                             |
| (D)                                                                     |                |                                                             |
| (E)                                                                     |                |                                                             |
| (F)                                                                     |                |                                                             |
| (G)                                                                     |                |                                                             |
| (H)                                                                     |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶     |                |                                                             |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                 |                |                                                             |
| (2)                                                                 |                |                                                             |
| (3)                                                                 |                |                                                             |
| (4)                                                                 |                |                                                             |
| (5)                                                                 |                |                                                             |
| (6)                                                                 |                |                                                             |
| (7)                                                                 |                |                                                             |
| (8)                                                                 |                |                                                             |
| (9)                                                                 |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ |                |                                                             |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ | 459,823        |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| (2)                                                                 |                |
| (3)                                                                 |                |
| (4)                                                                 |                |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ |                |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 3,482,658 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 930,134   |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 930,134   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 2,552,524 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 54,392    |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 54,392    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 2,606,916 |

**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.

|          |                                                                                                           |           |           |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 2,542,018 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                          |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 2,542,018 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 54,392    |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 54,392    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 2,596,410 |

**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.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII**   **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:** 19009920  
**Software Version:** 2019v5.0  
**EIN:** 87-0495235  
**Name:** SEACOLOGY

## Supplemental Information

| Return Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part V, Line 4 Intended uses of the endowment fund | <p>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 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 Corporations long-term viability. Each year, some of these separate quasi-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. Quasi-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 and income. Amounts earned on investment returns for the Falealupo Endowment are released from restriction and appropriated as earned. Distributions from the Falealupo Endowment are made on a case-by-case basis.</p> |

## Supplemental Information

| Return Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part X    FIN48 Footnote | <p>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 has measured the Corporations 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 (four years for California). 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.</p> |

|                                                                                                      |                                                                                                                                                                                                                                                                                                            |  |                                                                              |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|
| <b>SCHEDULE F</b><br><b>(Form 990)</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Statement of Activities Outside the United States</b><br><br>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.<br>▶ Attach to Form 990.<br><br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  | OMB No 1545-0047<br><br><div>2019</div> <div>Open to Public Inspection</div> |
|                                                                                                      | <b>Name of the organization</b><br>SEACOLOGY                                                                                                                                                                                                                                                               |  | <b>Employer identification number</b><br><br>87-0495235                      |
|                                                                                                      | <b>Part I</b> <b>General Information on Activities Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.                                                                                                                                              |  |                                                                              |

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 
☒ **Yes**
☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3**    Activities per Region (The following Part I, line 3 table can 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 the region | (d) Activities conducted in 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 | (f) Total expenditures for and investments in the region |
|---------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| See Add'l Data                                    |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                   |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                   |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                   |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                   |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| <b>3a</b> Sub-total                               |                                     | 30                                                                         |                                                                                                                                                |                                                                                                        | 1,222,969                                                |
| <b>b</b> Total from continuation sheets to Part I |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| <b>c Totals</b> (add lines 3a and 3b)             |                                     | 30                                                                         |                                                                                                                                                |                                                                                                        | 1,222,969                                                |

**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.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 27

|   |                                                       |    |
|---|-------------------------------------------------------|----|
| 3 | Enter total number of other organizations or entities | 10 |
|---|-------------------------------------------------------|----|

|                 |                                                                                                                                                         |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16. |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 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 ☒ 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, don't file with Form 990)* ☐ Yes ☒ 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 ☒ 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 ☒ 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 ☒ 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, don't file with Form 990)* ☐ Yes ☒ No

**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.

**990 Schedule F, Supplemental Information**

| Return Reference                                                                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 2 -<br>Grantmakers<br>Explanation For<br>Monitoring Use of<br>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. |

