Form

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

men	nai Revenue Servici		▶ Go t	o www.irs.gov/Forr	m990 for instruction	is and the latest	information.		ins	spection
A	For the 2018	calendar year, or		nning	, and ending					
В	Check if applicable:	C Name of organization	on					D Employer	identification	n number
	Address change		SEAL	CONSERVANC	CY					
$\overline{\Box}$	Name change	Doing business as						33-08	355202	2
=		The state of the s		is not delivered to stree	et address)		Room/suite	E Telephone	number	
	Initial return/	PO BOX 2		, and ZIP or foreign pos	etal code					
	terminated									00 001
	Amended return	F Name and address		CA 92	038		_	G Gross rece	eipts\$	22,681
=							H(a) is this a d	roup return for s	ubordinates?	Yes X No
	Application pending		RELDAN						ř	= =
		PO BOX		_				ubordinates incl	_	Yes No
_		LA JOLL	A	C	A 92038	_	II "No	o," attach a list.	(see instruction	ons)
1	Tax-exempt status:		501(c) () < (insert no.)	4947(a)(1) or	527				
J	Website: ▶ N	/A					H(c) Group ex	emption number	er 🕨	
K	Form of organization	: X Corporation	Trust As	sociation Other		LY	ear of formation:		M State of le	egal domicile:
P	Part I Su	ımmary					4-7-7-7			
. Governance	SEE	SCHEDULE O	organization d	iscontinued its ope	erations or disposed line 1a)	d of more than 2	25% of its net	assets.	4	
ග	4 Number	of voting members	ting members	of the governing by	ody (Part VI, line 1b			4	4	
iţie	4 Number 5 Total nur	or independent vo	ang members o	clander year 2019	B (Part V, line 2a)	"		5	0	
Activities		mber of volunteers						6	0	
Ă), line 12					0
					ne 38			7b		0
_	Diver dille	lated business tax	able illollie il	5m r 6m 330-1, m	116 30	1	Prior Ye		Curr	rent Year
Revenue	8 Contribut	tions and grants (F	art VIII, line 1	h)			5	6,482		22,681
		service revenue (1-1				7,000		0
Se .		ent income (Part V					0			
ď		venue (Part VIII, c						0		
		enue - add lines			5	6,482		22,681		
	13 Grants a	nd similar amount	s paid (Part IX,	column (A), lines	1–3)					0
		paid to or for men					0			
S	AF October				column (A), lines 5-					0
Expenses	16a Professio)					0
be	b Total fun	draising expenses	(Part IX, colur	nn (D), line 25) ▶		746				
ш	17 Other ex	penses (Part IX, o	column (A), line	s 11a-11d, 11f-2	4e)		6	2,142		21,073
					nn (A), line 25)		6	2,142		21,073
	19 Revenue	less expenses. S	subtract line 18	from line 12				5,660		1,608
Net Assets or	3						Beginning of Co		Enc	of Year
Sset	20 Total ass	sets (Part X, line 1						1,049		2,657
A	21 Total liab	oilities (Part X, line	* * * * * * * * * * * * * * * * * * * *				_	0		0 (57
Z	22 Net asse	ets or fund balance		21 from line 20			_	1,049		2,657
	- Carriery Co.	gnature Bloc								
U	Inder penalties of	perjury, I declare the	at I have examin	ed this return, included	ding accompanying so ased on all informatio	hedules and state	ements, and to t	he best of my	knowledge	e and belief, it is
	ue, correct, and t	omplete. Declaration	To preparer (or	ner than onicer) is b	ased on all informatio	ar or writer propar	To has any kno	mougo.		
Sig	an 3	Signature of officer						Date		
2 2 3	ere	DR JANE	RELDAN			PRESI	DENT			
. 10		Type or print name and		-						
_		e preparer's name		Preparer's	signature	**	Date	Check	if PTI	N
Pai		MCAULIFFE.		BYRNE	MCAULIFFE		02/2	5/19 self-em	ployed P0	0554023
Pre	eparer Firm's na	. 30	TAWIL	& ASSOCIA			1	Firm's EIN		2045025
Us	e Only				O NORTH S	TE 1010				
	Firm's a		N DIEGO		.08-5711			Phone no.	619-2	270-1286
Ma				hown above? (see			15.1111.111.11.11.1			Yes No
_		fuction Act Notice,	10.0							Form 990 (2018)
DA										

