

# 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

2004

**Open to Public  
Inspection**

A For the 2004 calendar year, or tax year beginning 10/01, 2004, and ending 09/30/2005

|  |  |  |   |  |
|--|--|--|---|--|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending   | <b>C</b> Name of organization<br>SEWARD ASSOC. FOR THE ADV. OF MARINE SCIENCE                                      |  | <b>D</b> Employer identification number<br>92-0132479   |  |
|  | Please use IRS label or print or type<br>Number and street (or P O box if mail is not delivered to street address) |  | <b>E</b> Telephone number<br>(907) 224-6305   |  |
|  | See Specific Instructions<br>P.O. BOX 1329   |  | <b>F</b> Accounting method<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ |  |
|  | City or town, state or country, and ZIP + 4<br>SEWARD, AK 99664  |  |   |  |
| • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)   |  |  |   |  |
| <b>G</b> Website. ► WWW.ALASKASEALIFE.ORG  |  |  |   |  |
| <b>J</b> Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) ( 03 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |   |  |
| <b>K</b> Check here ► <input type="checkbox"/> 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 chooses to file a return, be sure to file a complete return <b>Some states require a complete return.</b>  |  |  |   |  |
| <b>L</b> Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 15,223,913.   |  |  |   |  |
| <b>H</b> and <b>I</b> are not applicable to section 527 organizations<br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> If "Yes," enter number of affiliates ► _____<br><b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If "No," attach a list See instructions)<br><b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>I</b> Group Exemption Number ► _____<br><b>M</b> Check ► <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF) |  |  |   |  |

| Part I |  | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) |
|--------|--|---|
| 1      | Revenue                                |   |
| 2      | Expenses                               |   |
| 3      | Changes in Net Assets or Fund Balances |   |
| 4      | Total                                  |   |

| Contributions, gifts, grants, and similar amounts received. |   |                |  |             |  |
|---|---|----------------|--|-------------|--|
| a   | Direct public support   | 1a             |  | 758,298.    |  |
| b   | Indirect public support   | 1b             |  |             |  |
| c   | Government contributions (grants)   | 1c             |  | 11,439,932. |  |
| d   | Total (add lines 1a through 1c) (cash \$ 12,198,230. noncash \$ )   | 1d             |  | 12,198,230. |  |
| 2   | Program service revenue including government fees and contracts (from Part VII, line 93)                          | 2              |  | 1,840,874.  |  |
| 3   | Membership dues and assessments   | 3              |  | 46,944.     |  |
| 4   | Interest on savings and temporary cash investments  | 4              |  | 48,182.     |  |
| 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             |  | 9,234.      |  |
| 7   | Other investment income (describe )   | 7              |  |             |  |
| 8a  | Gross amount from sales of assets other than inventory  | (A) Securities |  | (B) Other   |  |
| b   | Less cost or other basis and sales expenses   | 8a             |  |             |  |
| c   | Gain or (loss) (attach schedule)  | 8b             |  |             |  |
| d   | Net gain or (loss) (combine line 8c, columns (A) and (B))   | 8c             |  |             |  |
| 8d  |   | 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            |  | 915,126.    |  |
| b   | Less cost of goods sold STMT. 2   | 10b            |  | 473,336.    |  |
| c   | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)                | 10c            |  | 441,790.    |  |
| 11  | Other revenue (from Part VII, line 103)   | 11             |  | 165,323.    |  |
| 12  | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)  | 12             |  | 14,750,577. |  |
| 13  | Program services (from line 44, column (B))   | 13             |  | 8,396,401.  |  |
| 14  | Management and general (from line 44, column (C))   | 14             |  | 5,160,773.  |  |
| 15  | Fundraising (from line 44, column (D))  | 15             |  | 127,955.    |  |
| 16  | Payments to affiliates (attach schedule)  | 16             |  |             |  |
| 17  | Total expenses (add lines 16 and 44, column (A))  | 17             |  | 13,685,129. |  |
| 18  | Excess or (deficit) for the year (subtract line 17 from line 12)  | 18             |  | 1,065,448.  |  |
| 19  | Net assets or fund balances at beginning of year (from line 73, column (A))                                       | 19             |  | 50,194,359. |  |
| 20  | Other changes in net assets or fund balances (attach explanation) STMT. 3   | 20             |  | -517,871.   |  |
| 21  | Net assets or fund balances at end of year (combine lines 18, 19, and 20)   | 21             |  | 50,741,936. |  |

