

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

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

A For the 2000 calendar year, OR tax year period beginning 2000, and ending

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amend return	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SEWARD ASSOCIATION FOR THE ADVANCEMENT OF MARINE SCIENCE		D Employer identification number 92-0132479
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P. O. BOX 1329		E Telephone number (907) 224-6305
		City or town, state or country, and ZIP code SEWARD, AK 99664		F Check <input type="checkbox"/> if application pending

G Organization type (check only one) ☒ 501(c)(3) (insert no) 527 OR 4947(a)(1)

Note (H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ☐

H(c) Are all affiliates included? (if "No," attach a list. See inst.) ☐ Yes ☒ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no. (GEN) ☐

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

J Accounting method. ☐ Cash ☒ Accrual ☐ Other (specify) ☐

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received: STMT 1			
	a	Direct public support	1a	458,268.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	5,596,166.	
	d	Total (add lines 1a through 1c) (cash \$ 6,028,582. noncash \$ 25,852.)	1d	6,054,434.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,163,518.	
	3	Membership dues and assessments	3	36,350.	
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	416,443.	
		6a	Gross rents	6a	
b		Less: rental expenses	6b		
c		Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7		Other investment income (describe <input type="checkbox"/>)	7		
8a		Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
b		Less: cost or other basis and sales expenses	8b		
c		Gain or (loss) (attach schedule)	8c		
d		Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9		Special events and activities (attach schedule)			
a		Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances STMT 3	10a	668,438.	
	b	Less: cost of goods sold SEE STATEMENT 4	10b	350,745.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	317,693.	
	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	8,988,438.	
	13	Program services (from line 44, column (B))	13	1,983,149.	
	14	Management and general (from line 44, column (C))	14	4,855,350.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	6,838,499.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,149,939.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	36,265,006.	
	20	Other changes in net assets or fund balances (attach explanation) STMT 5 STMT 6	20	-431,206.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	37,983,739.	

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (2000)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	91,000.	91,000.	
26	Other salaries and wages	26	1,832,381.	960,760.	871,621.
27	Pension plan contributions	27			
28	Other employee benefits	28	616,370.	307,886.	308,484.
29	Payroll taxes	29			
30	Professional fundraising fees	30	114,873.	425.	114,448.
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	83,121.	3,222.	79,899.
35	Postage and shipping	35	17,046.	3,792.	13,254.
36	Occupancy	36	12,573.	5,848.	6,725.
37	Equipment rental and maintenance	37	47,267.	7,648.	39,619.
38	Printing and publications	38	71,884.	11,100.	60,784.
39	Travel	39	82,484.	48,776.	33,708.
40	Conferences, conventions, and meetings	40			
41	Interest	41	1,363,726.	NONE	1,363,726.
42	Depreciation, depletion, etc. (attach schedule)	42	656,326.	NONE	656,326.
43	Other expenses (itemize): a STMT 7	43a	1,849,448.	633,692.	1,215,756.
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,838,499.	1,983,149.	4,855,350.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combinededucational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)What is the organization's primary exempt purpose? **SEE STATEMENT 8**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	SEE STATEMENT 9	
	(Grants and allocations \$ _____)	683,833.
b	SEE STATEMENT 9	
	(Grants and allocations \$ _____)	319,219.
c	RESEARCH PROGRAM - COLD WATER MARINE RESEARCH FACILITY DEDICATED TO RESEARCH OF MARINE MAMMALS, BIRDS AND FISH. ONGOING STELLAR SEA LION RESEARCH.	
	(Grants and allocations \$ _____)	947,304.
d	SEE STATEMENT 9	
	(Grants and allocations \$ _____)	32,793.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,983,149.

