Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

For the 2018 calendar year, or tax year beginning

C Name of organization

SEA SHEPHERD CONSERVATION SOCIETY

Doing business as

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

P. O. BOX 8628

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

ALEXANDRIA, VA 22306

Employer identification number

93-0792021

E Telephone number

(212) 220-2302

G Gross receipts

15,907,167.

H(a) Is this a group return

for subordinates? No

H(b) Are all subordinates included? Yes

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

J Website

WWW.SEASHEPHERD.ORG

K Form of organization

Corporation

Trust

Association

Other

L Year of formation

1977

M State of legal domicile

WA

Part I - Summary

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

MARINE WILDLIFE CONSERVATION TO END THE DESTRUCTION OF HABITAT AND SLAUGHTER OF WILDLIFE IN THE

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)

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) 105,586.

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

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 26)

19 Revenue less expenses. Subtract line 18 from line 12

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

Part II - Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign

David Hance, Chief Operating Officer

Type or print name and title

Date

11-15-19

Date

11-15-2019

Paid

FRANK H. SMITH

Preparer’s signature

Date

11/15/19

Ch 990-SF 00639053

Preparer

Firm’s name

MARCOM, LLP

Use Only

Firm’s address

1899 L STREET, NW, SUITE 850

WASHINGTON, DC 20036

Phone no. (202) 227-4000

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

X Yes

No

Form 990 (2018)

See Schedule O For Organization Mission Statement Continuation
IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning ____________, 20__, and ending ____________, 20__

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

SEA SHEPHERD CONSERVATION SOCIETY

Name and title of officer

DAVID HANCE

CHIEF OPERATING OFFICER

Part I | Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
<td>14,752,954</td>
</tr>
<tr>
<td>2a</td>
<td>Total revenue, if any (Form 990-EZ, line 9)</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Total tax (Form 1120-POL, line 22)</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Tax based on investment income (Form 990-PF, Part VI, line 5)</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Balance Due (Form 8888, line 3c)</td>
<td></td>
</tr>
</tbody>
</table>

Part II | Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MARCUM, LLP to enter my PIN 18990

ERO firm name: MARCUM, LLP

Enter five numbers, but do not enter all zeros

As my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date: 11/15/2019

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

78096474660

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: [Signature]

Date: 11/15/19

ER0 Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So
**TAXABLE YEAR**
**2018**

**California e-file Return Authorization for Exempt Organizations**

<table>
<thead>
<tr>
<th>Form</th>
<th>8453-EO</th>
</tr>
</thead>
</table>

**Exempt Organization name**

| SEA SHEPHERD CONSERVATION SOCIETY | 93-0792021 |

**Part I**

<table>
<thead>
<tr>
<th>Electronic Return Information (whole dollars only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total gross receipts (Form 199, line 4)</td>
</tr>
<tr>
<td>2. Total gross income (Form 199, line 8)</td>
</tr>
<tr>
<td>3. Total expenses and disbursements (Form 199, line 9)</td>
</tr>
</tbody>
</table>

**Part II**

<table>
<thead>
<tr>
<th>Settle Your Account Electronically for Taxable Year 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Electronic funds withdrawal</td>
</tr>
</tbody>
</table>

**Part III**

<table>
<thead>
<tr>
<th>Banking Information (Have you verified the exempt organization's banking information?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Routing number</td>
</tr>
</tbody>
</table>

**Part IV**

<table>
<thead>
<tr>
<th>Declaration of Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.</td>
</tr>
</tbody>
</table>

**Sign Here**

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/15/19</td>
<td>CHIEF OPERATING OFFICER</td>
</tr>
</tbody>
</table>

**Part V**

<table>
<thead>
<tr>
<th>Declaration of Electronic Return Originator (ERO) and Paid Preparer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that Form FTB 8453-EO accurately reflects the data on the return.) I am an officer of the exempt organization whose signature is on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.</td>
</tr>
</tbody>
</table>

**ERO**

<table>
<thead>
<tr>
<th>Firm's name (or yours if self-employed)</th>
<th>Date</th>
<th>Check if also paid preparer</th>
<th>Check if self-employed</th>
<th>ERO's PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARCUM LLP</td>
<td>FEIN 11-1986323</td>
<td>ZIP code 20036</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sign**

<table>
<thead>
<tr>
<th>Paid Preparer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm's name (or yours if self-employed) and address</td>
</tr>
<tr>
<td>MARCUM, LLP</td>
</tr>
</tbody>
</table>

820021 11-13-18

For Privacy Notice, get FTB 1131 ENG/SP.