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

Form 990 (2004)

6-15

22

**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 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)<br>(cash \$ <u>1,061,095</u> noncash \$ <u>          </u> )<br>If this amount includes foreign grants, check here <input type="checkbox"/> | 22        | 1,061,095.           | 1,061,095.                 |                 |          |
| 23   | Specific assistance to individuals (attach schedule)  | 23        |                      |                            |                 |          |
| 24   | Benefits paid to or for members (attach schedule)   | 24        |                      |                            | STMT 4          |          |
| 25   | Compensation of officers, directors, etc  | 25        | 125,000.             | 125,000.                   |                 |          |
| 26   | Other salaries and wages  | 26        | 4,347,780.           | 2,583,957.                 | 1,755,387.      |          |
| 27   | Pension plan contributions  | 27        |                      |                            | 8,436.          |          |
| 28   | Other employee benefits   | 28        | 1,512,368.           | 923,034.                   | 587,691.        |          |
| 29   | Payroll taxes   | 29        |                      |                            | 1,643.          |          |
| 30   | Professional fundraising fees   | 30        |                      |                            |                 |          |
| 31   | Accounting fees   | 31        |                      |                            |                 |          |
| 32   | Legal fees  | 32        |                      |                            |                 |          |
| 33   | Supplies  | 33        | 250,435.             | 108,606.                   | 110,581.        |          |
| 34   | Telephone   | 34        | 90,832.              | 16,912.                    | 73,920.         |          |
| 35   | Postage and shipping  | 35        | 74,230.              | 49,358.                    | 24,872.         |          |
| 36   | Occupancy   | 36        | 148,927.             | 46,533.                    | 102,394.        |          |
| 37   | Equipment rental and maintenance  | 37        | 42,052.              | 3,939.                     | 38,113.         |          |
| 38   | Printing and publications   | 38        | 845,368.             | 666,823.                   | 178,545.        |          |
| 39   | Travel  | 39        | 420,535.             | 380,789.                   | 39,307.         |          |
| 40   | Conferences, conventions, and meetings  | 40        |                      |                            | 439.            |          |
| 41   | Interest  | 41        | 16,610.              | NONE                       | 16,610.         |          |
| 42   | Depreciation, depletion, etc (attach schedule)  | 42        | 648,263.             | NONE                       | 648,263.        |          |
| 43   | Other expenses not covered above (itemize).   |           |                      |                            |                 |          |
| a  | STMT 5  | 43a       | 4,101,634.           | 2,430,355.                 | 1,585,090.      |          |
| b  |   | 43b       |                      |                            | 86,189.         |          |
| c  |   | 43c       |                      |                            |                 |          |
| d  |   | 43d       |                      |                            |                 |          |
| e  |   | 43e       |                      |                            |                 |          |
| f  |   | 43f       |                      |                            |                 |          |
| g  |   | 43g       |                      |                            |                 |          |
| 44   | Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).  | 44        | 13,685,129.          | 8,396,401.                 | 5,160,773.      | 127,955. |

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 ☒ NoIf "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 the instructions)

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.

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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.)