	0 (2018) SEAL					33-0855202		Page 2
Part			gram Service			ne in this Part III		X
1 Bri	efly describe the	organization's	mission:	response or	note to any in	ic in this rait in		
THE	MISSION	OF THE	E SEAL CO	AL, EDUC	CY IS TO CATIONAL,	PRESERVE AN SCIENTIFIC,	HISTORIC	THE LA JOI , AND SCENI
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prid	or Form 990 or 99 Yes," describe the	00-EZ? ese new service	ces on Schedule	O.		ch were not listed on th		Yes X No
ser	vicee?				es in how it condu	cts, any program		Yes X No
4 De exp	scribe the organiz	ation's progra 01(c)(3) and 5	m service accon 501(c)(4) organiz	ations are requi	red to report the a	argest program services mount of grants and al		
4a (Co	ode:) (Expenses \$		includi	no grants of \$) (Revenue \$	
	ORGANIZ		PRIMARY	EXEMPT	DIDDOCE			

N/A								
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4c (Cd N/A		Expenses \$		includi	ng grants of\$) (Revenue \$)
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14 04	AND MYNAPARA AAA	noe (Docariba	in Schodula ()					
	per program servi		in Schedule O.) 703 including) (Revenue \$)

Form 990 (2018) SEAL CONSERVANCY Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		7	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			3
	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			3
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		2
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			П
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		2
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	1/1/1/1		Talento I
1	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
•	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	11b		
	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			
1	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
3	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		-
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
9	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	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			
	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			
	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)			
	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	11/1		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III			-
a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			-
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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		990	-

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on _	Yes	No
22				x
3	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	y. 1111		
	employees? If "Yes," complete Schedule J	23		X
4a	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	248	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ear		
	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	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)	X
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	4		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
_	disqualified persons? If "Yes," complete Schedule L, Part II	26	+	X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	10.0		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
0	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			A
8	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):		130	
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		+	
D	Schedule L, Part IV	28		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member the			
٠	- 1988년 1일	28		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule		_	X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, Part I 31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regula	itions		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	III,		
	or IV, and Part V, line 1	34		X
5a	The state of the s	35	1	X
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)	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2		-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organiz	A 200		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pa. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b		+	X
88	19? Note. All Form 990 filers are required to complete Schedule O.	38		x
P	art 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			
		1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		9
C		176	1	1000
	reportable gaming (gambling) winnings to prize winners?			X

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes." see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Form 990 (2018)

Part VI Governance, Management, Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	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.	40		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			**
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			**
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		**
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1000
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	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	9	-1- 1	X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 00	100000	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	-	X
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?	10b		77
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	**
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		X
5	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?	1	5	-
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		9	186
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	LILIBUR WODERO I I ABOTROSS WODERO I I INON FOGUEST I I ARRAS (AVEIGIS IN CARACITA CI)			
	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
9			.	

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	018) SEAL CONSERVANCY	33-0855202	Page
Part VII	Compensation of Officers, Directors Independent Contractors	s, Trustees, Key Employees, Highest Compensate	ed Employees, and
	Check if Schedule O contains a respon	nse or note to any line in this Part VII	П
Section A.	Officers, Directors, Trustees, Key Employee	es, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (E) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation from compensation amount of week box, unless person is both an other (list any officer and a director/frustee) the organizations compensation hours for omanization (W-2/1099-MISC) from the (W-2/1099-MISC) related ndividual lignest organization stitutional and related omanizations employee below datted organizations compensated line) trustee trustee (1) DR JANE RELDAN 10.00 PRESIDENT 0.00 X X 0 0 (2) KATHY OZANICH 10.00 VICE PRESIDENT 0.00 X 0 0 X (3) MICHAEL GOLD 10.00 0.00 TREASURER X X 0 0 (4) HANNELORE CICCARELLI 10.00 SECRETARY 0.00 X 0 0 0 (5) (6) (7) (8) (9) (10)(11)

