

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2001 calendar year, or tax year beginning 2001, and ending

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **SEWARD ASSOCIATION FOR THE ADVANCEMENT MARINE SCIENCE**

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

Room/suite

P O BOX 1329

City or town, state or country, and ZIP + 4

SEWARD, AK 99664

D Employer identification number

92-0132479

E Telephone number

(907) 224-6305

F Accounting method

Cash

☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

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? ☐ Yes ☐ No

(If "No" attach a list See instructions)

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

I Enter 4-digit GEN ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

## G Web site ▶

J Organization type (check only one) ☒ 501(c) ( 03 ) (Insert no ) 4947(a)(1) or 527K 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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 27,127,575

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

1 Contributions, gifts, grants, and similar amounts received <b>STMT 1</b>			
a Direct public support	1a	428,745.	
b Indirect public support	1b		
c Government contributions (grants)	1c	23,402,511	
d Total (add lines 1a through 1c) (cash \$ 23,831,256 noncash \$ )	1d	23,831,256	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,926,548	
3 Membership dues and assessments	3	41,015	
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5	528,759	
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 in Part VII)	7		
8a Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a		
b Less cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8b and line 8c)	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 <b>STMT 3</b>	10a	799,997	
b Less cost of goods sold <b>STMT 4</b>	10b	390,619	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	409,378.	
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	26,736,956	
13 Program services (from line 44, column (B))	13	3,171,144	
14 Management and general (from line 44, column (C))	14	5,216,827	
15 Fundraising (from line 44 column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 13 and 14 column (A))	17	8,387,971	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	18,348,985	
19 Net assets or fund balances at beginning of year (from line 73 column (A))	19	37,983,739	
20 Other changes in net assets or fund balances (attach explanation) <b>STMT 5</b>	20	-508,309.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	55,824,415.	

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

**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 21.)

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
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	<b>22</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc.	<b>25</b> 93,899		93,899	
<b>26</b> Other salaries and wages	<b>26</b> 2,232,504	1,147,410	1,085,094	
<b>27</b> Pension plan contributions	<b>27</b>			
<b>28</b> Other employee benefits	<b>28</b> 877,129	432,610	444,519	
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b> 184,284	184,284	NONE	
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 460,989	249,620	211,369	
<b>34</b> Telephone	<b>34</b> 80,280	1,308	78,972	
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b> 12,573	728	11,845	
<b>37</b> Equipment rental and maintenance	<b>37</b> 49,178	24,913	24,265	
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 192,915	134,936	57,979	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 250,813	60	250,753	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 469,094	NONE	469,094	
<b>43</b> Other expenses not covered above (itemize) <b>STMT 6</b>	<b>43a</b> 3,484,313	995,275	2,489,038	
<b>b</b> _____	<b>43b</b>			
<b>c</b> _____	<b>43c</b>			
<b>d</b> _____	<b>43d</b>			
<b>e</b> _____	<b>43e</b>			
<b>44</b> Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	<b>44</b> 8,387,971	3,171,144	5,216,827	

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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 24.)What is the organization's primary exempt purpose? **STMT 7**

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.)

<b>a</b> <u>RESEARCH PROGRAM - COLD WATER MARINE RESEARCH FACILITY</u> <u>DEDICATED TO RESEARCH OF MARINE MAMMALS, BIRDS AND FISH</u> <u>ONGOING STELLAR SEA LION RESEARCH</u> (Grants and allocations \$ _____)	1,702,125
<b>b</b> <u>STMT 8</u> _____ _____ (Grants and allocations \$ _____)	360,887
<b>c</b> <u>STMT 8</u> _____ _____ (Grants and allocations \$ _____)	96,522
<b>d</b> <u>STMT 8</u> _____ _____ (Grants and allocations \$ _____)	1,011,610
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,171,144

