

Form **990**

CHANGE IN ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax AS AMENDED**2004**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.

Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **01/01**, 2004, and ending **09/30/2004****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).

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)

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.

L Gross receipts. Add lines 8b, 8b, 9b, and 10b to line 12 ▶ **10,620,126.****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:			
a Direct public support	1a	475,530.	
b Indirect public support	1b		
c Government contributions (grants)	1c	7,407,938.	
d Total (add lines 1a through 1c) (cash \$ 7,883,468. noncash \$)	1d	7,883,468.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,681,393.	
3 Membership dues and assessments	3	37,911.	
4 Interest on savings and temporary cash investments	4	20,464.	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	9,589.	
7 Other investment income (describe ▶)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	STMT. 1. 10a	869,024.	
b Less: cost of goods sold	STMT. 2. 10b	440,018.	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	429,006.	
11 Other revenue (from Part VII, line 103)	11	118,277.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	10,180,108.	
13 Program services (from line 44, column (B))	13	6,009,881.	
14 Management and general (from line 44, column (C))	14	4,295,660.	
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	10,305,541.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-125,433.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	50,634,772.	
20 Other changes in net assets or fund balances (attach explanation)	STMT. 3. 20	-314,980.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	50,194,359.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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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 \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	100,000.	100,000.		
26 Other salaries and wages	3,148,019.	1,809,983.	1,338,036.	
27 Pension plan contributions				
28 Other employee benefits	1,120,008.	658,616.	461,392.	
29 Payroll taxes				
30 Professional fundraising fees	92,220.	92,220.	NONE	
31 Accounting fees				
32 Legal fees				
33 Supplies	87,897.	7,038.	80,859.	
34 Telephone	74,250.	9,822.	64,428.	
35 Postage and shipping	39,631.	17,523.	22,108.	
36 Occupancy	115,500.	39,040.	76,460.	
37 Equipment rental and maintenance	36,786.	4,707.	32,079.	
38 Printing and publications	611,668.	415,821.	195,847.	
39 Travel	320,352.	280,052.	40,300.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	737,515.	NONE	737,515.	
43 Other expenses not covered above (itemize): STMT 4	3,821,695.	2,575,059.	1,246,636.	
b _____				
c _____				
d _____				
e _____				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-16	10,305,541.	6,009,881.	4,295,660.	

Joint Costs. Check ☐ if you are following SOP 98-2.Are 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 5**

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 6		
(Grants and allocations \$ _____)		4,341,651.
b		
(Grants and allocations \$ _____)		217,945.
c		
(Grants and allocations \$ _____)		303,559.
d		
(Grants and allocations \$ _____)		1,146,726.
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		6,009,881.

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
Assets	45 Cash - non-interest-bearing	822,335.	45	1,606,888.
	46 Savings and temporary cash investments	1,980,372.	46	1,501,502.
	47a Accounts receivable	99,320.		
	b Less: allowance for doubtful accounts	NONE	47c	99,320.
	48a Pledges receivable	396,790.		
	b Less: allowance for doubtful accounts	295,750.	48c	101,040.
	49 Grants receivable	821,569.	49	846,374.
	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	461,980.	52	346,250.
	53 Prepaid expenses and deferred charges	6,174.	53	109,193.
	54 Investments - securities (attach schedule) STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	31,950.	54	32,568.
	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	54,727,733.			
b Less: accumulated depreciation (attach schedule)	7,220,683.	57c	47,507,050.	
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	52,479,935.	59	52,150,185.	
Liabilities	60 Accounts payable and accrued expenses	1,372,926.	60	1,637,756.
	61 Grants payable		61	
	62 Deferred revenue	444,756.	62	295,966.
	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 8.	27,481.	64b	22,104.
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	1,845,163.	66	1,955,826.	
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	11,717,675.	67	13,291,204.
	68 Temporarily restricted	38,917,097.	68	36,903,155.
	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)	50,634,772.	73	50,194,359.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	52,479,935.	74	52,150,185.


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.

[illegible]

a Total revenue, gains, and other support per audited financial statements . . . ▶	a 10,180,108.	a Total expenses and losses per audited financial statements ▶	a 10,620,521.
b Amounts included on line a but not on line 12, Form 990: (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	b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ 314,980. (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 314,980.
c Line a minus line b ▶	c 10,180,108.	c Line a minus line b ▶	c 10,305,541.
d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ (2) Other (specify): _____ \$ _____ Add amounts on lines (1) and (2) . . ▶	d	d 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): _____ \$ _____ Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 10,180,108.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 10,305,541.