## Additional Data

**Software ID:** 19009920

**Software Version:** 2019v5.0

**EIN:** 87-0495235

**Name:** SEACOLOGY

### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region         | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| SOUTH ASIA         | 0                                   | 0                                           | GRANTS                                                                                                                         |                                                                                                    | 582,299                           |
| SUB-SAHARAN AFRICA | 0                                   | 0                                           | GRANTS                                                                                                                         |                                                                                                    | 58,192                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| CENTRAL AMERICA AND THE CARIB | 0                                   | 0                                           | GRANTS                                                                                                                         |                                                                                                    | 84,860                            |
| EAST ASIA & THE PACIFIC       | 0                                   | 0                                           | GRANTS                                                                                                                         |                                                                                                    | 250,816                           |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| SOUTH AMERICA | 0                                   | 0                                           | GRANTS                                                                                                                         |                                                                                                    | 24,577                            |
| SOUTH AMERICA | 0                                   | 5                                           | PROGRAM SERVICES                                                                                                               | PROJECT MONITORING                                                                                 | 22,652                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region      | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| CENTRAL AMERICA | 0                                   | 6                                           | PROGRAM SERVICES                                                                                                               | PROJECT MONITORING                                                                                 | 20,114                            |
| EAST ASIA       | 0                                   | 10                                          | PROGRAM SERVICES                                                                                                               | PROJECT MONITORING                                                                                 | 69,075                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region         | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| SUB-SAHARAN AFRICA | 0                                   | 2                                           | PROGRAM SERVICES                                                                                                               | PROJECT MONITORING                                                                                 | 19,816                            |
| SOUTH ASIA         | 0                                   | 4                                           | PROGRAM SERVICES                                                                                                               | PROJECT MONITORING                                                                                 | 44,241                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| EUROPE        | 0                                   | 2                                           | PROGRAM SERVICES                                                                                                               | PUBLIC EDUCATION                                                                                   | 7,487                             |
| NORTH AMERICA | 0                                   | 1                                           | PROGRAM SERVICES                                                                                                               | PROJECT MONITORING                                                                                 | 6,245                             |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| NORTH AMERICA | 0                                   | 0                                           | GRANTS                                                                                                                         |                                                                                                    | 32,595                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | CARIB/CEN AMER | ECOTOURISM EQUIP     | 17,497                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | CARIB/CEN AMER | EDUCATION CAMPAIGN   | 35,674                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | CARIB/CEN AMER | FLOATING DOCK        | 16,918                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | CARIB/CEN AMER | MANGROVE BOARDWALK   | 5,050                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | CARIB/CEN AMER | MANGROVE TOURISM     | 5,050                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | CARIB/CEN AMER | SITE VISITS          | 23                       | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | CARIB/CEN AMER  | WOMEN'S COOPERATIVE  | 4,647                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | AERIAL WALKWAY       | 6,800                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | BAMBOO PROC FACIL    | 19,518                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | BASKETBALL COURT     | 2,875                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | COMM RESOURCE CTR    | 24,500                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | COMMUNITY HALL       | 12,761                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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) |
|--------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
|                          |                                             | EAST ASIA/PACIF | COMMUNITY HALL       | 2,276                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                          |                                             | EAST ASIA/PACIF | COMMUNITY HALL       | 2,655                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | COMMUNITY HALL       | 237                      | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | COMMUNITY HALL       | 797                      | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | CONSERVATION CENTER  | 19,934                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | ECOTOURISM INITIAT   | 10,007                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | EDUCATION CENTER     | 30,216                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | EDUCATION CENTER     | 33,966                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | ENERGY SYSTEM        | 2,362                    | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | PIER CONSTRUCTION    | 8,750                    | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | SCHOOL RENOVATION    | 10,086                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | SWIFTLET HUTS        | 452                      | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                 |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | EAST ASIA/PACIF | TRAINING/FACILITIES  | 23,198                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | EAST ASIA/PACIF | WATER SYSTEM         | 29,427                   | WIRE TRANS                      |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |               |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | NORTH AMERICA | MOORING BUOYS        | 2,595                    | WIRE TRANSFE                    |                                   |                                        | U S DOLLARS                                           |
|                                                                            |                                             | NORTH AMERICA | TOURISM              | 30,000                   | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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) |
|--------------------------|---------------------------------------------|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
|                          |                                             | SOUTH AMERICA | INTERPRETIVE CENTER  | 1,620                    | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |
|                          |                                             | SOUTH AMERICA | MANAGEMENT PLAN      | 3,421                    | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |               |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | SOUTH AMERICA | TOURIST AWARENESS    | 2,767                    | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | SOUTH AMERICA | WASTE MGMT CENTER    | 16,769                   | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |            |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | SOUTH ASIA | EDUCATION CENTER     | 13,729                   | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |
|                                                                            |                                             | SOUTH ASIA | JOB TRAINING/LOANS   | 568,570                  | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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) |
|--------------------------|---------------------------------------------|----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
|                          |                                             | SUB SAH AFRICA | COMM TRAINING CTR    | 11,086                   | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |
|                          |                                             | SUB SAH AFRICA | ECOTOURISM BUNGALOW  | 17,963                   | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |                                             |                |                      |                          |                                 |                                   |                                        |                                                       |
|----------------------------------------------------------------------------|---------------------------------------------|----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (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) |
|                                                                            |                                             | SUB SAH AFRICA | WATER CISTERN        | 29,143                   | WIRE TRANSFE                    |                                   |                                        | US DOLLARS                                            |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
SEACOLOGY