**Part IV Balance Sheets** (See Specific Instructions on page 24)

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
Assets	45	Cash - non-interest-bearing		9,435,036	45	6,455,919.
	46	Savings and temporary cash investments		1,979,674	46	7,230,003
	47a	Accounts receivable	47a 130,748.			
	b	Less allowance for doubtful accounts	47b	98,150	47c	130,748
	48a	Pledges receivable	48a 499,971.			
	b	Less allowance for doubtful accounts	48b 170,750.	433,445	48c	329,221
	49	Grants receivable		278,681	49	621,158
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		108,800	52	184,933
	53	Prepaid expenses and deferred charges		69,575.	53	58,977.
	54	Investments - securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		5,332,431	54	NONE
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 46,770,737				
b	Less accumulated depreciation (attach schedule)	57b 3,843,485.	40,331,088	57c	42,927,252	
58	Other assets (describe <input checked="" type="checkbox"/> STMT 9 )		647,341	58	NONE	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		58,714,221	59	57,938,211	
Liabilities	60	Accounts payable and accrued expenses		1,356,352	60	1,501,630
	61	Grants payable			61	
	62	Deferred revenue		3,245,919	62	329,221.
	63	Loans from officers, directors, trustees, and key employees (attach schedule) <input checked="" type="checkbox"/> STMT 10		NONE	63	NONE
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule) <input checked="" type="checkbox"/> STMT 11		16,974	64b	5,671
	65	Other liabilities (describe <input checked="" type="checkbox"/> STMT 12 )		16,111,237	65	277,274.
66	<b>Total liabilities</b> (add lines 60 through 65)		20,730,482	66	2,113,796	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		692,142	67	14,006,169.
	68	Temporarily restricted		37,291,597	68	41,818,246
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)		37,983,739	73	55,824,415
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		58,714,221	74	57,938,211

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.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	7,811,109
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 508,309		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	508,309
<b>c</b>	Line a minus line b	<b>c</b>	7,302,800
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	STMT 13 \$ 1,085,171		
	Add amounts on lines (1) and (2)	<b>d</b>	1,085,171
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	8,387,971

[illegible]Form **990** (2001)

**Part VI Other Information** (See Specific Instructions on page 27)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditure. See line 81 instructions	81a	NONE	
b	Did the organization file Form 1120-POL for this year?	81b	N/A	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88	N/A	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A	
90a	List the states with which a copy of this return is filed <u>ALASKA</u>			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	65	
91	The books are in care of <u>CHELLIE ROEPKE</u> Telephone no <u>907-224-6305</u> Located at <u>SEWARD, ALASKA</u> ZIP + 4 <u>99664</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A	

Form 990 (2001)

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

**Note** 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 STMT 17				20,696	1,905,852
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					41,015
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	528,759	
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	165,798			243,580
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))		165,798		549,455	2,190,447
105 Total (add line 104 columns (B) (D), and (E))					2,905,700

**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 32)

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)
▼	STMT 18

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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 33)

(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)

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.

Please

*[Signature]*

11/12/02  
Date

FINANCE DIRECTOR

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

**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

**2001**

Department of the Treasury  
Internal Revenue Service

► **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>DARRYL J SCHAEFERMEYER</u> P O BOX 1329 SEWARD, AK 99664	GENERAL MANAGER F/T	66,300	NONE	NONE
<u>DR PAMELA TUOMI</u> P O BOX 1329 SEWARD, AK 99664	VETERINARIAN F/T	80,000	NONE	NONE
<u>DONALD CALKINS</u> P O BOX 1329 SEWARD, AK 99664	PROGRAM DIRECTOR F/T	85,000	NONE	NONE
<u>CARL STEVENS</u> P O BOX 1329 SEWARD, AK 99664	FINANCE DIRECTOR F/T	80,000	NONE	NONE
<u>ROBERT HICKS</u> P O BOX 1329 SEWARD, AK 99664	DIRECTOR-EXT AFFAIR F/T	66,300	NONE	NONE
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 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> 1127 W 7TH AVE, ANCHORAGE, AK 99501	LEGAL	54,029
<u>CALKINS WILDLIFE CONSULTING</u> 12600 ELMORE ROAD, ANCHORAGE AK 99516	RESEARCH CONSULTANT	54,746
<u>KAMCHATKA INSTITUTE OF ECOLOGY</u> RUSSIAN ACADEMY OF SCIENCES	RESEARCH	79,200
<u>UNIVERSITY OF ALASKA FAIRBANKS</u> P O BOX 755120, FAIRBANKS AK 99775	CONTRACTED RESEARCH	109,559
<u>INTEGRATED MANAGEMENT SYSTEMS</u> 701 W. 41ST, #203, ANCHORAGE AK 99503	ACCOUNTING	121,253
Total number of others receiving over \$50,000 for professional services	1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