|   |                   |
|---|-------------------|
| <p><b>a</b> <u>RESEARCH PROGRAM - COLD WATER MARINE RESEARCH FACILITY</u><br/> <u>DEDICATED TO RESEARCH OF MARINE MAMMALS, BIRDS AND FISH.</u><br/> <u>ONGOING STELLAR SEA LION RESEARCH.</u></p> <p>(Grants and allocations \$ <u>1,061,095.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>   | <p>5,202,460.</p> |
| <p><b>b</b> <u>CONSERVATION PROGRAM - REHABILITATION AND CONSERVATIVE</u><br/> <u>EFFORTS TO MAINTAIN THE INTEGRITY OF THE MARINE ECOSYSTEM</u><br/> <u>OF ALASKA.</u></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>  | <p>651,340.</p>   |
| <p><b>c</b> <u>REHABILITATION PROGRAM - ONLY PERMANENT FACILITY IN THE</u><br/> <u>STATE DESIGNED FOR TREATMENT &amp; REHABILITATION OF MARINE</u><br/> <u>BIRDS AND ANIMALS. ALSO PROVIDES EDUCATIONAL OUTREACH,</u><br/> <u>ADDITIONAL DATA FOR FEDERAL AGENCIES AND RESEARCHERS.</u></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>   | <p>522,798.</p>   |
| <p><b>d</b> <u>VISITOR EDUCATION PROGRAM - CONNECTS VISITORS OF ALL AGES</u><br/> <u>WITH CURRENT RESEARCH AND REHABILITATION PROJECTS</u><br/> <u>THROUGH INNOVATIVE PROGRAMS, WHICH RANGE FROM TRAINED</u><br/> <u>INTERPRETERS AVAILABLE TO ANSWER VISITORS' QUESTIONS TO</u><br/> <u>SCHEDULED PROGRAMS FOR VISITORS WHO WANT MORE IN-DEPTH</u><br/> <u>INFORMATION ON ALASKA'S MARINE ECOSYSTEM.</u></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>1,541,665.</p> |
| <p><b>e</b> Other program services (attach schedule) <u>SEE STATEMENT 7</u><br/> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>   | <p>478,138.</p>   |
| <p><b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services), . . . . .</p>  | <p>8,396,401.</p> |

Form 990 (2004)

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | 45 Cash - non-interest-bearing  | 1,606,888.               | 45          | 1,973,430.         |
|   | 46 Savings and temporary cash investments   | 1,501,502.               | 46          | 1,262,812.         |
|   | 47a Accounts receivable   | 47a 109,540.             |             |                    |
|   | b Less allowance for doubtful accounts  | 47b 99,320.              | 47c         | 109,540.           |
|   | 48a Pledges receivable  | 48a 470,509.             |             |                    |
|   | b Less allowance for doubtful accounts  | 48b 295,750.             | 48c         | 174,759.           |
|   | 49 Grants receivable  | 846,374.                 | 49          | 1,670,029.         |
|   | 50 Receivables from officers, directors, trustees, and key employees (attach schedule)  |                          | 50          |                    |
|   | 51a Other notes and loans receivable (attach schedule)  | 51a                      |             |                    |
|   | b Less allowance for doubtful accounts  | 51b                      | 51c         |                    |
|   | 52 Inventories for sale or use  | 346,250.                 | 52          | 340,017.           |
|   | 53 Prepaid expenses and deferred charges  | 109,193.                 | 53          | 126,725.           |
|   | 54 Investments - securities (attach schedule) <input checked="" type="checkbox"/> STMT 8. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 32,568.                  | 54          | 32,938.            |
|   | 55a Investments - land, buildings, and equipment basis  | 55a                      |             |                    |
|   | b Less accumulated depreciation (attach schedule)   | 55b                      | 55c         |                    |
| 56 Investments - other (attach schedule)                                      |   | 56                       |             |                    |
| 57a Land, buildings, and equipment basis                                      | 57a 55,295,690.   |                          |             |                    |
| b Less accumulated depreciation (attach schedule)                             | 57b 8,210,770.  | 47,507,050.              | 57c         | 47,084,920.        |
| 58 Other assets (describe ▶ )   |   | 58                       |             |                    |
| 59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58           | 52,150,185.   | 59                       | 52,775,170. |                    |
| <b>Liabilities</b>  | 60 Accounts payable and accrued expenses  | 1,637,756.               | 60          | 1,201,150.         |
|   | 61 Grants payable   |                          | 61          |                    |
|   | 62 Deferred revenue   | 295,966.                 | 62          | 452,265.           |
|   | 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) <input type="checkbox"/> STMT 9.  | 22,104.                  | 64b         | 379,819.           |
|   | 65 Other liabilities (describe ▶ )  |                          | 65          |                    |
| 66 <b>Total liabilities.</b> Add lines 60 through 65                          | 1,955,826.  | 66                       | 2,033,234.  |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>                  |                          |             |                    |
|   | 67 Unrestricted   | 13,291,204.              | 67          | 12,837,946.        |
|   | 68 Temporarily restricted   | 36,903,155.              | 68          | 37,903,990.        |
|   | 69 Permanently restricted   |                          | 69          |                    |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>  |                          |             |                    |
|   | 70 Capital stock, trust principal, or current funds   |                          | 70          |                    |
|   | 71 Paid-in or capital surplus, or land, building, and equipment fund  |                          | 71          |                    |
|   | 72 Retained earnings, endowment, accumulated income, or other funds   |                          | 72          |                    |
|   | 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)      | 50,194,359.              | 73          | 50,741,936.        |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 | 52,150,185.   | 74                       | 52,775,170. |                    |