Part IV Balance Sheets (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	224,132.	45	9,435,036.
46	Savings and temporary cash investments	1,024,541.	46	1,979,674.
47a	Accounts receivable	98,150.		
b	Less: allowance for doubtful accounts		47c	98,150.
		6,304.		
48a	Pledges receivable	573,795.		
b	Less: allowance for doubtful accounts	140,350.	48c	433,445.
49	Grants receivable	163,853.	49	278,681.
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use	171,316.	52	108,800.
53	Prepaid expenses and deferred charges	19,668.	53	69,575.
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	5,332,397.	54	5,332,431.
55a	Investments - land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	43,204,963.		
b	Less: accumulated depreciation (attach schedule)	2,873,875.	57c	40,331,088.
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 10)	689,559.	58	647,341.
59	Total assets (add lines 45 through 58) (must equal line 74)	59,639,218.	59	58,714,221.
60	Accounts payable and accrued expenses	2,039,991.	60	1,356,352.
61	Grants payable		61	
62	Deferred revenue	3,788,131.	62	3,245,919.
63	Loans from officers, directors, trustees, and key employees (attach schedule)	1,000,000.	63	NONE
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) <input type="checkbox"/> STMT. 11	28,627.	64b	16,974.
65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 12)	16,517,463.	65	16,111,237.
66	Total liabilities (add lines 60 through 65)	23,374,212.	66	20,730,482.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	-1,558,506.	67	692,142.
68	Temporarily restricted	37,823,512.	68	37,291,597.
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	36,265,006.	73	37,983,739.
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	59,639,218.	74	58,714,221.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Yes	No
-----	----

Form 990 (2000)

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 15				25,050.	2,138,468.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					36,350.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	416,443.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220	37,808.			279,885.
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		37,808.		441,493.	2,454,703.
105 Total (add line 104, columns (B), (D), and (E))					2,934,004.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please

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.

Date

11/15/01

Type or print name and title

CARL B. STEVENS
FINANCE DIRECTOR

Date

Check if
self

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2000

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization **SEWARD ASSOCIATION FOR THE ADVANCEMENT OF
MARINE SCIENCE**

Employer identification number

92-0132479

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>SEE STATEMENT 17</u>				
Total number of other employees paid over \$50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>BIRCH, HORTON, ET AL</u>		
<u>1127 W 7TH AVE, ANCHORAGE, AK 99501</u>	<u>LEGAL</u>	<u>152,851.</u>
Total number of others receiving over \$50,000 for professional services ▶	NONE	

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1 X	
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ 3,820.		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 18.	2d X	
e Transfer of any part of its income or assets?	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	719,346.	902,996.	16184743.	13238239.	31045324.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,234,127.	3,271,623.	5,893.	2,120.	6,513,763.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	389,731.	471,612.	400,318.	20,765.	1,282,426.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,343,204.	4,646,231.	16590954.	13261124.	38841513.
24 Line 23 minus line 17	1,109,077.	1,374,608.	16585061.	13259004.	32327750.
25 Enter 1% of line 23	43,432.	46,462.	165,910.	132,611.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					646,555.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					32327750.
d Add: Amounts from column (e) for lines: 18 1,282,426. 19 _____ 22 _____ 26b _____					1,282,426.
e Public support (line 26c minus line 26d total)					31045324.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					96.0330 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: NOT APPLICABLE (1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Part V**Private School Questionnaire** (See page 5 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)**NOT APPLICABLE**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)**NOT APPLICABLE**Check here ☐ **a** if the organization belongs to an affiliated group.Check here ☐ **b** if you checked "a" above and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed
for ALL electing
organizations**36** Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying) . . .**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount. Enter the amount from the following table -**If the amount on line 40 is -****The lobbying nontaxable amount is -**

Not over \$500,000 20% of the amount on line 40

Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 . . .

Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 . . .

Over \$1,500,000 but not over \$17,000,000 . . \$225,000 plus 5% of the excess over \$1,500,000 . . .

Over \$17,000,000 \$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 9 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ►	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Lobbying nontaxable amount					
45					
Lobbying ceiling amount (150% of line 45(e))					
46					
Total lobbying expenditures					
47					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount (150% of line 48(e))					
49					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes

No

Amount

a Volunteers

X

b Paid staff or management (Include compensation in expenses reported on lines c through h.)

X

c Media advertisements

X

d Mailings to members, legislators, or the public

X

e Publications, or published or broadcast statements

X

f Grants to other organizations for lobbying purposes

X

g Direct contact with legislators, their staffs, government officials, or a legislative body STMT. 19

X

3,820.

