

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
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

OMB No. 1545-0047

2003Open to Public
Inspection**A For the 2003 calendar year, or tax year beginning , 2003, 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 ASSOC. FOR THE ADV. OF 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).

G Website: ▶ **WWW.ALASKASEALIFE.ORG****J Organization type** (check only one) ☒ 501(c) (03) ◀ (insert no) 4947(a)(1) or 527**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.**

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 Group Exemption Number** ▶**M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,934,573.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)**1 Contributions, gifts, grants, and similar amounts received** **STMT 1****a Direct public support** **1a** **441,159.****b Indirect public support** **1b****c Government contributions (grants)** **1c** **7,550,576.****d Total** (add lines 1a through 1c) (cash \$ **7,991,735.** noncash \$) **1d** **7,991,735.****2 Program service revenue including government fees and contracts** (from Part VII, line 93)**3 Membership dues and assessments** **3** **41,825.****4 Interest on savings and temporary cash investments** **4** **44,929.****5 Dividends and interest from securities** **5****6 a Gross rents** **6a****b Less rental expenses** **6b****c Net rental income (or loss)** (subtract line 6b from line 6a) **6c** **10,118.****7 Other investment income** (describe) **7****8 a Gross amount from sales of assets other than inventory** (A) Securities (B) Other **8a** **209,166.****b Less cost or other basis and sales expenses** **8b** **87,929.****c Gain or (loss)** (attach schedule) **8c** **121,237.****d Net gain or (loss)** (combine line 8c, columns (A) and (B)) **8d** **121,237.****9 Special events and activities** (attach schedule) If any amount is from gaming, check here ☐**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****10 a Gross sales of inventory, less returns and allowances** **STMT 4** **10a** **959,093.****b Less cost of goods sold** **STMT 5** **10b** **507,650.****c Gross profit or (loss)** from sales of inventory (attach schedule) (subtract line 10b from line 10a) **10c** **451,443.****11 Other revenue** (from Part VII, line 103) **11** **1,891.****12 Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) **12** **10,338,994.****13 Program services** (from line 44, column (B)) **13** **7,268,761.****14 Management and general** (from line 44, column (C)) **14** **4,301,745.****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** **11,570,506.****18 Excess or (deficit)** for the year (subtract line 17 from line 12) **18** **-1,231,512.****19 Net assets or fund balances at beginning of year** (from line 73, column (A)) **19** **52,382,397.****20 Other changes in net assets or fund balances** (attach explanation) **STMT 6** **20** **-516,113.****21 Net assets or fund balances at end of year** (combine lines 18, 19, and 20) **21** **50,634,772.**

For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2003)JSA
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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 page 22 of the instructions.)

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	102,000.	102,000.	
26 Other salaries and wages	26	3,487,314.	2,128,312.	1,359,002.
27 Pension plan contributions	27			
28 Other employee benefits	28	1,221,423.	724,304.	497,119.
29 Payroll taxes	29			
30 Professional fundraising fees	30	172,277.	172,277.	NONE
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	907,881.	521,067.	386,814.
34 Telephone	34	87,397.	11,807.	75,590.
35 Postage and shipping	35	73,898.	40,134.	33,764.
36 Occupancy	36	124,861.	33,666.	91,195.
37 Equipment rental and maintenance	37	26,613.	16,790.	9,823.
38 Printing and publications	38			
39 Travel	39	286,690.	224,419.	62,271.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	698,005.	NONE	698,005.
43 Other expenses not covered above (itemize) STMT 7	43a	4,382,147.	3,395,985.	986,162.
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	11,570,506.	7,268,761.	4,301,745.

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 page 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 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 STMT 9	
(Grants and allocations \$ _____)	5,010,135.
b	
(Grants and allocations \$ _____)	516,456.
c	
(Grants and allocations \$ _____)	337,791.
d	
(Grants and allocations \$ _____)	1,404,379.
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,268,761.

Part IV Balance Sheets (See page 25 of the instructions.)

