Form **990**

Department of the Treasury Internal Revenue

Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2006 са	lendar yea	r, or tax year beginning	10-01-2006 a	and ending 09	-30-20	07			
вс	heck if a	pplicable	Please	C Name of organization Seward Association for the	a Advancement of				D Emp	oloyeri	dentification number
┌ A	ddress ch	nange	use IRS	Marine Science	e Advancement of				92-	0132	479
Γ_N	ame cha	inae	label or print or	Number and street (or P	O box if mail is not	t delivered to str	eet addr	ress) Room/suite	E Tele	phone	number
_	nitial retu	_	type. See Specific	PO Box 1329					(90	7)224	4-6305
			Instruc-	City or town, state or cou	ntry, and ZIP + 4			1	F Accou	unting n	nethod
	ınal retur		tions.	Seward, AK 99664					Го	ther (s	pecify) 🕨
	mended										
ГА	pplication	n pending						l			
				501(c)(3) organizations nust attach a completed S							section 527 organizations for affiliates?
			trusts ii	nast attach a completed E	renedule A (101111	, , , , , , , , , , , , , , , , , , ,	- /-				of affiliates -
G V	Veb sit	e: 🕨 www	w alaskasea	alıfe org				H(c) Are all			
J ()raaniza	ation type	check only	one) F 7 5 501(c) (3)	◀ (insert no.)	- 4947(a)(1) or	□ 527				See instructions)
				tion is not a 509(a)(3) suppo				- H(d) Te this	a separa	ite retu	rn filed by an organization
				A return is not required, but				covere	d by a g	roup ru	ling?
b	e sure to	o file a con	nplete return					I Group	Exem	ption	Number 📂
L	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to li	ne 12 ► 14,1	02,597					ganızatıon ıs not required to 90, 990-EZ, or 990-PF)
P	art I	Reve	nue, Exp	enses, and Chang	es in Net As	sets or Fu	nd Ba	alances <i>(See</i>	the i	instr	uctions.)
	1	Contrib	utıons, gıft	s, grants, and sımılar aı	mounts received	d .					
	а	Contrib	utions to d	onor advised funds .		1	а				
	b	Directi	oublic supp	ort (not included on line	e 1a)	1	b	72	7,846		
	c	Indirec	t public sup	pport (not included on li	ne 1a)	1	с				
	d	Government contributions (grants) (not included on line 1a) 1d 10,733,819							3,819		
	e	Total (a	add lines 1 a	a through 1d) (cash \$ $rac{1}{}$	1,461,665 n	oncash \$)		1e	11,461,665
	2	Progran	n service re	evenue including goveri	nment fees and	contracts (fro	m Part	t VII, line 93)	. [2	2,029,368
	3	Membe	rship dues	and assessments .					. [3	51,479
	4	Interes	t on saving	ıs and temporary cashı	nvestments .		•		. [4	84,034
	5	Divider	ids and inte	erest from securities .			•		. [5	
	6a	Gross	ents			6	а	14	5,508		
	Ь	Less rental expenses									
	C			` '	5b from line 6a				-	6с	145,508
Ė.	7			income (describe 🕨)				· · · ·		7	
Revenue	8a			n sales of assets	(A) Secur			(B) O ther			
	١.			ry			a				
	Ь			sis and sales expenses			b				
	c d			ach schedule) Combine line 8c, colum	ns (A) and (B)		с			8d	
	9	=	-	d activities (attach sch						ou	
					edule) Il ally al	nount is nom	gamm	g, check here F	'		
	а			ot including \$ orted on line 1b)	0		a				
	ь		•	nses other than fundrais		_	<u>ь</u>				
	c			s) from special events						9c	
	10a		,	entory, less returns and)a	·	 		
	ь			Is sold			Ъ				
	С	Gross pro	ofit or (loss) fi	rom sales of inventory (attac	ch schedule) Subtra	ct line 10b from	lıne 10a			10 c	
	11	Othern	evenue (fro	om Part VII, line 103)					.	11	330,543
	12	Total re	evenue A dd	l lines 1e, 2, 3, 4, 5, 6c	, 7, 8d, 9c, 10c	, and 11 .			. [12	14,102,597
	13	Progran	n services	(from line 44, column (l	3))					13	7,578,859
ŷ	14	Manage	ement and g	general (from line 44, co	olumn (C)) .				. [14	5,410,320
Expenses	15			line 44, column (D)) .					. [15	93,383
Ж	16			ts to affiliates (attach schedule)						16	
	17			ld lines 16 and 44, colu						17	13,082,562
<u>s</u>	18) for the year Subtract II						18	1,020,035
Nel Assets	19			l balances at beginning		· _				19	48,880,465
	20		-	net assets or fund balar	,	•				20	-652,991
_	21	Netass		balances at end of yea						21	49,247,509
							_	Cat Na 11202	1 1/		000 (200C)