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

X

i Total lobbying expenditures (add lines c through h)

3,820.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51 a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

Employer identification number

SEWARD ASSOCIATION FOR THE ADVANCEM

92-0132479

Organization type (check only one) - Section: ☒ 501(c)(03) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

Note: *This form is generally not open to public inspection except for section 527 organizations.*

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: *Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).*

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General Rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

SEWARD ASSOCIATION FOR THE ADVANCEM

92-0132479

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	<u>5,595,410.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>3</u>	_____ _____ _____	<u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>4</u>	_____ _____ _____	<u>25,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>5</u>	_____ _____ _____	<u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>6</u>	_____ _____ _____	<u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>7</u>	_____ _____ _____	<u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

SEWARD ASSOCIATION FOR THE ADVANCEM

92-0132479

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
8		5,338.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
9		10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
10		10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
11		25,852.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
12		123,915.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
13		8,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

SEWARD ASSOCIATION FOR THE ADVANCEM

92-0132479

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
14	OTHER VARIOUS CONTRIBUTORS < \$5,000 _____ _____	215,163.	Individual <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
____	_____ _____ _____	_____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
____	_____ _____ _____	_____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
____	_____ _____ _____	_____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
____	_____ _____ _____	_____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
____	_____ _____ _____	_____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

SEWARD ASSOCIATION FOR THE ADVANCEM

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> 11 </u>		<u> 25 , 852 . </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
FEDERAL GRANTS			5,595,410.

OTHER PUBLIC CONTRIBUTIONS < \$5000 EACH 756.

05/15/2000	10,000.
09/20/2000	25,000.
08/09/2000	10,000.
07/11/2000	5,000.
08/07/2000	10,000.
08/29/2000	5,338.

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
	03/24/2000	10,000.	
	05/23/2000	10,000.	
VAR		25,852.	
		123,915.	
		8,000.	
OTHER VARIOUS CONTRIBUTORS < \$5,000		215,163.	
TOTAL CONTRIBUTION AMOUNTS		458,268.	5,596,166.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====DESCRIPTION
-----AMOUNT

MERCHANDISE SALES

668,438.

TOTAL

668,438.
=====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR	171,316.
PURCHASES	288,229.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	459,545.
MINUS ENDING INVENTORY	108,800.

COST OF GOODS SOLD	350,745.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

IN KIND CONTRIBUTIONS

39,035.

TOTAL

39,035.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

IN KIND CONTRIBUTIONS

470,241.

TOTAL

470,241.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
-----	-----	-----	-----
MARKETING AND ADVERTISING	108,090.	760.	107,330.
PROFESSIONAL SERVICES	213,500.	10,096.	203,404.
INSURANCE	70,351.	23,773.	46,578.
UTILITIES AND JANITORIAL	452,252.	191.	452,061.
PROGRAM COSTS	130,644.	120,696.	9,948.
ANIMAL CARE	164,826.	164,826.	NONE
BANK CHARGES	59,883.	56.	59,827.
REPAIRS AND MAINTENANCE	168,566.	26,649.	141,917.
CONTRACTUAL FEES	359,373.	254,267.	105,106.
MISCELLANEOUS EXPENSES	121,963.	32,378.	89,585.
	-----	-----	-----
TOTALS	1,849,448.	633,692.	1,215,756.
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE ORGANIZATION WAS CREATED TO PROVIDE SCIENTIFIC FACILITIES TO PROMOTE THE EDUCATION OF THE PUBLIC ABOUT THE ALASKAN MARINE ECOSYSTEM, TO SUPPORT ON-GOING SCIENTIFIC RESEARCH OF MARINE MAMMALS AND SEABIRDS AND TO PROVIDE FACILITIES IN WHICH STRESSED MARINE MAMMALS AND SEABIRDS CAN BE REHABILITATED UNTIL THEY CAN BE RETURNED TO THEIR NATURAL HABITAT. THE ORGANIZATION ENTERED INTO AN OPERATING AGREEMENT WITH THE CITY OF SEWARD TO CONSTRUCT, OPERATE AND MAINTAIN THE ALASKA SEALIFE CENTER.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION
-----EXPENSES

ANIMAL HUSBANDRY PROGRAM - RESPONSIBLE FOR HEALTH AND SAFETY OF THE LIVE ANIMALS, COORDINATING WITH RESEARCHERS, PUBLIC VIEWING AND WORKING WITH REHAB STAFF. ALSO PROVIDES TECHNICAL SUPPORT FOR EDUCATION PROGRAMS.