Form 990 (2018)

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(A) Name and title	(B) Average hours per week (list any hours for	(do box offi	not o	Pos neck os pe	ition more rson i	than o	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			on ed ns
				-				·			
Sub-total Total from continuation sh Total (add lines 1b and 1c) Total number of individuals (reportable compensation from	neets to Part VII	limit	ed to	Α			▶ abo	eve) who received more th	an \$100,000 of		/ I N
 Did the organization list any employee on line 1a? If "Yes For any individual listed on li organization and related org individual 	s," complete Sche ine 1a, is the sun anizations greate	n of r tha	repo	or su rtabl 150,0	e co	mpe ompe	dual nsat /es,	ion and other compensati complete Schedule J for	on from the such	3	Yes No
5 Did any person listed on line for services rendered to the	organization? If '	Yes	cor " co.	mple mple	te S	on tr	om Iule	J for such person	or individual	5	х
1 Complete this table for your compensation from the organ	five highest com									x vear	
	(A) nd business address	~ <u>.</u>	70110		101	uio (Descri	(B) ption of services		(C) pensation
											-
2 Total number of independen	t contractors (inc	ludin	g bu	it no	t lim	ited !	to th	ose listed above) who		7 - 1 9	

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					(A)	(B) Related or	(C)	(D)
					Total revenue	exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a	Federated campaigns	1a					
힏	b	Membership dues	1b					
Ā	C	Fundraising events	1c		To survive the distribution of			
a		Related organizations	1d					
Ē	е	Government grants (contributions)	1e					
2	f	All other contributions, gifts, grants,		1				
휲		and similar amounts not included above	e 1f	22,681				
9	g	Noncash contributions included in lines	1a-1f. \$					
a	h	Total. Add lines 1a-1f			22,681			
				Busn. Code				
20	2a	*						
2	b							
3	¢	***************************************						
8	d							
Ē	е							
5	f	All other program service re						
	g	Total. Add lines 2a-2f						
1	3	Investment income (includin	ng dividends, i	nterest,				
		and other similar amounts)		▶ _				
	4	Income from investment of	tax-exempt bo	nd proceeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
-	C	Rental inc. or (loss)				NEW RIGHTS		
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securiti	ies	(ii) Other				
		other than inventory				Street Table		
- 1	b	Less: cost or other			" = 1			
- 1		basis & sales exps.						
	С	Gain or (loss)						
- 1	d	Net gain or (loss)						
<u>ه</u> ا	8a	Gross income from fundraising	events		12.3/11			
venue		(not including \$			- 1 - 1			
		of contributions reported on line	1c).					
Other Re		See Part IV, line 18	a					
ᆲ	b	Less: direct expenses					1 1 2 2 2	
9		Net income or (loss) from fi		nts ▶				
	9a	Gross income from gaming acti						
		See Part IV, line 19	a					
	b	Less: direct expenses						
		Net income or (loss) from g		s >				
		Gross sales of inventory, le						
		returns and allowances	a			Mark Town		
1	b	Less: cost of goods sold	ь					
1	С	Net income or (loss) from s	sales of invento	ory ▶				
		Miscellaneous Revenu	ue	Busn. Code				
	11a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d			00 000			
	12	Total revenue. See instruc	ctions		22,681	0	0	

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a response	omplete all columns. All of	ther organizations must on this Part IX	omplete column (A).	ভ
Do n	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	21,073	10,703	9,624	746
12	Advertising and promotion	21,075	10,700	3,021	
13					
14	Office expenses Information technology				
15					
16	Royalties Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				The second
а					
b					
C					
d	A N				
	All other expenses	21,073	10,703	9,624	746
25	Total functional expenses. Add lines 1 through 24e	21,073	10,703	3,024	740
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2018)