|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |   |
|-----|---|
| 75b | X |
|-----|---|

|     |   |
|-----|---|
| 75c | X |
|-----|---|

|     |  |   |
|-----|--|---|
| 75d |  | x |
|-----|--|---|

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|    |   |
|----|---|
| 76 | X |
|----|---|

|    |  |   |
|----|--|---|
| 77 |  | X |
|    |  |   |

|     |   |
|-----|---|
| 78a | X |
|-----|---|

|     |   |  |
|-----|---|--|
| 78b | X |  |
|-----|---|--|

|    |   |
|----|---|
| 79 | X |
|----|---|

|     |   |
|-----|---|
| 80a | X |
|-----|---|

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|     |     |
|-----|-----|
| 81b | N/A |
|-----|-----|

**Part VI Other Information (continued)**

Yes No

|      |  |            |              |              |
|------|--|------------|--------------|--------------|
| 82 a | 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        | 517,871.     |              |
| 83 a | 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            |              |
| 84 a | 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?  | 85b        | N/A          |              |
|      | 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  |            |              |              |
| 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          |              |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911   |            | N/A          |              |
|      | section 4912   |            | N/A          |              |
|      | section 4955   |            | 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          |              |
| 90 a | List the states with which a copy of this return is filed  |            | AK           |              |
| b    | Number of employees employed in the pay period that includes March 12, 2005 (See instructions)   | 90b        | 143          |              |
| 91 a | The books are in care of   | DEB CROSBY | Telephone no | 907-224-6314 |
|      | Located at   | SEWARD, AK | ZIP + 4      | 99664        |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                             | 91b        |              | X            |
|      | If "Yes," enter the name of the foreign country  |            |              |              |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts   |            |              |              |
| c    | At any time during the calendar year, did the organization maintain an office outside of the United States?  | 91c        |              | X            |
|      | If "Yes," enter the name of the foreign country  |            |              |              |
| 92   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   |            |              |              |
|      | 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 the instructions.)

Note Enter gross amounts unless otherwise indicated

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| 93 Program service revenue                                   |                           |               |                                      |               |  |
| a ADMISSIONS   |                           |               |                                      |               | 1,621,227.                                     |
| b RESEARCH/BENCH FEE   |                           |               |                                      |               | 33,000.  |
| c EDUCATION FEES   |                           |               |                                      |               | 135,788.                                       |
| d FOOD CONCESSIONS   |                           |               | 03                                   | 50,859.       |  |
| e  |                           |               |                                      |               |  |
| f Medicare/Medicaid payments                                 |                           |               |                                      |               |  |
| g Fees and contracts from government agencies                |                           |               |                                      |               |  |
| 94 Membership dues and assessments                           |                           |               |                                      |               | 46,944.  |
| 95 Interest on savings and temporary cash investments        |                           |               | 14                                   | 48,182.       |  |
| 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                                   | 9,234.        |  |
| 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                    | 63,969.       |                                      |               | 377,821.                                       |
| 103 Other revenue a  |                           |               |                                      |               |  |
| b AGENT FEES   |                           |               | 41                                   | 160,383.      |  |
| c OTHER INCOME   |                           |               |                                      |               | 4,940.   |
| d  |                           |               |                                      |               |  |
| e  |                           |               |                                      |               |  |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           | 63,969.       |                                      | 268,658.      | 2,219,720.                                     |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | 2,552,347.                                     |

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 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 the instructions.)