683,833

EDUCATION PROGRAM - EDUCATIONAL FACILITY WITH ACCESS TO LIVE MARINE ANIMALS, WORLD CLASS RESEARCH TEAMS AND THE HUSBANDRY STAFF, TO TEACH ABOUT THE NORTH PACIFIC ECOSYSTEM. 10,000 PUBLIC SCHOOL KIDS VISITED THE CENTER. CENTER DESIGNATED 1 OF 10 NATIONAL COASTAL ECOSYSTEM LEARNING CENTERS. ON GOING PROFESSIONAL DEVELOPMENT WITH COLLEGES.

319,219

REHABILITATION PROGRAM - ONLY PERMANENT FACILITY IN THE STATE DESIGNED FOR TREATMENT & REHABILITATION OF MARINE BIRDS & ANIMALS. ALSO PROVIDES EDUCATIONAL OUTREACH, ADDITIONAL DATA FOR FEDERAL AGENCIES AND RESEARCHERS.

32,793

TOTAL

1,983,149
=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BOND ISSUE COSTS NET OF ACCUM. AMORTIZATION	689,559.	647,341.
TOTALS	----- 689,559. =====	----- 647,341. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: OTHER NOTES PAYABLE

BEGINNING BALANCE DUE	28,627.
ENDING BALANCE DUE	16,974.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	28,627.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	16,974.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BONDS PAYABLE NET OF DISCOUNT	16,185,975.	15,620,505.
UNEARNED REVENUE	331,488.	490,732.
	-----	-----
TOTALS	16,517,463.	16,111,237.
	=====	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLARD DUNHAM P. O. BOX 27 SEWARD, AK 99664	SECRETARY/TREASURER PART TIME	NONE	NONE	NONE
RICHARD L LOWELL 3111 C STREET, SUITE 300 ANCHORAGE, AK 99503	PRESIDENT PART TIME	NONE	NONE	NONE
DR. ROBERT SPIES PO BOX 824 LIVERMORE, CA 94550	DIRECTOR PART TIME	NONE	NONE	NONE
DAVID R GOTSTEIN 471 W 36TH AVE, SUITE 201 ANCHORAGE, AK 99503	DIRECTOR PART TIME	NONE	NONE	NONE
MARK R HAMILTON 202 BUTROVICH BUILDING FAIRBANKS, AK 99775-5000	DIRECTOR PART TIME	NONE	NONE	NONE
TYLAN SCHROCK PO BOX 1329 SEWARD, AK 99664	EXECUTIVE DIRECTOR FULL TIME	91,000.	6,000.	NONE
WILLIAM C. NOLL 705 W 6TH AVE, STE 209 ANCHORAGE, AK 99501	VICE PRESIDENT PART TIME	NONE	NONE	NONE
DR. VERA ALEXANDER PO BOX 757220 FAIRBANKS, AK 99775	DIRECTOR PART TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KEVIN BROWN PO BOX 196612 ANCHORAGE, AK 99519	DIRECTOR PART TIME	NONE	NONE	NONE
MICHAEL J. BURNS 101 W. BENSON BLVD ANCHORAGE, AK 99510	DIRECTOR PART TIME	NONE	NONE	NONE
BETTY HATCH-GILLESPIE PO BOX 589 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
W. SCOTT JANKE BOX 167 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
FRANK PEAKE II 1717 TIDEWATER ROAD ANCHORAGE, AK 99501	DIRECTOR PART TIME	NONE	NONE	NONE
DR. JOHN W. SCHOEN 308 G STREET STE 217 ANCHORAGE, AK 99501	DIRECTOR PART TIME	NONE	NONE	NONE
DR. NED A. SMITH 1420 KENNER BLVD, STE 500 SAN DIEGO, CA 92101	DIRECTOR PART TIME	NONE	NONE	NONE
GRAND TOTALS		91,000.	6,000.	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE
=====