Employer identification number  
87-0495235

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government                           | (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)<br>LONG LIAM COMM CO GREEN EMP<br>140 SW YAMILL ST<br>PORTLAND, OR 97204 | 93-1230409 | 501(C)(3)                       | 7,585                    | 0                                 |                                                       |                                       | 524-ACRE RESERVE PROTECTION        |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**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 |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (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.

| Return Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grantmaker's Description of How Grants are Used | 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<br>(Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br/>▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div> | OMB No 1545-0047          |
|                          |                                                                                                                                                                                                                                                                                                                                                                                           | 2019                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                           | Open to Public Inspection |

|                                                        |                                       |                                              |
|--------------------------------------------------------|---------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service | Name of the organization<br>SEACOLOGY | Employer identification number<br>87-0495235 |
|--------------------------------------------------------|---------------------------------------|----------------------------------------------|

| Part I Questions Regarding Compensation                                                                                                                                                                                                                                                                                              |                                                                                     | Yes       | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                                                                                          |                                                                                     |           |    |
| <input type="checkbox"/> First-class or charter travel                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Housing allowance or residence for personal use            |           |    |
| <input type="checkbox"/> Travel for companions                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Payments for business use of personal residence            |           |    |
| <input type="checkbox"/> Tax indemnification and gross-up payments                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Health or social club dues or initiation fees              |           |    |
| <input type="checkbox"/> Discretionary spending account                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |           |    |
| <b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.                                                                                                     |                                                                                     | <b>1b</b> |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?                                                                                                          |                                                                                     | <b>2</b>  |    |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |                                                                                     |           |    |
| <input checked="" type="checkbox"/> Compensation committee                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Written employment contract                                |           |    |
| <input type="checkbox"/> Independent compensation consultant                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Compensation survey or study                    |           |    |
| <input type="checkbox"/> Form 990 of other organizations                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Approval by the board or compensation committee |           |    |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:                                                                                                                                                                        |                                                                                     |           |    |
| <b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                   |                                                                                     | <b>4a</b> | No |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                       |                                                                                     | <b>4b</b> | No |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                          |                                                                                     | <b>4c</b> | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                        |                                                                                     |           |    |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                              |                                                                                     |           |    |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:                                                                                                                                                                            |                                                                                     |           |    |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                                     | <b>5a</b> | No |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                                     | <b>5b</b> | No |
| If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                                     |           |    |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                                                                                                                                                                        |                                                                                     |           |    |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                                     | <b>6a</b> | No |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                                     | <b>6b</b> | No |
| If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                                     |           |    |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.                                                                                                                                            |                                                                                     | <b>7</b>  | No |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                |                                                                                     | <b>8</b>  | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                    |                                                                                     | <b>9</b>  |    |

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 are not 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.