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
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash $\$ 0$ noncash $\$ 0$) If this amount includes foreign grants, check here	22-				
226	· _	22a				
22b	Other grants and allocations (attach schedule) * (cash \$ 127,616 noncash \$ 0)					
	If this amount includes foreign grants, check here	22b	127,616	127,616		
23	Specific assistance to individuals (attach schedule)	23	,	,		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	130,612	130,612		
b	Compensation of former officers, directors, key employees etc listed in Part V -B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	4,027,323	2,204,603	1,816,879	5,841
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	1,589,314	849,258	738,915	1,141
29	Payroll taxes	29	1,303,311	013,230	730,313	1,111
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	232,760	219,077		13,683
34	Telephone	34	135,941	24,187	111,754	
35	Postage and shipping	35	29,855	18,910	10,945	
36	Occupancy	36	150,658	42,937	107,721	
37	Equipment rental and maintenance	37	31,484	1,302	30,182	
38	Printing and publications	38	684,019	540,919	143,100	
39	Travel	39	454,433	407,510	46,656	267
40	Conferences, conventions, and meetings	40				
41	Interest	41	23,387		23,387	
42	Depreciation, depletion, etc (attach schedule)	42	358,045		358,045	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	13,082,562	7,578,859	5,410,320	93,383

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? F Ves No

If "Yes," enter (i) the aggregate amount of these joint costs \$0 , (ii) the amount allocated to Program services \$0 , and (iv) the amount allocated to Fundraising \$0

Part III	Statement of Progran	n Service Accom	plishments (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.

	<u> </u>			
Wh	at is the organization's primary exempt purpos		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, TO PROVIDE FACILITIES IN WHICH STRESSED MARINE MAMMALS AND SEABIRDS CAN BE REHABILITATED UNTIL THEY CAN BE RETURNED TO THEIR NATURAL HABITAT, AND TO PROMOTE CONSERVATION OF THE ECOSYSTEM THE ORGANIZATION ENTERED INTO AN OPERATING AGREEMENT WITH THE CITY OF SEWARD TO CONSTRUCT, OPERATE AND MAINTAIN THE ALASKA SEALIFE CENTER	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
pub	organizations must describe their exempt purpose achieve lications issued, etc. Discuss achievements that are not n ritable trusts must also enter the amount of grants and a			
а	See Additional Data Table			
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
ь			,	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
c	(Cranto and anocations 4		The time different metados foreign grantes, eneck nere p	
Ī				
	76		700	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
е	Other program services (attach schedule)	,	****	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should ed	qual lii	ne 44, column (B), Program services) 🕨	7,578,859

Part TV	Balance	Sheets	(See	the	instructions.	۱
	Dalalice	3116613	()	LIIC	IIISU UUUUIS.	,