**Part III** Statements About Activities (See page 2 of the instructions)

	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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>45,900</u> (Must equal amount on line 38, Part VI-A, or line I or Part VI-B) 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.	<b>1</b>	<b>X</b>
2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange or leasing of property?	<b>2a</b>	<b>X</b>
b Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
c Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
e Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	<b>3</b>	<b>X</b>
4 Do you have a section 403(b) annuity plan for your employees?	<b>4</b>	<b>X</b>

**Note:** 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.

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
- 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,054,434	719,346	902,996	16,184,743	23,861,519
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	2,788,759	3,234,127	3,271,623	5,893	9,300,402
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.	409,219	389,731	471,612	400,318	1,670,880
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.	9,252,412	4,343,204	4,646,231	16,590,954	34,832,801
24 Line 23 minus line 17.	6,463,653	1,109,077	1,374,608	16,585,061	25,532,399
25 Enter 1% of line 23.	92,524	43,432	46,462	165,910	
26 Organizations described on lines 10 or 11.	<p>a Enter 2% of amount in column (e), line 24. <b>26a</b> 510,648</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. <b>26b</b></p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e). <b>26c</b> 25532399</p> <p>d Add: Amounts from column (e) for lines 18 <u>1,670,880</u> 19 <u>                    </u> 22 <u>                    </u> 26b <u>                    </u></p> <p>e Public support (line 26c minus line 26d total). <b>26d</b> 1,670,880</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). <b>26e</b> 23861519</p> <p><b>26f</b> 93.4558 %</p>				
27 Organizations described on line 12.	<p>a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.</p> <p>(2000) <u>                    </u> (1999) <u>                    </u> (1998) <u>NOT APPLICABLE</u> (1997) <u>                    </u></p> <p>b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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.</p> <p>(2000) <u>                    </u> (1999) <u>                    </u> (1998) <u>                    </u> (1997) <u>                    </u></p> <p>c Add: Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u></p> <p>17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u></p> <p>d Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u></p> <p>e Public support (line 27c total minus line 27d total). <b>27c</b></p> <p>f Total support for section 509(a)(2) test. Enter amount on line 23, column (e). <b>27d</b></p> <p><b>27e</b></p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). <b>27f</b></p> <p><b>27g</b> %</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). <b>27h</b> %</p>				
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
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-----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
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-----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
-----		
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check ☐ a ☐ if the organization belongs to an affiliated group
- Check ☐ b ☐ if you checked "a" 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
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	
<b>The lobbying nontaxable amount is -</b>		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 11 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in) ▶</b>	<b>(a) 2001</b>	<b>(b) 2000</b>	<b>(c) 1999</b>	<b>(d) 1998</b>	<b>(e) Total</b>
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body **STMT 20**
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45,900
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		45,900

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

Schedule A (Form 990 or 990-EZ) 2001



**Schedule B**

(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Employer identification number

**SEWARD ASSOCIATION FOR THE ADVANCEMENT OF****92-0132479**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

☒ 501(c)(03) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions )

**General Rule -**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules -**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) . . . . . ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

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 ADVANCEMENT OF

92-0132479

**Part I** Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		13,830,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16		2,389,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17		910,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
18		1,131,424	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
19		5,076,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

SEWARD ASSOCIATION FOR THE ADVANCEMENT OF  
FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
FEDERAL GRANTS			23,338,124.

OTHER GRANTS LESS THAN \$5,000

	08/24/2001	5,000.	
	08/12/2001	6,600.	
	07/30/2001	7,500.	
	09/10/2001	7,500.	
	06/22/2001	7,500.	
	06/04/2001	9,100.	

7,243.



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

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
-----	05/10/2001	9,100.	
	VAR	4,095.	
VARIOUS CONTRIBUTIONS < \$5,000	VAR	307,774.	
	04/02/2001	20,000.	
	VAR		45,144.
	VAR	44,576.	
	03/22/2001		12,000.
TOTAL CONTRIBUTION AMOUNTS		428,745. =====	23,402,511. =====

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

MERCHANDISE SALES

799,997.