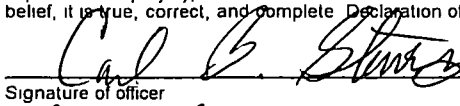
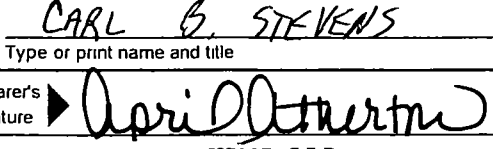
| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
|  |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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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 Here   | 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. |   |                     |  |
|  | <br>Signature of officer   |   | Date <u>8/11/06</u> |  |
| Paid Preparer's Use Only   | <br>Type or print name and title   |   | Finance Director    |  |
|  | Preparer's signature  |   | Date <u>8/9/06</u>  |  |
| Firm's name (or yours if self-employed), address, and ZIP + 4                          |   | Check if self-employed <input type="checkbox"/> |                     | Preparer's SSN or PTIN (See Gen. Inst. W) <u>P00624297</u> |
| <u>KPMG LLP</u><br><u>701 WEST 8TH AVENUE, SUITE 600</u><br><u>ANCHORAGE, AK 99501</u> |   | EIN <u>13-5565207</u>                           |                     | Phone no <u>907-265-1200</u>                               |



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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 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**

Name of the organization

SEWARD ASSOC. FOR THE ADV. OF MARINE SCIENCE

Employer identification number

92-0132479

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| SEE STATEMENT 13  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 . . ▶      |  | 17               |   |  |

**Part II-A 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 |
|--|---------------------|------------------|
| SEE STATEMENT 14   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of others receiving over \$50,000 for professional services . . . . . ▶ |                     | NONE             |

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000              | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| SEE STATEMENT 15   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ |                     | NONE             |

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

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>32,750.</u> (Must equal amounts on line 38, Part VI-A, or line 1 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)? . . . . .   | 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  |
| c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .  | 3c  | 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) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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) 2004            | (b) 2003   | (c) 2002   | (d) 2001    | (e) Total   |
|--|---------------------|------------|------------|-------------|-------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)  | 7,902,303.          | 7,170,166. | 3,982,557. | 23,831,256. | 42,886,282. |
| 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   | 2,463,834.          | 2,523,279. | 2,403,565. | 2,443,562.  | 9,834,240.  |
| 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  | 40,488.             | 55,047.    | 155,460.   | 532,802.    | 783,797.    |
| 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 17<br>118,277. | 121,237.   | NONE       | NONE        | 239,514.    |
| 23 Total of lines 15 through 22  | 10,524,902.         | 9,869,729. | 6,541,582. | 26,807,620. | 53,743,833. |
| 24 Line 23 minus line 17   | 8,061,068.          | 7,346,450. | 4,138,017. | 24,364,058. | 43,909,593. |
| 25 Enter 1% of line 23   | 105,249.            | 98,697.    | 65,416.    | 268,076.    |             |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24  |                     |            |            |             | 878,192.    |
| 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts   |                     |            |            |             |             |
| c Total support for section 509(a)(1) test. Enter line 24, column (e)  |                     |            |            |             | 43,909,593. |
| d Add Amounts from column (e) for lines: 18 783,797. 19 22 239,514. 26b  |                     |            |            |             | 1,023,311.  |
| e Public support (line 26c minus line 26d total)   |                     |            |            |             | 42,886,282. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |                     |            |            |             | 97.6695 %   |
| 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.<br>NOT APPLICABLE<br>(2004) (2003) (2002) (2001)  |                     |            |            |             |             |
| 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.<br>(2004) (2003) (2002) (2001) |                     |            |            |             |             |
| 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 2001 through 2004, 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 |
|--|------------|----|
| <b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .  | <b>29</b>  |    |
| <b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .   | <b>30</b>  |    |
| <b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . .<br>If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) | <b>31</b>  |    |
| -----  |            |    |
| -----  |            |    |
| -----  |            |    |
| <b>32</b> Does the organization maintain the following   |            |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .   | <b>32a</b> |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .   | <b>32b</b> |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .   | <b>32c</b> |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  | <b>32d</b> |    |
| If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)  |            |    |
| -----  |            |    |
| -----  |            |    |
| <b>33</b> Does the organization discriminate by race in any way with respect to  |            |    |
| <b>a</b> Students' rights or privileges? . . . . .   | <b>33a</b> |    |
| <b>b</b> Admissions policies? . . . . .  | <b>33b</b> |    |
| <b>c</b> Employment of faculty or administrative staff? . . . . .  | <b>33c</b> |    |
| <b>d</b> Scholarships or other financial assistance? . . . . .   | <b>33d</b> |    |
| <b>e</b> Educational policies? . . . . .   | <b>33e</b> |    |
| <b>f</b> Use of facilities? . . . . .  | <b>33f</b> |    |
| <b>g</b> Athletic programs? . . . . .  | <b>33g</b> |    |
| <b>h</b> Other extracurricular activities? . . . . .   | <b>33h</b> |    |
| If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)   |            |    |
| -----  |            |    |
| -----  |            |    |
| -----  |            |    |
| <b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .  | <b>34a</b> |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .  | <b>34b</b> |    |
| If you answered "Yes" to either 34a or b, please explain using an attached statement   |            |    |
| -----  |            |    |
| <b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .   | <b>35</b>  |    |