No	ote: Where required, attached schedules and amoun column should be for end-of-year amounts only		n the description	(A)		(B)	
		•		Beginning of year		End of year	
	45 Cash—non-interest-bearing			1,369,638	45	1,218,178	
	46 Savings and temporary cash investments .			781,645	46	942,173	
	47a Accounts receivable	47a	121,407				
	b Less allowance for doubtful accounts	47b		197,960	47c	121,407	
	48a Pledges receivable	48a	141,841				
	b Less allowance for doubtful accounts	48b	0	121,785	48c	141,841	
	49 Grants receivable			1,185,069	49	1,214,078	
	50a Receivables from current and former officers, key employees (attach schedule)				50a		
	b Receivables from other disqualified persons						
	4958(c)(3)(B) (attach schedule)				50b		
	51a Other notes and loans receivable (attach		1				
	schedule)	51a					
ssets	b Less allowance for doubtful accounts	51b			51c		
ASA A	52 Inventories for sale or use			80,469	52	94,456	
	53 Prepaid expenses and deferred charges .			156,742	53	95,079	
	54a Investments—publicly-traded securities		Cost FMV	68,862	54a	397,423	
	b Investments—other securities (attach sched	lule) ►	Cost FMV		54b		
	55a Investments—land, buildings, and	1	1				
	equipment basis	55a					
	b Less accumulated depreciation (attach schedule)	55b			55c		
	56 Investments—other (attach schedule)				56		
	57a Land, buildings, and equipment basis	57a	57,527,961				
	b Less accumulated depreciation (attach						
	schedule)	57b	10,455,191	46,823,408	57c	47,072,770	
	58 Other assets, including program-related inve	stment	:s				
	(describe ▶		58				
	59 Total assets (must equal line 74) Add lines	45 thro	ugh 58	50,785,578	59	51,297,405	
7	60 Accounts payable and accrued expenses .			1,302,867	60	1,364,133	
	61 Grants payable				61		
	62 Deferred revenue			245,178	62	353,142	
	63 Loans from officers, directors, trustees, and I	key em	ployees (attach				
Ŷ	schedule)				63		
	64a Tax-exempt bond liabilities (attach schedule	:) .			64a		
^'	b Mortgages and other notes payable (attach s	chedul	e)	357,068	64b	332,621	
	65 Other liablilities (describe ►						
)		65		
				1 005 110		2 242 222	
\dashv	66 Total liabilities Add lines 60 through 65 .			1,905,113	66	2,049,896	
	Organizations that follow SFAS 117, check here to 67 through 69 and lines 73 and 74	► v ar	nd complete lines				
	67 Unrestricted			12,063,228	67	12,115,756	
ōΙ				36,817,237	68	37,131,753	
Bala		58 Temporarily restricted					
삙	Organizations that do not follow SFAS 117, check						
Fund	complete lines 70 through 74						
	70 Capital stock, trust principal, or current fund		70				
sets	71 Paid-in or capital surplus, or land, building, a		71				
A5.5.	72 Retained earnings, endowment, accumulated		72				
ఠ	73 Total net assets or fund balances Add lines						
ž	through 72 (Column (A) must equal line 19 a	48,880,465	72	49,247,509			
	Inne 21)	50,785,578	73 74	49,247,509 51,297,405			