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.)

	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	314,980.
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, 2004 (See instructions.)	90b	113
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>					1,492,384.
b <u>RESEARCH/BENCH FEE</u>					16,380.
c <u>EDUCATION FEES</u>					110,220.
d <u>FOOD CONCESSIONS</u>			03	62,409.	
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					37,911.
95 Interest on savings and temporary cash investments			14	20,464.	
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	9,589.	
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	69,106.			359,900.
103 Other revenue: a					
b <u>AGENT FEES</u>			41	114,591.	
c <u>OTHER INCOME</u>					3,686.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		69,106.		207,053.	2,020,481.
105 Total (add line 104, columns (B), (D), and (E))					2,296,640.

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 12

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).

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 Sign Carl B. Stevens

FINANCE DIRECTOR 9/29/07

Date 9/29/07 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

2004

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
DR. PAMELA TUOMI P.O. BOX 1329 SEWARD, AK 99664	VETERINARIAN 40/WEEK	74,083.	NONE	NONE
DONALD CALKINS P.O. BOX 1329 SEWARD, AK 99664	PROGRAM DIRECTOR 40/WEEK	77,676.	NONE	NONE
CARL STEVENS P.O. BOX 1329 SEWARD, AK 99664	FINANCE DIRECTOR 40/WEEK	76,614.	NONE	NONE
LEE KELLAR P.O. BOX 1329 SEWARD, AK 99664	HUSBANDRY DIRECTOR 40/WEEK	65,177.	NONE	NONE
MICHAEL K. PENDERGAST P.O. BOX 1329 SEWARD, AK 99664	COMPUTER SCIENTIST 40/WEEK	64,337.	NONE	NONE
Total number of other employees paid over \$50,000 ►	8			

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
JAFFA CONSTRUCTION, INC. P.O. BOX 107, MOOSE PASS, AK 99631	GENERAL CONSTRUCTION	53,969.
CONTROL CONTRACTORS 5660 B ST. ANCHORAGE, AK 99518	BLDG AUTOM. CONTRACT	54,823.
HOTEL EDGEWATER 200 5TH AVE. SEWARD, ALASKA 99664	INTERN HOUSING	63,998.
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.
JSA

Schedule A (Form 990 or 990-EZ) 2004

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. 13	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	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,170,166.	3,982,557.	23,831,256.	6,054,434.	41,038,413.
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	2,523,279.	2,403,565.	2,443,562.	2,788,759.	10,159,165.
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	55,047.	155,460.	532,802.	409,219.	1,152,528.
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	STMT 14 121,237.	NONE	NONE	NONE	121,237.
23 Total of lines 15 through 22	9,869,729.	6,541,582.	26,807,620.	9,252,412.	52,471,343.
24 Line 23 minus line 17	7,346,450.	4,138,017.	24,364,058.	6,463,653.	42,312,178.
25 Enter 1% of line 23	98,697.	65,416.	268,076.	92,524.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 846,244.
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 2000 through 2003 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 42312178.
d Add: Amounts from column (e) for lines: 18 1,152,528. 19					
22 121,237. 26b					26d 1,273,765.
e Public support (line 26c minus line 26d total)					26e 41038413.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.9896 %
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:	(2003) _____ (2002) _____ (2001) <u>NOT APPLICABLE</u> (2000) _____				
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	(2003) _____ (2002) _____ (2001) _____ (2000) _____				
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount 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 2000 through 2003, 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.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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.) ----- ----- -----		
34 a 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	41		
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			
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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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 15	X		28,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			28,500.

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

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

MERCHANDISE SALES

869,024.

TOTAL

869,024.
=====

AS AMENDED

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

INVENTORY AT BEGINNING OF YEAR	461,980.
PURCHASES	324,288.
SALARIES AND WAGES	NONE
OTHER COSTS	NONE

SUBTOTAL	786,268.
MINUS ENDING INVENTORY	346,250.

COST OF GOODS SOLD	440,018.
	=====

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

IN KIND CONTRIBUTIONS

314,980.