**Part VI-A** Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ☐ a If the organization belongs to an affiliated group Check ☐ b If you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

|    |  | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for ALL electing<br>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 -<br>If the amount on line 40 is - The lobbying nontaxable amount is -<br>Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .<br>Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000<br>Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000<br>Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000<br>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)<br>2004  | (b)<br>2003 | (c)<br>2002 | (d)<br>2001 | (e)<br>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 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 . . . . .   | X   |    | 32,750. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .   |     | X  |         |
| i Total lobbying expenditures (Add lines c through h) . . . . .  |     |    | 32,750. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities STMT 18

## Schedule A (Form 990 or 990-EZ) (2004)

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

MERCHANDISE SALES

915,126.  
-----

TOTAL

915,126.  
=====

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

=====

|                                      |          |
|--------------------------------------|----------|
| INVENTORY AT BEGINNING OF YEAR ..... | 346,250. |
| PURCHASES .....                      | 467,103. |
| SALARIES AND WAGES .....             |          |
| OTHER COSTS .....                    |          |
|                                      | -----    |
| SUBTOTAL .....                       | 813,353. |
| MINUS ENDING INVENTORY .....         | 340,017. |
|                                      | -----    |
| COST OF GOODS SOLD .....             | 473,336. |
|                                      | =====    |



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

IN KIND CONTRIBUTIONS

517,871.

TOTAL

-----  
517,871.  
=====

## FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

| OFFICER NAME AND TYPE OF COMPENSATION | PROGRAM SERVICES |
|---------------------------------------|------------------|
| TYLAN SCHROCK                         |                  |
| COMPENSATION:                         | 125,000.         |
| TOTALS                                | 125,000.         |

## FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION                | TOTAL      | PROGRAM<br>SERVICES | MANAGEMENT<br>AND GENERAL | FUNDRAISING |
|----------------------------|------------|---------------------|---------------------------|-------------|
| -----                      | -----      | -----               | -----                     | -----       |
| BANK FEES                  | 58,515.    | 50,340.             | 8,175.                    |             |
| UTILITIES AND JANITORIAL   | 704,107.   | NONE                | 704,107.                  |             |
| CONTRACTUAL SERVICES       | 2,282,845. | 2,133,172.          | 63,621.                   | 86,052.     |
| PROFESSIONAL SERVICES      | 189,067.   | 83,888.             | 105,179.                  |             |
| MARKETING AND ADVERTISING  | 92,479.    | 92,465.             | 14.                       |             |
| RISK MANAGEMENT            | 227,683.   | NONE                | 227,683.                  |             |
| MISCELLANEOUS EXPENSES     | 151,541.   | 42,217.             | 109,187.                  | 137.        |
| BUILDING MAINTENANCE       | 367,124.   | NONE                | 367,124.                  |             |
| EDUCATION PROGRAM EXPENSES | 28,273.    | 28,273.             | NONE                      |             |
|                            | -----      | -----               | -----                     | -----       |
| TOTALS                     | 4,101,634. | 2,430,355.          | 1,585,090.                | 86,189.     |
|                            | =====      | =====               | =====                     | =====       |

## 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 - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION

GRANTS AND  
ALLOCATIONS

EXPENSES

EDUCATION PROGRAM

478,138.

TOTALS

478,138.