Par	t IV-A Reconciliation of Reven the instructions.)	ue per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
	Total revenue, gains, and other suppo	rt per audited financial stat	tements			a	14,102,597
b	A mounts included on line a but not on	Part I, line 12					<u> </u>
1	Net unrealized gains on investments		Ь1				
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify)					1	
•	Other (specify)		b4				
	Add lines b1 through b4		·	' .		1 ь	
с	Subtract line b from line a					c	14,102,597
d	Amounts included on Part I, line 12, l						, ,
1	Investment expenses not included on						
_	6b	r dre 1, mie	d1				
2	Other (specify)					1	
	·		d2]	
	Add lines $ extbf{d1}$ and $ extbf{d2}$					d	
e	Total revenue (Part I, line 12) Add li						14,102,597
	d					e	
	t IV-B Reconciliation of Expen						
а	Total expenses and losses per audite					а	13,735,553
Ь	A mounts included on line a but not on		1	1			
1	Donated services and use of facilities		b1		652,991	1 1	
2	Prior year adjustments reported on Pa	irt I, line	b2				
-	20		DZ			-	
3	Losses reported on Part I, line 20		Ь3				
4	Other (specify)					1	
			b 4				
	Add lines b1 through b4			·		1 ь	652,991
c	Subtract line b from line a					с	13,082,562
d	A mounts included on Part I, line 17, l						· · · · · · · · · · · · · · · · · · ·
1	Investment expenses not included on						
	6b	,	d1				
2	Other (specify)					1	
			_ d2			1 1	
	Add lines d1 and d2					d	
e	Total expenses (Part I, line 17) Add						13,082,562
	d			// /		<u> </u>	
Pair	t V-A Current Officers, Director director, trustee, or key en instructions.)						
		(B) Title and average hours	(C) Col	mpensation	(D) Contrib employee ben	utions to efit plans &	(E) Expense
	(A) Name and address	per week devoted to position			deferred com	pensation	account and other allowances
Δ	dditional Data Table				plan	5	
500 /	raditional bata Table						

Par	t V-A Current Officers, Director	s, Trustees, and Key	y Employees (conti	nued)		Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organization	n business at board			
	meetings		<u>▶</u> 11				
b	Are any officers, directors, trustees, or ke	ey employees listed in For	rm 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemer	nt that identifies the indivi	iduals and explains the	relationship(s) .	75b		No
c	Do any officers, directors, trustees, or key	y employees listed in Forr	m 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive compe	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to organization"				75c		Νo
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written conf	lict of interest policy? .			75d		No
Par	Former Officers, Director Benefits (If any former officers) during the benefits in the appropriate of the second s	cer, director, trustee, e year, list that person	or key employee red below and enter the	eived compensation amount of compens	or otl	her bei	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		oense aco ner allowa	count and ances
Par	t VI Other Information (See the	instructions.)				Yes	No
76	Did the organization make a change in its activities	-	·				
	detailed statement of each change				76		Νo
77	Were any changes made in the organizing		but not reported to the I	IRS?	77		No
	If "Yes," attach a conformed copy of the c	changes					
	Did the organization have unrelated business gross				78a		No
	If "Yes," has it filed a tax return on Form				78b		
79	Was there a liquidation, dissolution, termination, or a statement		79		No		
80a	Is the organization related (other than by association	on with a statewide or nationwi	de organization) through con	nmon membership,			
	governing bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	anization?		80a		No
b	If "Yes," enter the name of the organization	on 🕨					
			is exempt or no	nexempt			
	Enter direct or indirect political expenditu				ا ا		
b	Did the organization file Form 1120-POL for	orthis year?			81b		I