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	1,049	1	2,65
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		3.3	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
0	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
	Total assets. Add lines 1 through 15 (must equal line 34)	1,049	16	2,65
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
23			23	
	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	
,	Organizations that follow SFAS 117 (ASC 958), check here ▶X and			
3	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,049	27	2,65
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here and			
	complete lines 30 through 34.		-	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,049	33	2,65
34	Total liabilities and net assets/fund balances	1,049	34	2,65

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to ar	ny line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)		1	2	2,6	581
2	Total expenses (must equal Part IX, column (A), line 25)		2	2	1,0	73
3	Revenue less expenses. Subtract line 2 from line 1		3			808
4	Net assets or fund balances at beginning of year (must equal Part X, lin	e 33, column (A))	4		1,0	149
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9	must equal Part X, line				
	33, column (B))		10		2,6	<u> 657</u>
Pa	rt XII Financial Statements and Reporting	The state of the s				
	Check if Schedule O contains a response or note to an	ny line in this Part XII				Ш
					Yes	No
1	The state of the s	Accrual Other		_		
	If the organization changed its method of accounting from a prior year of	or checked "Other," explain in				
	Schedule O.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			-	v
2a	Were the organization's financial statements compiled or reviewed by a			2a		X
	If "Yes," check a box below to indicate whether the financial statements	for the year were compiled or		(3.74	-	1
	reviewed on a separate basis, consolidated basis, or both:	L. Committee			100.7	1
		ed and separate basis		24	-	x
b	Were the organization's financial statements audited by an independent		· · · · · · · · · · · · ·	2b		
	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 consolidate	ed and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that a	•			0.000	
C	of the audit, review, or compilation of its financial statements and select			2c		
	If the organization changed either its oversight process or selection pro-				1-24	
	Schedule O.	sess during the tax year, explain in		- 21	-	
32	As a result of a federal award, was the organization required to undergo	an audit or audits as set forth in				
Ja				3a		
h	If "Yes," did the organization undergo the required audit or audits? If the	e organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any si			3b		
-	Total Control of the				990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 **2018**

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

SEAL CONSERVANCY 33-0855202

Part					ipiete triis part.) See inst	TUCUOTIS.					
			ise it is: (For lines 1 through 1								
			sociation of churches describe								
)(A)(ii). (Attach Schedule E (F								
			vice organization described in			2.000 20 400					
	A medical re- city, and state	The same of the sa	ed in conjunction with a hospit	tal described in	section 170(b)(1)(A)(iii). Enter	the hospital's name,					
5	An organizati	on operated for the benefit		ed or operated t	by a governmental unit describe	d in					
		(b)(1)(A)(iv). (Complete Pa	irt II.) governmental unit described i	n section 170())/1)/A)/v)						
7 X	An organizati		substantial part of its support		nental unit or from the general p	public					
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
					in conjunction with a land-grant ne, city, and state of the college						
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.)										
_	A	•	exclusively to test for public								
					unctions of, or to carry out the	ourposes					
	of one or mo	re publicly supported organ	nizations described in section	509(a)(1) or sec	ction 509(a)(2). See section 5 tion and complete lines 12e, 12	509(a)(3).					
a	the supp	orted organization(s) the po	ower to regularly appoint or ele	ect a majority of	orted organization(s), typically by the directors or trustees of the	y giving					
		• •	complete Part IV, Sections		supported emanization(s) by h	avina					
ь					supported organization(s), by his that control or manage the su						
			te Part IV, Sections A and C		that some or manage me or	-					
С	Type III	functionally integrated. A		ated in connecti	on with, and functionally integra	ited with,					
d	Type III	non-functionally integrat	ted. A supporting organization	operated in cor	nection with its supported orga	nization(s)					
			he organization generally must must complete Part IV, Sec		oution requirement and an atten	tiveness					
•					at it is a Type I, Type II, Type I	II.					
е	functiona	lly integrated, or Type III r	non-functionally integrated sup	porting organiza	tion.						
f		mber of supported organiza									
g	Provide the	following information about	the supported organization(s)	4							
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your gove document?		(vi) Amount of other support (see instructions)					
			above (see moducations))	Yes N							
(A)	-			100							
(D)											
(B)											
(C)											
(D)											
(E)	**										
					- 2						
Total		Control of the Contro									