TOTAL

314,980.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BANK FEES	42,881.	37,022.	5,859.
UTILITIES AND JANITORIAL	474,105.	449.	473,656.
CONTRACTUAL SERVICES	2,723,762.	2,380,004.	343,758.
PROFESSIONAL SERVICES	132,625.	42,500.	90,125.
MARKETING AND ADVERTISING	71,836.	70,599.	1,237.
RISK MANAGEMENT	178,538.	500.	178,038.
MISCELLANEOUS EXPENSES	58,010.	29,383.	28,627.
BUILDING MAINTENANCE	125,336.	NONE	125,336.
EDUCATION PROGRAM EXPENSES	14,602.	14,602.	NONE
TOTALS	3,821,695.	2,575,059.	1,246,636.

AS AMENDED

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 - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	EXPENSES
A	RESEARCH PROGRAM - COLD WATER MARINE RESEARCH FACILITY DEDICATED TO RESEARCH OF MARINE MAMMALS, BIRDS AND FISH. ONGOING STELLAR SEA LION RESEARCH.	4,341,651.
B	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.	217,945.
C	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.	303,559.
D	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.	1,146,726.
TOTAL		6,009,881.

AS AMENDED

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

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
INVESTMENT IN COMMON STOCK	31,950.	32,568.
	-----	-----
TOTALS	31,950.	32,568.
	=====	=====

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

LENDER: OTHER NOTES PAYABLE

BEGINNING BALANCE DUE	27,481.
ENDING BALANCE DUE	22,104.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	27,481.
---	---------

=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	22,104.
--	---------

=====

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 1/WEEK	NONE	NONE	NONE
PHILLIP SHEALY P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
DR. ROBERT SPIES P.O. BOX 1329 SEWARD, AK 99664	PRESIDENT 1/WEEK	NONE	NONE	NONE
DAVID R GOTTSTEIN P.O. BOX 1329 SEWARD, AK 99664	TREASURER 1/WEEK	NONE	NONE	NONE
MARK R HAMILTON P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
TOM TOUGAS P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
TYLAN SCHROCK P.O. BOX 1329 SEWARD, AK 99664	EXECUTIVE DIRECTOR 40/WEEK	100,000.	30,000.	NONE
JASON ROTH P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE

AS AMENDED

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 1/WEEK	NONE	NONE	NONE
DR. NED A. SMITH P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
MICHAEL J. BURNS P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
DR. DENIS WIESENBURG P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
KEVIN BROWN P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
DONNA PETERSON P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
SHARON ANDERSON P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE
DOUGLAS NORTH P.O. BOX 1329 SEWARD, AK 99664	DIRECTOR 1/WEEK	NONE	NONE	NONE

AS AMENDED

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
		100,000.	30,000.	NONE
	GRAND TOTALS			

AS AMENDED

AS AMENDED

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- C	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.
103C	MISCELLANEOUS REVENUE RELATED TO EXEMPT FUNCTION

AS AMENDED

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

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

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2003	2002	2001	2000	TOTAL
SALE OF BUSINESS ASSET	121,237.	NONE	NONE	NONE	121,237.
TOTALS	121,237.	NONE	NONE	NONE	121,237.

AS AMENDED

AS AMENDED

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

=====

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

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

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

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See Instructions.	Name of Exempt Organization Seward Association for the Advancement of Marine Science	Employer identification number 92-0132479
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. Box 1329	
	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

- The books are in the care of ► Chellie Roepke

Telephone No. ► 907-224-6314

FAX No. ► _____

- 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-months for a **Form 990-T corporation**) extension of time until May 16, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning January 1, 2004, and ending September 30, 2004.

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. \$ N/A
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. \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FEB 10 2005

Form 8868 (Rev. 12-2004)

ANCHORAGE, AK

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

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

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

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

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

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

- The books are in the care of **► CHELLIE ROEPKE**
Telephone No. **► 907 224-6314** FAX No. **►**
- 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 **08/15/2005**
- 5 For calendar year **_____**, or other tax year beginning **01/01/2004** and ending **09/30/2004**
- 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 **\$ 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 **► Wayne Wallace** Title **► C. P. A.** Date **► 5-16-05**

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 to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of
- ☐ Other **_____**

By: **_____**
Director

Alternate Mailing Address - Enter the address if you want the copy of this application 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

EXTENSION APPROVED**JUN 2 2005****FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN****ANCHORAGE, AK****RCVD IN MAY 23 2005**