TOTAL

-----  
799,997.  
=====

## FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR .....	108,800.
PURCHASES .....	466,752.
SALARIES AND WAGES .....	NONE
OTHER COSTS .....	NONE
	-----
SUBTOTAL .....	575,552.
MINUS ENDING INVENTORY .	184,933.
	-----
COST OF GOODS SOLD .....	390,619.
	=====

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

DESCRIPTION -----	AMOUNT -----
IN KIND CONTRIBUTIONS	508,309.
	-----
TOTAL	508,309.
	=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
-----	-----	-----	-----
BANK FEES	36,532.	29,349.	7,183.
POSTAGE AND FREIGHT	33,289.	12,409.	20,880.
UTILITIES AND JANITORIAL	546,050.	1,065.	544,985.
CONTRACTUAL SERVICES	981,412.	755,476.	225,936.
PROFESSIONAL SERVICES	428,901.	9,435.	419,466.
MARKETING AND ADVERTISING	173,866.	172,820.	1,046.
INSURANCE	94,411.	188.	94,223.
MISCELLANEOUS EXPENSES	104,681.	14,533.	90,148.
LOSS ON REPAYMENT OF BONDS	1,085,171.	NONE	1,085,171.
-----	-----	-----	-----
TOTALS	3,484,313.	995,275.	2,489,038.
	=====	=====	=====

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  
-----

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.

360,887.

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

96,522.

VISITOR EDUCATION PROGRAM - CONNECTS VISITORS OF ALL AGES WITH CURRENT RESEARCH AND REHABILITATION PROJECTS THROUGH INNOVATIVE PROGRAMS, WHICH RANGE FROM TRAINED INTERPRETERS AVAILABLE TO ANSWER VISITORS' QUESTIONS TO SCHEDULED PROGRAMS FOR VISITORS WHO WANT MORE IN-DEPTH INFORMATION ON ALASKA'S MARINE ECOSYSTEM.

1,011,610.

TOTAL

-----  
3,171,144.  
=====

FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BOND ISSUE COSTS NET OF ACCUM. AMORTIZATION	647,341.	NONE
	-----	-----
TOTALS	647,341.	NONE
	=====	=====



FORM 990, PART IV - LOANS FROM OFFICERS, DIRECTORS, ETC  
=====

LENDER: LINE OF CREDIT WITH DALE LINDSEY, DIR  
INTEREST RATE: 0.000875  
PURPOSE OF LOAN: OPERATION OF FACILITY

BEGINNING BALANCE DUE ..... 500,000.  
ENDING BALANCE DUE ..... NONE  
-----

LENDER: LINE OF CREDIT WITH CIRI (BD MEMBER REP)  
ORIGINAL AMOUNT: 500,000.  
INTEREST RATE: 0.000875  
PURPOSE OF LOAN: OPERATION OF FACILITY

BEGINNING BALANCE DUE ..... 500,000.

TOTAL BEGINNING LOANS FROM OFFICERS, DIRECTORS, ETC. 1,000,000.  
=====

TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC. NONE  
=====

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

LENDER: OTHER NOTES PAYABLE

BEGINNING BALANCE DUE .....	16,974.
ENDING BALANCE DUE .....	5,671.
	-----

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

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	5,671.
	=====

## FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BONDS PAYABLE NET OF DISCOUNT	15,620,505.	NONE
UNEARNED REVENUE	490,732	277,274.
	-----	-----
TOTALS	16,111,237.	277,274.
	=====	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS  
=====DESCRIPTION  
-----AMOUNT  
-----