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

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

Sec	tion A. Public Support	,			, p.oaco comp	ioto i dit iii.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,356	80,024	47,008	56,482	22,861	305,731
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	99,356	80,024	47,008	56,482	22,861	305,731
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	7 - 183		100			305,731
	tion B. Total Support	T		т			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	99,356	80,024	47,008	56,482	22,861	305,731
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			·			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						305,731
12	Gross receipts from related activities, etc.	. (see instructions)				12	
13	First five years. If the Form 990 is for the	e organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	_
_	organization, check this box and stop he						
	ction C. Computation of Public S					TT	
14	Public support percentage for 2018 (line 6			ın (f))		14	100.00 %
15	Public support percentage from 2017 Sch 33 1/3% support test—2018. If the orga				22 1/20/ or more		100.00 %
16a	box and stop here. The organization qua				33 1/3 % OI HIGIE	, Check this	▶ X
h	33 1/3% support test—2017. If the orga				15 is 33 1/3% or	more check	
	this box and stop here . The organization				10 10 00 110 70 01	more, encor	▶ □
17a	10%-facts-and-circumstances test—2				16a, or 16b, and li	ne 14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the "organization	facts-and-circumsta	nces" test. The or	ganization qualifie			•
b	10%-facts-and-circumstances test—2: 15 is 10% or more, and if the organizatio Explain in Part VI how the organization in	017. If the organiza in meets the "facts-	tion did not check and-circumstances	a box on line 13, " test, check this	box and stop her	e.	_
18	supported organization Private foundation. If the organization distructions	lid not check a box	on line 13, 16a, 16	6b, 17a, or 17b, cl	heck this box and	see	_
	instructions						

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.)

Sec	tion A. Public Support	quality under	the tests listed	below, pleas	e complete Pa	irt II.)		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(a) 2040		/D T-4-1
1	Gifts, grants, contributions, and membership	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	-	(f) Total
	fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Sac	tion B. Total Support		4. 4.					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total
9	Amounts from line 6	(0) 20	(2) 20.0	(0)	(-,	(-,		.,
10a								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)		
	organization, check this box and stop her					American	,	
Sec	tion C. Computation of Public S							
15	Public support percentage for 2018 (line 8			umn (f))			15	%
Sec.	Public support percentage from 2017 School tion D. Computation of Investm						16	%
17	Investment income percentage for 2018 (13, column (f))			17	%
18	Investment income percentage from 2017						18	%
19a	33 1/3% support tests-2018. If the orga	anization did not	check the box on	line 14, and line 1	5 is more than 33	1/3%, and line	е	
	17 is not more than 33 1/3%, check this b	ox and stop her	e. The organizatio	n qualifies as a p	ublicly supported	organization		▶∟
b	33 1/3% support tests—2017. If the orga							, n
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di							
_								

Supporting Organizations

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

Section A	A. All	Supporting	Organizations
-----------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? if "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2	5 4	
	3a		
	3b		
	20		1
	3c		
	4a		
	4b		
			1
	4c		
			mark.
1	5a		
	5b		
-	5c		
- 1			
-	6		
			1
	7		
	8	2000	
1			1
	0-		
	9a		1501
	9Ь		
	9c		
	10a		No.
	-		
A (For	10b	0 or 990	-EZ) 2018

3 Parent of Supported Organizations. Answer (a) and (b) below.
a Did the organization have the power to regularly appoint or elect