[illegible]

**Part III**   **Supplemental Information**

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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
SEACOLGY

Employer identification number  
87-0495235

Part I

Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 10                                                     | 94,064                                                                                | FMV                                                          |
| 10 Securities—Closely held stock . . . . .                                 |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                | X                             | 1                                                      | 410                                                                                   | FMV                                                          |
| 20 Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 25 Other ► ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |
| 26 Other ► ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |
| 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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

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

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

Cat No 51227J

Schedule M (Form 990) (2019)

**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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

Department of the Treasury

Name of the organization  
SEACOLOGY**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019****Open to Public  
Inspection****Employer identification number**

87-0495235

**990 Schedule O, Supplemental Information**

| Return Reference                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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, and the Accounting Manager, each acting on behalf of the Board of Directors, prior to submitting the Form 990 to taxing authorities |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c<br>Explanation<br>of Monitoring<br>and<br>Enforcement<br>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, ANDE 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 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                                            | Explanation                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>15b<br>Compensation<br>Review and<br>Approval<br>Process for<br>Officers and<br>Key<br>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 MEETING IS HELD PER YEAR |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>19 Other<br>Organization<br>Documents<br>Publicly<br>Available | <p>Financial Reports Seacology prepares an Annual Report and distributes it to the public via email, mail, and by posting it on Seacologys 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 Services 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</p> |