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ADMISSIONS					
RESEARCH/BENCH FEE					1,389,829.
PARK/MOORAGE FEE					534,974.
CONCESSIONS			03	99.	
EDUCATION FEES			03	24,147.	
OTHER INCOME			16	804.	213,665.
TOTALS				25,050.	2,138,468.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	ADMISSION FEES TO THE ALASKA SEALIFE CENTER. THESE FEES ARE CHARGED TO VISITORS TO SUPPORT THE OPERATIONS OF THE SEALIFE CENTER. THE CENTER EDUCATES VISITORS ON VARIOUS ASPECTS OF THE ALASKAN MARINE ECOSYSTEMS.
93B	FEES EARNED IN PROVIDING RESEARCH FACILITIES FOR THE STUDY OF ALASKAN MARINE HABITAT. THE ORGANIZATION'S PURPOSE IS TO EDUCATE THE PUBLIC ABOUT THE ALASKAN MARINE ECOSYSTEM THROUGH SCIENTIFIC RESEARCH.
93E	ELDER HOSTEL EDUCATION PROGRAM FEES ARE RECEIVED FROM VARIOUS UNIVERSITIES FOR ADULT EDUCATION TRIPS ARRANGED BY THE CENTER. THE PURPOSE OF THE TRIPS IS TO EDUCATE THE ADULT PUBLIC ABOUT THE ALASKA MARINE ECOSYSTEM.
94	MEMBERSHIP FEES ARE FOR A 12 MONTH PERIOD AND ALLOW UNLIMITED VISITATIONS TO THE ALASKA SEALIFE CENTER. FEES ARE USED TO SUPPORT THE ORGANIZATION'S OPERATIONS.
102	ITEMS BASED ON A MARINE THEME ARE SOLD TO CONTRIBUTE TO THE EDUCATION OF THE GENERAL PUBLIC ON THE ALASKAN MARINE ECOSYSTEM.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
-----	-----	-----	-----	-----
DARRYL J SCHAEFERMEYER	GENERAL MANAGER FULL TIME	67,385.	NONE	NONE
DR. PAMELA TUOMI	VETERINARIAN FULL TIME	60,000.	NONE	NONE
DR. MARK LOYD	VETERANIAN FULL TIME	142,876.	NONE	NONE
R. LEE KELLAR	HUSBANDRY DIRECTOR FULL TIME	58,000.	NONE	NONE
MICHAEL K. PENDERGAST	IT MANAGER FULL TIME	50,000.	NONE	NONE
SUSAN D. INGLIS	MANG. RESEARCH OPER. FULL TIME	50,000.	NONE	NONE
	TOTAL COMPENSATION	428,261.	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

PAYMENTS OF COMPENSATION WHICH ARE REASONABLE AND NOT EXCESSIVE HAVE B
MADE BY SEWARD ASSOCIATION TO ADVANCE MARINE SCIENCE TO VARIOUS OFFICE
AND EMPLOYEES FOR SERVICES PURSUANT TO SEWARD ASSOCIATION TO ADVANCE
MARINE SCIENCE'S EXEMPT FUNCTION. OTHER THAN THESE PAYMENTS, SEWARD
ASSOCIATION TO ADVANCE MARINE SCIENCE KNOWS OF NO SIGNIFICANT TRANSACT
BETWEEN IT AND OTHER PERSONS DESCRIBED ABOVE NOR ANY ORGANIZATION OR
CORPORATION WITH WHICH SUCH PERSON IS AFFILIATED.

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS

=====

SEWARD ASSOCIATION FOR THE ADVANCEMENT OF MARINE SCIENCE PAID A CONSULTANT
IN THE CURRENT YEAR TO LOBBY ON ITS BEHALF WITH FEDERAL LEGISLATORS FOR
FEDERAL FUNDING FOR ITS PROGRAMS.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐ **All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.**

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	SEWARD ASSOCIATION FOR THE ADVANC	Employer identification number
	MARINE SCIENCE		92-0132479
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	P. O. BOX 1329		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	SEWARD, AK 99664		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ☐.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

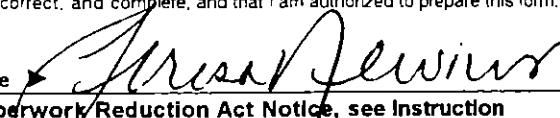
1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 08/15, 2001, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2000 or
► ☐ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **5/10/01**
For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SEWARD ASSOCIATION FOR THE MARINE SCIENCE	Employer identification number 92-0132479
	Number, street, and room or suite no. If a P.O. box, see instructions P. O. BOX 1329	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEWARD, AK 99664	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ☐ . If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2001

5 For calendar year 2000, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 3b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature Kerth K Zeister Title EA Date 8-13-01

Notice to Applicant - To Be Completed by the IRS

☒ We have approved this application. Please attach this form to the organization's return.

☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

☐ Other _____

By: _____ Date _____

Director _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print JSA	Name KPMG LLP
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 601 WEST 5TH AVE., SUITE 700
	City or town, province or state, and country (including postal or ZIP code) ANCHORAGE, AK 99501-2258