1	D	AVI Other Information (continued)			l age 7
and substantially lace after fair restal value? 3				Yes	No
### 1.0 in sen express me Part II (See institutions in Part III) ### 2.0 II of the organization comply with the gubbic inspection requirements for returns and examption applications? ### 3.0 II of the organization comply with the disclosure requirements relating to quid program on contributions? ### 3.0 III (***) of the organization contributions or grifts that were not tax ideactible? ### 3.0 III (***) of the organization include with every solicitation on express statement that such contributions or grifts were not tax deductible? ### 3.0 III (***) or (***) organization include with every solicitation on express statement that such contributions or grifts were not tax deductible? ### 3.0 III (***) or (***) organization in machine includes that every solicitation in express statement that such contributions or grifts were not tax deductible? ### 3.0 III (***) or (***) organization in machine includes that every solicitation is expected to the solicitation in the	82a		82a	Yes	
State Did the organization comply with the public inspection requirements for returns and exemption applications? State	b				
B. Did the organization camply with the disclosure requirements relating to quite proposition of the propos	832		83a	Yes	
Main					
5 St (1/4/16) and some manusation include with every solicitation an express statement that such contributions or garden were not tax deductible? 5 St (2/4/4) (5), and (6) agranations. a Were substantially all dues nondeductible by members? 55 St (3/4/4) (5), and (6) agranations. a Were substantially all dues nondeductible by members? 55 St (3/4/4) (5), and (6) agranations. a Were substantially all dues nondeductible by members? 55 St (3/4/4) (5), and (6) agranations. a Were substantially all dues notice is set to see the organization received a waiver for proxy tax sowed the prior year. 55 St (3/4/4) (3/4) agranations are seen to see the prior year of the agranation of section 1623(e) (1/4) dues notices. 55				165	<u> </u>
spits where note has deductable? Solicy (4), (3), or, or (6) organizations a Were substantially all dues nondeductable by members? Solicy (4), (6), or (6) organizations a Were substantially all dues nondeductable by members? Dues a answered to enther 85 or 85 b, do not complete 85 c through 85 h below unless the organization received a waver for prory size word the prior year. Dues a sasessments, and similar amounts from members Aggregate nondeductable amount of section 6033(e) (1)(A) dues notices Aggregate nondeductable amount of section 6033(e) (1)(A) dues notices Aggregate nondeductable amount of section 6033(e) (1)(A) dues notices Aggregate nondeductable amount of section 6033(e) (1)(A) dues notices were sent, does the organization expert of setting of the setting of the self-colorable to mondeductable lobbying and political expenditures for the following tax year? Solicy (1)(A) organization expert to the setting of the organization of the organization included on line 12 of b Gross receipts, included on line 12, for public use of clud facilities Solicy (1)(A) organization from the setting of the organization of the setting of the setting of the organization of the setting of the setting of the organization of the setting of the setting of the organization of t			84a		NO NO
BS 501(c)(4), (5), or (5) agraemations. a Were substantially all does nondeductible by members? B 50 bill dhe organization make only in-house lobbying expenditures of \$2,000 or less? If Yes,' was answered to atther \$55 or 855, do not complete 85 through 85h below unless the organization received a waiver for proxy tax owed the prior year C Dues assessments, and similar amounts from members S 50 c	Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either \$5a or \$5b, do not complete \$5c through \$5h below unless the organization received a waver for prost tax would the prior year. C Dues assessments, and similar amounts from members. \$5c		gıfts were not tax deductible?	84b		
If "Yes," was answered to either 65 at or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax award for section 6.03 (e) (12)(a) diploying and political expenditures (line 85d less 85d 85f 956 97 985	85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
C Dues assessments, and similar emounts from members	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
d Section 162(a) lobbying and political expenditures a Aggregate nondeductible amount of isaction 6033(a)(1) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f . b f facction 6033(a)(1)(1) dues notices were sent, does the organization agree to add the amount on line 85f to the seasonable estimate of dues allocable to mondeductible labbying and political expenditures for the following tax year? 85h 85c 85c g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f to 85g 85c 85c 85d 85d 85h 85h 85h 85h 85h 85h					
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85 les 85e 85f	c	Dues assessments, and similar amounts from members			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85 les 85e 85f	d	Section 162(e) lobbying and political expenditures			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f . 85g					
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			_		
th if section 6.033(g(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? 85					
reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85	_		85g		<u> </u>
85	h	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
b Gross receipts, included on line 12, for public use of club facilities . 86b			85h		<u> </u>
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or neceived from them 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 b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512 (b)(13)? If yes complete Part XI b SOI(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4915 ▶ 0, section 4	86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Bab 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 7701-37 If "Yes," complete Part IX Bab At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI Bab No BY SOI(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0, section 4912 ► 0, section 4955 ► b SOI(c)(3) and SOI(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year under sex planing each transaction. c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 + 9.55, and 4958. d Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter Amount of tax imposed on the organization aparty to a prohibited tax shelter transaction? f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 89e No g For supporting organizations and sponsoring organizations maintaining dionor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? PO BOX 1329 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, 2006 (b	Gross receipts, included on line 12, for public use of club facilities 86b			
88a 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 1f "Yes," complete Part IX b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI b \$01(c)(3) arganizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, 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. c Elter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 excess benefit transaction. c Elder A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 excess benefit transaction. c Elder A mount of tax imposed on the organization aparty to a prohibited tax shelter transaction? All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? 89e No 90a 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, 2006 (See instructions) 125	87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Part IX b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI 88b No 89a \$501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter Amount of tax on line 89c, above, reimbursed by the organization a party to a prohibited tax shelter transaction? d All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 89e No 90a 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, 2006 (See instructions) 12	b	` ' 071.			
of section 512(b)(13)? If yes complete Part XI 88b No 89a \$501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 \(\bigcite{\bi	88a	partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2	88a		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 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	b				
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 some of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction some of an excess benefit transaction from a prior year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction during the year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction during the year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction during the year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction during the year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction during the year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction during the section form a prior year? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction form a provear? If "Yes," enter the name of the foreign country 0, section 4958 excess benefit transaction form a provear? If "Yes," enter the name of the foreign country 0, section from a provear? If "Yes," enter the name of the foreign country 0, section from a provear? If "Yes," enter the name of the foreign country 0, section from a provear? If "Yes," enter the name of the foreign country 0, section for exceptions and filing requirements for Form TD F 90-22.1, R			88b		No
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. c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter Amount of tax on line 89c, above, reimbursed by the organization. e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 89e No g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) The books are in care of ▶ DEB CROSBY Telephone no ▶ (907) 224-6314 P O BOX 1329 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	89a				
the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		section 4911 ► , section 4912 ► , section 4955 ►			
d Enter Amount of tax on line 89c, above, reimbursed by the organization . ▶ e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 89e No g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g No 90a 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, 2006 (See instructions) The books are in care of ▶ DEB CROSBY Telephone no ▶ (907) 224-6314 P O BOX 1329 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	b	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement	89b		No
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 89e No g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? No 100 101 101 102 102 103 104 105 105 106 107 107 108 109 109 100 100 100 100 100	c				
transaction? f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 896 No g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 897 No 108 109 109 109 109 109 109 109	d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
transaction? f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 896 No g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 897 No 108 109 109 109 109 109 109 109	e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
## All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? ### Big	_				l
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 10			89e		N O
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 100	f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			1
organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 10			89f		No
POBOX 1329 Located at ► Seward, AK Description AK Description AR POBOX 1329 Located at ► Seward, AK 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 in a foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	g				
P O BOX 1329 Located at ▶ Seward, AK Located		during the year?			
Number of employees employed in the pay period that includes March 12, 2006 (See instructions)			89g		No
The books are in care of PDEB CROSBY POBOX 1329 Located at PSeward, AK 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 in a foreign country Power and the foreign country Power and t	90a	List the states with which a copy of this return is filed 🕨 AK			
P O BOX 1329 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)?	Ь				125
P O BOX 1329 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)? 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	91a	The hooks are in care of the DEB CROSBY Telephono no the (907)	224-6	314	
Located at Seward, AK 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)? 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					
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)? 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					
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L				
account)?	O			Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and			91b		Νο
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and		If "Yes," enter the name of the foreign country ▶-			