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	1,963,547.	45	822,335.
46	Savings and temporary cash investments	3,702,648.	46	1,980,372.
47a	Accounts receivable	114,813.		
b	Less: allowance for doubtful accounts		101,354.	114,813.
48a	Pledges receivable	440,430.		
b	Less: allowance for doubtful accounts	295,750.	183,093.	144,680.
49	Grants receivable	1,179,369.	49	821,569.
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	367,014.	52	461,980.
53	Prepaid expenses and deferred charges	30,010.	53	6,174.
54	Investments - securities (attach schedule) STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	NONE	54	31,950.
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	54,270,683.		
b	Less: accumulated depreciation (attach schedule)	6,174,621.	46,814,461.	48,096,062.
58	Other assets (describe ►)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	54,341,496.	59	52,479,935.
60	Accounts payable and accrued expenses	1,383,058.	60	1,372,926.
61	Grants payable		61	
62	Deferred revenue	183,376.	62	444,756.
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) STMT 11	34,650.	64b	27,481.
65	Other liabilities (describe ► STMT 12)	358,015.	65	NONE
66	Total liabilities (add lines 60 through 65)	1,959,099.	66	1,845,163.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	12,427,710.	67	11,717,675.
68	Temporarily restricted	39,954,687.	68	38,917,097.
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, column (B) must equal line 21)	52,382,397.	73	50,634,772.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	54,341,496.	74	52,479,935.

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

Part I		Part II	
a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	10,338,994.
b	Amounts included on line a but not on line 12, Form 990.	b	
(1)	Net unrealized gains on investments . . \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	10,338,994.
d	Amounts included on line 12, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	10,338,994.
a	Total expenses and losses per audited financial statements ▶	a	12,086,619.
b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Donated services and use of facilities \$ 516,113.		
(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	516,113.
c	Line a minus line b ▶	c	11,570,506.
d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	11,570,506.

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **►** ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

STMT 16

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 and indirect political expenditures. 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	516,113.	
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	X	
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 on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A			
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 <input checked="" type="checkbox"/> ALASKA			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	103	
91	The books are in care of <input checked="" type="checkbox"/> CHELLIE ROEPKE Telephone no <input checked="" type="checkbox"/> 907-224-6314 Located at <input checked="" type="checkbox"/> SEWARD, ALASKA ZIP + 4 <input checked="" type="checkbox"/> 99664			
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	92	N/A	

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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 <u>ADMISSIONS</u>					1,355,847.
b <u>RESEARCH/BENCH FEE</u>					191,553.
c <u>EDUCATION FEES</u>					122,914.
d <u>FOOD CONCESSIONS</u>			03	5,502.	
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					41,825.
95 Interest on savings and temporary cash investments			14	44,929.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			03	10,118.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	121,237.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220	72,231.			379,212.
103 Other revenue a _____					
b <u>MISC. REVENUE</u>					1,891.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		72,231.		181,786.	2,093,242.
105 Total (add line 104, columns (B), (D), and (E))					2,347,259.

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 page 34 of the instructions.)

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 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(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 Sign: Carl B. Stevens Date: 9/10/04

FINANCE DIRECTOR

Date: _____ Check if: _____ Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.)

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

OMB No 1545-0047

2003

Employer identification number

SEWARD ASSOC. FOR THE ADV. OF MARINE SCIENCE

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>DR. PAMELA TUOMI</u> <u>P.O. BOX 1329</u> <u>SEWARD, AK 99664</u>	VETERINARIAN F/T	80,000.	NONE	NONE
<u>DONALD CALKINS</u> <u>P.O. BOX 1329</u> <u>SEWARD, AK 99664</u>	PROGRAM DIRECTOR F/T	85,000.	NONE	NONE
<u>CARL STEVENS</u> <u>P.O. BOX 1329</u> <u>SEWARD, AK 99664</u>	FINANCE DIRECTOR F/T	82,810.	NONE	NONE
<u>CLARENCE G. PAUTZKE</u> <u>P.O. BOX 1329</u> <u>SEWARD, AK 99664</u>	EXEC. DIR. F/T	133,482.	NONE	NONE
<u>MICHAEL K. PENDERGAST</u> <u>P.O. BOX 1329</u> <u>SEWARD, AK 99664</u>	COMPUTER SCIENTIST F/T	70,000.	NONE	NONE
Total number of other employees paid over \$50,000 ►	9			

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>R.J. KENNEY ASSOCIATES</u> <u>P.O. BOX 1748, PLAINVILLE, MA 02762</u>	CONSTRUCTION	612,039.
<u>JAFFA CONSTRUCTION, INC.</u> <u>P.O. BOX 107, MOOSE PASS, AK 99631</u>	BOILER INSTALLATION	209,213.
<u> </u>		
<u> </u>		
<u> </u>		
<u> </u>		
Total number of others receiving over \$50,000 for professional services ►	NONE	