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

Schedule A (Form 990 or 990-EZ) 2018 SEAL CONSERVANCY		33-0855	202 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			•
instructions. All other Type III non-functionally integrated supporting organization	ns must comp	olete Sections A throug	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	. 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
The state of the s			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		
2	Amounts paid to perform activity that directly furthers exempt pur			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ganization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			AND THE STATE OF
	(reasonable cause required-explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013	-		
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e Applied to underdistributions of prior years			
_	Applied to 2018 distributions of prior years Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
4	Section D, line 7:			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in .			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			B. M. H.
а	Excess from 2014		A THE RESIDENCE OF THE PARTY OF	
	Excess from 2015		Cont. Albania	(CI STIME)
	Excess from 2016			

Schedule A (For	m 990 or 990-EZ) 2018	SEAL	CONSERVANCY			33-0855202	Page 8
Part VI	Supplemental III, line 12; Part	Information. IV, Section A	Provide the expla	nations require 4b, 4c, 5a, 6,	9a, 9b, 9c, 11a,	10; Part II, line 17a or 11b, and 11c; Part IV,	Section
	3a, and 3b; Par	t V, line 1; Pa	ition C, line 1; Par it V, Section B, lir ete this part for a	ne 1e; Part V, S	Section D, lines 5	art IV, Section E, lines , 6, and 8; and Part V, nstructions.)	Section E,
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SCHEDULE O (Form 990 or 990-EZ)

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. Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/l-orm990 for the latest information. Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

SEAL CONSERVANCY 33-0855202 FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES A NON-PROFIT 501(C)(3) CORPORATION FOUNDED IN 1999 TO PROTECT THE HARBOR SEAL ROOKERY AT CASA BEACH, 850 COAST BLVD, LA JOLLA, CALIFORNIA. THE ONLY LOCAL ORGANIZATION EXCLUSIVELY DEDICATED TO EDUCATING THE PUBLIC ABOUT SEALS AND TO ADVOCATING FOR ENFORCEMENT OF LAWS TO PROTECT THE SEALS. CONSISTS OF A BOARD OF DIRECTORS, AND SUPPORTING CONTRIBUTORS. THE SEAL CONSERVANCY IS THE SPOKESPERSON FOR THE SEALS IN THE MEDIA, IN COURTROOMS, AND IN PUBLIC DEBATES. THE SEAL CONSERVANCY DOES NOT AND SHALL NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, GENDER, GENDER EXPRESSION, AGE, NATIONAL ORIGIN, ANCESTRY, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, OR MILITARY STATUS, IN ANY OF ITS ACTIVITIES OR OPERATIONS. THE MISSION OF THE SEAL CONSERVANCY IS TO PRESERVE AND PROTECT THE LA JOLLA HARBOR SEAL ROOKERY FOR ECOLOGICAL, EDUCATIONAL, SCIENTIFIC, HISTORIC, AND SCENIC OPPORTUNITIES. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS SEE ORGANIZATION'S PRIMARY EXEMPT PURPOSE FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. .9 " FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

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Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number 33-0855202 SEAL CONSERVANCY FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION BOOKKEEPING DATABASE MAINTENANCE EMAIL MARKETING FEES AND CHARITY REGISTRATION FUNDRAISING ACTIVITIES AND RE GOVERNMENT RELATIONS 3,101 1,551 POSTAGE AND DELIVERY PROFESSIONAL FEES - COMPUTER 207 103

PAGE 1 OF

SEAL MONITORING

Schedule O (Form 990 or 990-EZ) (2018 Name of the organization SEAL CONSERVANCY				Employer identification nu 33-0855202	Page 2 umber
\$ TAX FILING	96	\$	0	\$	0
\$	0	\$	900	\$	0
TAXES					
\$	0	\$	10	\$	0
WEB SITE SERVICES					
\$ GENERAL ADMIN	2,851	\$	0	\$	0
\$	0	\$	6,677	\$	0
MERCHANT SERVICE F	EES				
\$	95	\$	0	\$	0
RESEARCH		, , , , , , , , , , , , , , , , , , ,			
\$	2,085	\$.	0	\$	0
TOTAL		······································			
\$	10,703	\$	9,624	\$	746
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