## FORM 990, PART IV - INVESTMENTS - SECURITIES

| DESCRIPTION<br>-----       | BEGINNING<br>BOOK VALUE<br>----- | ENDING<br>BOOK VALUE<br>----- | COST<br>OR FMV<br>----- |
|----------------------------|----------------------------------|-------------------------------|-------------------------|
| INVESTMENT IN COMMON STOCK | 32,568.                          | 32,938.                       | FMV                     |
| TOTALS                     | 32,568.                          | 32,938.                       |                         |

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE  
=====LENDER: OTHER NOTES PAYABLE  
SECURITY PROVIDED: VEHICLE

|                             |         |
|-----------------------------|---------|
| BEGINNING BALANCE DUE ..... | 22,104. |
| ENDING BALANCE DUE .....    | 14,935. |
|                             | -----   |

LENDER: OTHER NOTE PAYABLE 2  
SECURITY PROVIDED: LAND  
ENDING BALANCE DUE .....364,884.  
-----

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

22,104.  
=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

379,819.  
=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

| NAME AND ADDRESS                                       | TITLE AND TIME<br>DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES |
|--|---------------------------------------|--------------|---|---|
| WILLARD DUNHAM<br>P.O. BOX 1329<br>SEWARD, AK 99664    | SECRETARY<br>1 HR/WEEK                | NONE         |   |   |
| DR. ROBERT SPIES<br>P.O. BOX 1329<br>SEWARD, AK 99664  | PRESIDENT<br>1 HR/WEEK                | NONE         |   |   |
| DAVID R GOTTSTEIN<br>P.O. BOX 1329<br>SEWARD, AK 99664 | TREASURER<br>1 HR/WEEK                | NONE         |   |   |
| MARK R HAMILTON<br>P.O. BOX 1329<br>SEWARD, AK 99664   | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| TOM TOUGAS<br>P.O. BOX 1329<br>SEWARD, AK 99664        | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| TYLAN SCHROCK<br>P.O. BOX 1329<br>SEWARD, AK 99664     | EXECUTIVE DIRECTOR<br>40 HR/WEEK      | 125,000.     | 27,000.                                       |   |
| JASON ROTH<br>P.O. BOX 1329<br>SEWARD, AK 99664        | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| DR. JOHN SCHOEN<br>P.O. BOX 1329<br>SEWARD, AK 99664   | VICE PRESIDENT<br>1 HR/WEEK           | NONE         |   |   |



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS  | TITLE AND TIME<br>DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES |
|---|---------------------------------------|--------------|---|---|
| DR. NED A. SMITH<br>P.O. BOX 1329<br>SEWARD, AK 99664     | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| DR. DENIS WIESENBURG<br>P.O. BOX 1329<br>SEWARD, AK 99664 | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| KEVIN BROWN<br>P.O. BOX 1329<br>SEWARD, AK 99664          | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| DONNA PETERSON<br>P.O. BOX 1329<br>SEWARD, AK 99664       | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| SHARON ANDERSON<br>P.O. BOX 1329<br>SEWARD, AK 99664      | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| DOUGLAS NORTH<br>P.O. BOX 1329<br>SEWARD, AK 99664        | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| CLARK CORBRIDGE<br>P.O. BOX 1329<br>SEWARD, AK 99664      | DIRECTOR<br>1 HR/WEEK                 | NONE         |   |   |
| GRAND TOTALS  |                                       | 125,000.     | 27,000.                                       |   |

## FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

| LINE<br>NO.<br>--- | EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME<br>IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED<br>IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES<br>-----   |
|--------------------|---|
| 93A-<br>C          | FEEES TO THE ALASKA SEALIFE CENTER. THESE FEEES ARE<br>CHARGED TO VISITORS TO SUPPORT THE OPERATIONS OF THE SEALIFE<br>CENTER. THE CENTER EDUCATES VISITORS ON VARIOUS ASPECTS OF<br>THE ALASKAN MARINE ECOSYSTEMS. |
| 94                 | MEMBERSHIP FEEES ARE FOR A 12 MONTH PERIOD AND ALLOW<br>UNLIMITED VISITATIONS TO THE ALASKA SEALIFE CENTER. FEEES<br>ARE USED TO SUPPORT THE ORGANIZATION'S OPERATIONS.   |
| 102                | ITEMS BASED ON A MARINE THEME ARE SOLD TO CONTRIBUTE<br>TO THE EDUCATION OF THE GENERAL PUBLIC ON THE ALASKAN<br>MARINE ECOSYSTEM.  |
| 103C               | MISCELLANEOUS REVENUE RELATED TO EXEMPT FUNCTION  |