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

Schedule A (Form 990 or 990-EZ) 2003

JSA

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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>28,200</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X	
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 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?	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)? STMT. 18	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	3,982,557.	23,831,256.	6,054,434.	719,346.	34,587,593.
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	2,403,565.	2,443,562.	2,788,759.	3,234,127.	10,870,013.
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	155,460.	532,802.	409,219.	389,731.	1,487,212.
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	6,541,582.	26,807,620.	9,252,412.	4,343,204.	46,944,818.
24 Line 23 minus line 17	4,138,017.	24,364,058.	6,463,653.	1,109,077.	36,074,805.
25 Enter 1% of line 23	65,416.	268,076.	92,524.	43,432.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 721,496.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 36074805.
d Add Amounts from column (e) for lines 18 <u>1,487,212.</u> 19 <u> </u> 22 <u> </u> 26b <u> </u>					26d 1,487,212.
e Public support (line 26c minus line 26d total)					26e 34587593.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.8774 %
27 Organizations described on line 12: 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 (2002) <u> </u> (2001) <u> </u> (2000) <u>NOT APPLICABLE</u> (1999) <u> </u>					
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 (2002) <u> </u> (2001) <u> </u> (2000) <u> </u> (1999) <u> </u>					
c Add Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c
d Add. Line 27a total <u> </u> and line 27b total <u> </u>					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from 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 1999 through 2002, 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)**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 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
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 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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	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		28,200.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			28,200.

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 12 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
-----	----

(i) Cash	51a(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(lii)		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]

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

MERCHANDISE SALES

959,093.

TOTAL

959,093.
=====

FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	367,014.
PURCHASES	602,616.
SALARIES AND WAGES	NONE
OTHER COSTS	NONE

SUBTOTAL	969,630.
MINUS ENDING INVENTORY	461,980.

COST OF GOODS SOLD	507,650.
	=====

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

IN KIND CONTRIBUTIONS

516,113.

TOTAL

516,113.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BANK FEES	43,183.	37,176.	6,007.
UTILITIES AND JANITORIAL	542,523.	NONE	542,523.
CONTRACTUAL SERVICES	3,281,244.	3,164,280.	116,964.
PROFESSIONAL SERVICES	89,777.	33,037.	56,740.
MARKETING AND ADVERTISING	157,128.	154,541.	2,587.
INSURANCE	213,693.	438.	213,255.
MISCELLANEOUS EXPENSES	54,599.	6,513.	48,086.
TOTALS	4,382,147.	3,395,985.	986,162.

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

RESEARCH PROGRAM - COLD WATER MARINE RESEARCH FACILITY
DEDICATED TO RESEARCH OF MARINE MAMMALS, BIRDS AND FISH.
ONGOING STELLAR SEA LION RESEARCH.

5,010,135.

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.

516,456.

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.

337,791.

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.

1,404,379.

TOTAL

7,268,761.

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
INVESTMENT IN COMMON STOCK	NONE	31,950.
	-----	-----
TOTALS	NONE	31,950.
	=====	=====

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

LENDER: OTHER NOTES PAYABLE

BEGINNING BALANCE DUE 34,650.

ENDING BALANCE DUE 27,481.
-----TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 34,650.
=====TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 27,481.
=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
UNEARNED/DEFERRED REVENUE	358,015.	NONE
TOTALS	358,015.	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
-----	-----	-----	-----	-----
WILLARD DUNHAM P.O. BOX 1329 SEWARD, AK 99664	SECRETARY PART TIME	NONE	NONE	NONE
PHILLIP SHEALY P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
DR. ROBERT SPIES P.O. BOX 1329 SEWARD, AK 99664	PRESIDENT PART TIME	NONE	NONE	NONE
DAVID R GOTTSTEIN P.O. BOX 1329 SEWARD, AK 99664	TREASURER PART TIME	NONE	NONE	NONE
MARK R HAMILTON P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
TOM TOUGAS P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
TYLAN SCHROCK P.O. BOX 1329 SEWARD, AK 99664	EXECUTIVE DIRECTOR FULL TIME	102,000.	27,000.	NONE
JASON ROTH P.O. BOX 1329 SEWARD, AK 99664	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 -----
DR. JOHN SCHOEN P.O. BOX 1329 SEWARD, AK 99664	VICE PRESIDENT PART TIME	NONE	NONE	NONE
DR. NED A. SMITH P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
MICHAEL J. BURNS P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
VERA ALEXANDER P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
KEVIN BROWN P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
BETTY HATCH GILLESPIE P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
DONNA PETERSON P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE
SHARON ANDERSON P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR PART TIME	NONE	NONE	NONE

SEWARD ASSOC. FOR THE ADV. OF MARINE SCIENCE

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

NAME AND ADDRESS

**TITLE AND TIME
DEVOTED TO POSITION**

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

COMPENSATION

DOUGLAS NORTH
P.O. BOX 1329
SEWARD, AK 99664

NONE

NONE

GRAND TOTALS

102,000.

27,000.