| Return Reference                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Row 4A, Statement of Program Service Accomplishments | <p>SEACOLOGY'S 2019 PROJECTS FUNDED A VARIETY OF COMMUNITY BENEFITS IN RETURN FOR VARIOUS PROTECTIONS, INCLUDING 1 PROTECTION OF 783 ACRES OF WATERSHED FOR 20 YEARS ON LUZON ISLAND IN PHILIPPINES IN SOUTHWEST CORNER OF THE MOUNT ISAROG NATIONAL PARK, IN EXCHANGE FOR TRAINING AND FACILITIES FOR ALTERNATIVE LIVELIHOODS 2 PROTECTION OF 185 ACRES OF FOREST FOR 15 YEARS ON BORNEO IN MALAYSIA NEAR MALAPI VILLAGE, IN EXCHANGE FOR GRAVITY-FED CLEAN WATER SUPPLY SYSTEM 3 PROTECTION OF 5,548 ACRES OF FOREST FOR 15 YEARS ON BORNEO IN MALAYSIA NEAR TIGA VILLAGE, IN EXCHANGE FOR ECOTOURISM INITIATIVE INCLUDING TRAILS, SIGNAGE, AND CHALET 4 INCREASED MONITORING AND PROTECTION OF 3,500 ACRES OF FOREST IN MADAGASCAR NEAR MAN DENA, MANANTENINA, AND AMBOHIMANARINA VILLAGES, IN EXCHANGE FOR REPAIR OF FOUR ECOTOURISM BUNGALOWS AND RESTROOM BLOCK 5 NEW 67-ACRE FISH REPLENISHMENT ZONE FOR FIVE YEARS AND ENVIRONMENTAL EDUCATION ON ELEPHANT STONE KEYS ISLAND IN SANTO TOMS DE CASTILLA BAY IN GUATEMALA IN EXCHANGE FOR ECOTOURISM EQUIPMENT, TECHNICAL HELP TO PREPARE THE REQUEST FOR FISH REPLENISHMENT ZONE, SCHOLARSHIPS FOR FISHERS' CHILDREN, AND SOLAR POWER 6 FIVE NO-TAKE MARINE ZONES, TOTALING 10,403 ACRES, FOR 10 YEARS ON ONEISOMW ISLAND OF CHUUK, FEDERATED STATES OF MICRONESIA, IN EXCHANGE FOR COMMUNITY RESOURCE CENTER 7 ENFORCEMENT OF A 2,676-ACRE PROTECTED AREA CONSISTING OF LAGOON, MIXED VEGETATION, AND MANGROVE HABITAT FOR 15 YEARS ON HISPANIOLA ISLAND OF DOMINICAN REPUBLIC IN THE EL LIMN LAGOON, IN EXCHANGE FOR REPAIR AND IMPROVEMENT OF ECOTOURISM INFRASTRUCTURE (JETTY, RESTROOMS, ETC) 8 NEW 772-SQUARE-MILE PERMANENT MARINE PROTECTED AREA ON AUTEN ISLAND IN CHILE, IN EXCHANGE FOR SOLAR-POWERED WASTE MANAGEMENT CENTER 9 PROTECTING AND RESTORING 52 ACRES OF THE TOLOA RAINFOREST RESERVE FOR 20 YEARS ON TONGATAPU ISLAND IN TONGA IN PART OF THE TOLOA RAINFOREST RESERVE, IN EXCHANGE FOR INFORMATION AND EDUCATION CENTER 10 PROTECTION OF 1,000-ACRE DUGONG SEAGRASS HABITAT AND 26 ACRES OF FEEDING GROUNDS FOR MIGRATORY BIRDS FOR 10 YEARS ON LIBONG ISLAND IN THAILAND, IN EXCHANGE FOR ENVIRONMENTAL EDUCATION AND CULTURAL CENTER 11 NEW 50-ACRE MARINE PROTECTED AREA ON MARIKABAN ISLAND OF PHILIPPINES NEAR TINGLOY MUNICIPALITY, IN EXCHANGE FOR NATURE CONSERVATION CENTER 12 PREVENT HEAVY METAL CONTAMINATION OF ISLAND AND RESTORE BIRD NESTING AREA ON NATIVIDAD ISLAND IN MEXICO, IN EXCHANGE FOR SUPPORT OF COMMUNITY'S LOW-IMPACT TOURISM EFFORT 13 PROTECTION OF 833-ACRE FOREST FOR 15 YEARS ON BORNEO IN MALAYSIA NEAR TAMPASAK VILLAGE, IN EXCHANGE FOR GRAVITY-FED WATER SYSTEM 14 4,032 ACRES WATERSHED CATCHMENT AREA FOR 15 YEARS ON BORNEO IN MALAYSIA NEAR KOLOSUNAN VILLAGE, IN EXCHANGE FOR SWIFTLET HUT TO PROVIDE SUSTAINABLE INCOME 15 CONSERVATION OF 198 ACRES OF MANGROVE FOREST IN PERPETUITY ON GIRIAMA ISLAND, IN EXCHANGE FOR WATER CISTERN, OFFICE EQUIPMENT FOR THE MARENENI BEACH MANAGEMENT UNIT AND REPLANTATION OF MANGROVES 16 INCREASED ENFORCEMENT OF FISH SANCTUARY REGULA</p> |