LOSS ON BOND REPAYMENT

1,085,171.  
-----

TOTAL

1,085,171.  
=====

## 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 P/T	NONE	NONE	NONE
WILLIAM C. NOLL 705 W. 6TH AVENUE, SUITE 209 ANCHORAGE, AK 99501	VICE PRESIDENT P/T	NONE	NONE	NONE
DR. ROBERT SPIES 4749 BENNETT DRIVE, SUITE L LIVERMORE, CA 94550	DIRECTOR P/T	NONE	NONE	NONE
DAVID R GOTTSTEIN 471 W 6TH AVE, SUITE 201 ANCHORAGE, AK 99503	DIRECTOR P/T	NONE	NONE	NONE
SHARON E. ANDERSON P. O. BOX 1269 SEWARD, AK 99664	DIRECTOR (THRU 7/01) P/T	NONE	NONE	NONE
TOM TOUGAS P. O. BOX 1889 SEWARD, AK 99664	DIRECTOR (THRU 7/01) P/T	NONE	NONE	NONE
MARK R HAMILTON 202 BUTROVICH BUILDING FAIRBANKS, AK 99775-5000	DIRECTOR P/T	NONE	NONE	NONE
SCOTT JANKE PO BOX 167 SEWARD, AK 99664	DIRECTOR P/T	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
-----	-----	-----	-----	-----
DR. MARSHALL LIND PO BOX 1329 SEWARD, AK 99664	DIRECTOR (THRU 7/01) P/T	NONE	NONE	NONE
TREVOR MCCABE PO BOX 1329 SEWARD, AK 99664	DIRECTOR (THRU 7/01) P/T	NONE	NONE	NONE
TYLAN SHCROCK PO BOX 1329 SEWARD, AK 99664	EXECUTIVE DIRECTOR F/T	93,899.	NONE	NONE
DICK LOWELL 3111 C STREET, SUITE 300 ANCHORAGE, AK 99503	PRESIDENT P/T	NONE	NONE	NONE
JOHN SCHOEN 308 G. STREET, SUITE 217 ANCHORAGE, AK 99501	DIRECTOR P/T	NONE	NONE	NONE
NED SMITH 1420 KETTNER BLVD., SUITE 500 SAN DIEGO, CA 92101	DIRECTOR P/T	NONE	NONE	NONE
MIKE BURNS 7081 CROOKED CREEK DRIVE ANCHORAGE, AK 99516	DIRECTOR P/T	NONE	NONE	NONE
VERA ALEXANDER P.O. BOX 757220 FAIRBANKS, AK 99775	DIRECTOR P/T	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 P.O. BOX 196612 ANCHORAGE, AK 99519	DIRECTOR P/T	NONE	NONE	NONE
BETTY HATCH GILLESPIE P.O. BOX 589 SEWARD, AK 99664	DIRECTOR P/T	NONE	NONE	NONE
GRAND TOTALS		93,899.	NONE	NONE

SEWARD ASSOCIATION FOR THE ADVANCEMENT OF

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ADMISSIONS					
RESEARCH/BENCH FEE					1,366,623.
PARKING/MOORAGE FE					412,042.
FOOD CONCESSIONS			03	-54.	
EDUCATION FEES			03	16,165.	
SPECIAL EVENT INCO			01	1,040.	
FACILITY RENTAL			03	3,545.	127,187.
TOTALS				20,696.	1,905,852.



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 III - EXPLANATION FOR LINE 2D

=====

PAYMENTS OF COMPENSATION WHICH ARE REASONABLE AND NOT EXCESSIVE HAVE BEEN MADE BY SEWARD ASSOCIATION FOR THE ADVANCEMENT MARINE SCIENCE TO VARIOUS OFFICE AND EMPLOYEES FOR SERVICES PURSUANT TO SEWARD ASSOCIATION FOR THE ADVANCEMENT OF MARINE SCIENCE'S EXEMPT FUNCTION. OTHER THAN THESE PAYMENTS, SEWARD ASSOCIATION FOR THE ADVANCEMENT OF MARINE SCIENCE KNOWS OF NO SIGNIFICANT TRANSACTION 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.

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

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	Employer identification number
	ADVANCEMENT OF MARINE SCIENCE		92-0132479
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	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-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 11/15/2002
- 5 For calendar year 2001, 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 8b 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  Title CPA Date 7/30/02

### 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 \_\_\_\_\_

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	EXTENSION APPROVED  AUG 13 2002  LINDA WEIS, OFF. FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN Form 8868 (12-2000)
	Number and street (include suite, room, or apt. no.) Or a P.O. box number	701 WEST 8TH AVENUE, SUITE 600	
	City or town, province or state, and country (including postal or ZIP code)	ANCHORAGE, ALASKA 99501	

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 ☒
- 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	Name of Exempt Organization	SEWARD ASSOCIATION FOR THE	Employer identification number
	ADVANCEMENT OF MARINE SCIENCE		92-0132479
	Number, street, and room or suite no. If a P.O. box, see instructions		
	P. O. BOX 1329		
File by the due date for filing your return. See instructions	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, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 2001 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, or 990-EZ, 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 ▶ Kurt K. Forster Title ▶ EA Date ▶ 05/09/2002

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)