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

| NAME AND ADDRESS                                      | TITLE AND TIME<br>DEVOTED TO POSITION | COMPENSATION |
|---|---------------------------------------|--------------|
| DR. PAMELA TUOMI<br>P.O. BOX 1329<br>SEWARD, AK 99664 | VETERINARIAN<br>40/WEEK               | 80,000.      |
| DONALD CALKINS<br>P.O. BOX 1329<br>SEWARD, AK 99664   | PROGRAM DIRECTOR<br>40/WEEK           | 85,000.      |
| CARL STEVENS<br>P.O. BOX 1329<br>SEWARD, AK 99664     | FINANCE DIRECTOR<br>40/WEEK           | 101,850.     |
| LEE KELLAR<br>P.O. BOX 1329<br>SEWARD, AK 99664       | HUSBANDRY<br>40/WEEK                  | 77,250.      |
| TODD Y. ALLEN<br>P.O. BOX 1329<br>SEWARD, AK 99664    | HR DIRECTOR<br>40/WEEK                | 78,750.      |
|   | TOTAL COMPENSATION                    | 422,850.     |

SCH: A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

| NAME AND ADDRESS<br>-----   | TYPE OF SERVICE<br>----- | COMPENSATION<br>-----      |
|---|--------------------------|----------------------------|
| BIRCH, HORTON, BITTNER & CHEROT<br>1127 WEST 7TH AVE<br>ANCHORAGE, AK 99501 | LEGAL                    | 57,318.                    |
| MARICAL<br>400 COMMERCIAL ST<br>PORTLAND, ME 04101                          | STAFFING AND RESEARC     | 429,565.                   |
| TOTAL COMPENSATION  |                          | -----<br>486,883.<br>===== |

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

| NAME AND ADDRESS<br>-----   | TYPE OF SERVICE<br>----- | COMPENSATION<br>-----      |
|---|--------------------------|----------------------------|
| AMERICAN MARINE CORPORATION<br>6000 A STREET<br>ANCHORAGE, AK 99518 | CONSTRUCTION             | 60,421.                    |
| SEEMORE WILDLIFE SYSTEMS<br>127 E BUNNELL AVE<br>HOMER, AK 99603    | VIDEO                    | 273,059.                   |
| TOTAL COMPENSATION  |                          | -----<br>333,480.<br>===== |

## 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            | SY2004   | 2003     | 2002 | 2001 | TOTAL    |
|------------------------|----------|----------|------|------|----------|
| SALE OF BUSINESS ASSET |          |          |      |      |          |
| AGENT FEES             | 118,277. | 121,237. | NONE | NONE | 121,237. |
|                        |          |          |      |      | 118,277. |
| TOTALS                 | 118,277. | 121,237. | NONE | NONE | 239,514. |

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

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 8868

(Rev. December 2004)

Department of the Treasury  
Internal Revenue ServiceApplication for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return

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

**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](http://www.irs.gov/efile)

|   |  |                                |
|---|--|--------------------------------|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization  | Employer identification number |
|   | Seward Association for the Advancement of Marine Science                                 | 92-0132479                     |
|   | Number, street, and room or suite no. If a P.O. box, see instructions                    |                                |
|   | P. O. Box 1329   |                                |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                |
|   | Seward, AK 99664   |                                |

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

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

- The books are in the care of ▶ CARL B. STEVENS

Telephone No ▶ 907-224-6315

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 15, 2006, 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 OCTOBER 1, 2004, and ending SEPTEMBER 30, 2005.

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.

Form 8868 (Rev. 12-2004)

INTERNAL REVENUE SERVICE-FF  
RECEIVED

FEB 09 2006

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<br><br>File by the extended due date for filing the return. See instructions | Name of Exempt Organization<br>Seward Association for the Advancement of Marine Science                     | Employer identification number<br>92-0132479 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions<br>P. O. Box 1329                     | For IRS use only                             |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br>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 **Carl Stevens**

Telephone No **907-224-6315**

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) **5131**. 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 **August 15, 2006**
- 5 For calendar year **2004**, or other tax year beginning **October 1, 2004** and ending **September 30, 2005**
- 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 **April D. Rothermel** Title **CPA** Date **5/3/06**

**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 extended due date of the return for which an extension was requested
- ☐ Other

By

Director

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<br>KPMG, LLP   |
|               | Number and street (include suite, room, or apt. no.) or a P.O. box number<br>701 West 8th Avenue, Suite 600 |
|               | City or town, province or state, and country (including postal or ZIP code)<br>Anchorage, AK 99501          |
|               |   |