990 Schedule O, Supplemental Information

| Return Reference                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Row 4A, Statement of Program Service Accomplishments | <p>TIONS IN ORACABESSA BAY IN JAMAICA, IN EXCHANGE FOR FLOATING DOCK 17 PROTECTING AND REPLANTING IN 128 ACRES OF RAINFOREST FOR 15 YEARS ON JAVA IN INDONESIA NEAR MANDALAMEKAR VILLAGE, IN EXCHANGE FOR BAMBOO PROCESSING FACILITY TO PROMOTE SUSTAINABLE INCOME 18 PROTECTION OF 1,939 ACRES OF FOREST AND A 900-ACRE MANGROVE AND MARINE SANCTUARY FOR 15 YEARS ON VANUA LEVU ISLAND IN FIJI NEAR KOROLEVU VILLAGE, IN EXCHANGE FOR NEW COMMUNITY HALL THIS WAS THE FIFTH AND FINAL YEAR OF SEACOLOGY'S SRI LANKA 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 OF SRI LANKA'S EXISTING MANGROVE FORESTS BY PROVIDING ALTERNATIVE JOB TRAINING AND MICROLOANS TO IMPOVERISHED WOMEN WHO LIVE IN SMALL COMMUNITIES ADJACENT TO THE MANGROVE FORESTS THE PROJECT IS ALSO REPLANTING 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 COMMUNITIES WILL BE RESPONSIBLE FOR PROTECTING MANGROVE FORESTS A FIRST-OF-ITS KIND MANGROVE MUSEUM TO EDUCATE THE PUBLIC ABOUT THE IMPORTANCE OF PRESERVING THIS RESOURCE WAS BUILT AS PART 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 MANY YEARS THIS PARTNERSHIP WILL GIVE MANY 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</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Row 4B, Statement of Program Service Accomplishments | <p>PETER IS A MEMBER OF SARAWAKS INDIGENOUS KENYAH COMMUNITY, LED A SUCCESSFUL CAMPAIGN TO HALT THE BUILDING OF A SERIES OF MEGA-DAMS ON BORNEO THE DAMS WOULD HAVE FLOODED VAST TRACTS OF LAND, INCLUDING PRISTINE RAINFORESTS, AND DISLOCATED TENS OF THOUSANDS OF INDIGENOUS PEOPLE THE MALAYSIAN STATE OF SARAWAK IS HOME TO SOME OF THE WORLDS MOST CRITICALLY ENDANGERED AND BIODIVERSE FORESTS INDIGENOUS COMMUNITIES, INCLUDING THE KENYAH, KAYAN, AND PENAN, HAVE LIVED IN HARMONY WITH THEIR ENVIRONMENTS FOR GENERATIONS NOW, HOWEVER, THEY FACE ENCROACHMENT BY TIMBER COMPANIES AND PALM OIL PLANTATIONS A HUGE THREAT CAME FROM SARAWAKS INDUSTRIALIZATION PLAN, WHICH INCLUDED 12 MEGA-DAMS THE SARAWAK CORRIDOR OF RENEWABLE ENERGY (SCORE) THE PLAN INCLUDED THE BARAM DAM, WHICH WOULD HAVE, WITHOUT CONSULTING LOCAL PEOPLE, DISPLACED 20,000 KENYAH PEOPLE AND FLOODED 400 SQUARE KILOMETERS OF RAINFOREST MR KALLANG HAS BEEN A LIFELONG CAMPAIGNER FOR THE PEOPLE OF SARAWAK IN 2011, WHEN HE WAS 61, HE BECAME THE CHAIRMAN OF SAVE RIVERS, A SARAWAK NGO HE IMMEDIATELY FOCUSED ON STOPPING THE BARAM DAM WITH THE SUPPORT OF COMMUNITY LEADERS, HE GALVANIZED PROTESTS AND DEMONSTRATIONS, INCLUDING RIVER FLOTILLAS IN TOWNS AND REMOTE RURAL AREAS THE LARGEST OF THESE PROTESTS WERE TWO CONCURRENT TWO-YEAR BLOCKADES ONE BLOCKADE PREVENTED CONSTRUCTION OF AN ACCESS ROAD TO THE PROPOSED SITE OF THE BARAM DAM, AND THE OTHER STOPPED ALL WORK AT THE SITE SIMULTANEOUSLY, MR KALLANG WAS RAISING AWARENESS AND BUILDING COALITIONS INTERNATIONALLY, AND CONFRONTING INVESTOR AUDIENCES IN AUSTRALIA AND NORWAY MR KALLANG ALSO ENLISTED EXPERTS TO PROVE TO GOVERNMENT AND INTERNATIONAL FUNDERS THAT A BETTER FUTURE LAY WITH SMALL-SCALE RENEWABLE ENERGY PROJECTS THESE ECO-FRIENDLY PROJECTS WOULD PROVIDE LONG-TERM COMMUNITY AND ENVIRONMENT BENEFITS, RATHER THAN MASS DISPLACEMENT AND ENVIRONMENTAL DESTRUCTION IN 2016, THE GOVERNMENT CAPITULATED, AND CANCELED THE BARAM DAM</p> |