c At any time during the calendar year, o	-				states? 91	L	No
If "Yes," enter the name of the foreign Section 4947(a)(1) nonexempt charitable		990 in lieu o	f Form 1041—C	heck here			ь г
and enter the amount of tax-exempt in					1 1		,
art VII Analysis of Income-Proc					<u> </u>		
ote: Enter gross amounts unless otherwise			business income		tion 512, 513, or 514	(E)	,
-		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Relate exempt fo incon	unction
3 Program service revenue							
a ADMISSIONS						1	L,783,94
b RESEARCH/BENCH/DOCK FEE							23,36
c EDUCATION FEES							120,52
d FOOD CONCESSIONS				03	101,530		
е							
f Medicare/Medicaid payments							
g Fees and contracts from government	agencies						
4 Membership dues and assessments	[51,47
5 Interest on savings and temporary cash inves	tments			14	84,034		
6 Dividends and interest from securitie	s						
7 Net rental income or (loss) from real	estate						
a debt-financed property							
b non debt-financed property				03	145,508		
Net rental income or (loss) from personal pro	perty						
9 Other investment income							
OO Gain or (loss) from sales of assets other than	inventory						
01 Net income or (loss) from special eve	ents						
02 Gross profit or (loss) from sales of inv	ventory						
O3 Other revenue a AGENT FEES				41	268,283		
b INSURANCE REIMB							17,83
c COMMISSIONS				15	29,169		
d OTHERINCOME							15,25
e							
Subtotal (add columns (B), (D), and (I	≣))				628,524	2	2,012,40
05 Total (add line 104, columns (B), (D),	and (E))				🛌	2,6	40,93
te: Line 105 plus line 1e, Part I, should equa	al the amount on line	e 12, Part I.					
art VIII Relationship of Activit	ies to the Acco	mplishn	nent of Exen	npt Purpose	s (See the inst	ructions	;.)
ine No. Explain how each activity for which					portantly to the acc	omplishm	ent
of the organization's exempt purpo See Additional Data Table	ses (other than by	providing fi	inas for such pu	irposes)			
See Additional Data Fable							
art IX Information Regarding	Taxable Subsid	diaries a	nd Disregar	ded Entities	(See the instr	uctions.	
(A)	(B)		(C)		(D)	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activitie	s	Total income	End-of- asse	
	%						
	%						
	%						
Part X Information Regarding		ciated w	ith Persona	l Benefit Co	ntracts (See th	ie	
instructions.)							
Did the organization, during the year, receive a	any funds directly or inc	directly, to pa	v premiums on a p	ersonal benefit cor	ntract?	┌ Yes	✓ No