NONE

FORM 990, PART VI - ACTIVITIES NOT PREVIOUSLY REPORTED TO THE IRS
=====

ENGAGED IN MANAGERIAL AND ACCOUNTING SUPPORT SERVICES FOR THE NORTH
PACIFIC RESEARCH BOARD, AN OVERSIGHT BOARD FOR FEDERAL MARINE GRANTS.
SERVICES ARE PERFORMED BELOW COST, WITH NO PROFIT MORIVE, AND ARE
INSIGNIFICANT TO THE ORGANIZATIONS ACTIVITIES.

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.
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.
103B	MISCELLANEOUS REVENUE RELATED TO EXEMPT FUNCTION

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.

Form 4797

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ See separate instructions.

OMB No 1545-0184

2003

Attachment
Sequence No 27

Identifying number

SEWARD ASSOC. FOR THE ADV. OF MARINE SCIENCE

92-0132479

- 1 Enter the gross proceeds from sales or exchanges reported to you for 2003 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (See instructions.)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) for entire year. Subtract (f) from the sum of (d) and (e)	(h) Post-May 5, 2003, gain or (loss)* (see below)
2							
3 Gain, if any, from Form 4684, line 39							
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37							
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824							
6 Gain, if any, from line 32, from other than casualty or theft						121,237.	
7 Combine lines 2 through 6 in columns (g) and (h). Enter the gain or (loss) here and on the appropriate line as follows						121,237.	
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6, or Form 1120S, Schedule K, line 5. Skip lines 8, 9, 11, and 12 below.							
All others. If line 7, column (g) is zero or a loss, enter that amount on line 11 below and skip lines 8, 9 and 12. If line 7, column (g), is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain or (loss) in each column as a long-term capital gain or (loss) on Schedule D and skip lines 8, 9, 11, and 12 below.							
8 Nonrecaptured net section 1231 losses from prior years (see instructions)							
9 Subtract line 8 from line 7. If line 9, column (g), is zero or less, enter -0- in column (g). If line 9, column (g), is zero, enter the gain from line 7, column (g), on line 12 below. If line 9, column (g), is more than zero, enter the amount from line 8, column (g), on line 12 below and include the gain or (loss) in each column of line 9 as a long-term capital gain or (loss) on Schedule D (see instructions)							

*Corporations (other than S corporations) should not complete column (h). Partnerships and S corporations must complete column (h). All others must complete column (h) only if line 7, column (g), is a gain and the amount, if any, on line 8, column (g), does not exceed the gain on line 7, column (g). Include in column (h) all gains and losses from column (g) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain.

Part II Ordinary Gains and Losses

- 10 Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less)

11 Loss, if any, from line 7, column (g)	11	()
12 Gain, if any, from line 7, column (g), or amount from line 8, column (g), if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Recapture of section 179 expense deduction for partners and S corporation shareholders for property dispositions from 2002-2003 fiscal year partnerships and S corporations (see instructions)	17	
18 Combine lines 10 through 17. Enter the gain or (loss) here and on the appropriate line as follows:	18	
a For all except individual returns. Enter the gain or (loss) from line 18 on the return being filed		
b For individual returns:		
(1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18b(1)." See instructions	18b(1)	
(2) Redetermine the gain or (loss) on line 18 excluding the loss, if any, on line 18b(1). Enter here and on Form 1040, line 14	18b(2)	

For Paperwork Reduction Act Notice, see page 7 of the instructions.

Form 4797 (2003)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property		(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
A BOILER		12/01/1997	01/01/2003
B			
C			
D			
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1 before completing)	20	209,166.	
21 Cost or other basis plus expense of sale	21	87,929.	
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23	87,929.	
24 Total gain. Subtract line 23 from line 20.	24	121,237.	
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291			
a Additional depreciation after 1975 (see instructions)	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage (see instructions)	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a		
b Enter the smaller of line 24 or 29a (see instructions)	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6, column (g), and if applicable, column (h)	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (See instructions.)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**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	Name of Exempt Organization		Employer identification number
	SEWARD ASSOC. FOR THE ADV. 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 08/16, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 2003 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. \$ N/A

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. \$ I

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. \$ NONE

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 Kimberly Hitchcock Title CPA Date 5/3/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

INTERNAL REVENUE SERVICE
RECEIVED
MAY 05 2004
Wage & Investment Area 6 Director
Phoenix, Arizona

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	Employer identification number
	SEWARD ASSOC. FOR THE ADV. 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 11/15/2004
 5 For calendar year 2003, 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 A 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 \$ N/A
 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 \$ N/A
 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 \$ N/A

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

8/9/04

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 _____

Director

By _____

INTERNAL REVENUE SERVICE
RECEIVED
AUG 11 2004

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	Name
	KPMG LLP
	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, AK 99501