Part		formation Rega controlling organi			rom Controlled 512(b)(13)	Entities Comp	lete only if the org	ganizati	on is
								Yes	No
106		e reporting organiza ode? if "Yes," compl			trolled entity as defir controlled entity	ned in section 512	2(b)(13) of		No
	(A) Name and address of each controlled entity		(B) Employer Identification Number		(C) Description of transfer		(D) of transf	er	
		Totals							
								Yes	No
107		e reporting organiza ode? if "Yes," compl			controlled entity as controlled entity	defined in sectior	1512(b)(13) of		Νo
	(A) Name and address of each controlled entity		(B) Employer Identification Number		(C) Description of transfer		(D) A mount of transfer		
		Totals							
108	Did th	o organization have	a hinding written	contract in offe	ct on August 17, 200)6 covering the in	toracte rante	Yes	No
100		ies and annuities de	-		ct on August 17, 200	o covering the in	rterests, rents,		No
Pleas	an				rn, including accompanyii (other than officer) is ba		of which preparer has a		
Sign Here	. !	Signature of officer				Date			
		Carl Stevens Finance Di Type or print name and							
Paid	oarer's	Preparer's signature			Date	Check if self-empolyed	Preparer's SSN or PTIN	(See Gen	Inst W)
Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP		1		EIN Þ		
			701 West 8th Avenue Anchorage, AK 9950				Phone no 🕨		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490225010708

SCHEDULE A (Form 990 or 990EZ)

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

2006

OMB No 1545-0047

Name of the organization Seward Association for the Advancement of **Employer identification number**

92-0132479

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.")

(See page 2 of the instruction	is. List each one. If there ar	e none, enter non	ie. <i>)</i>		
(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	VETERINARIAN				
PO BOX 1329 SEWARD,AK 99664	40 0	83,841	0	0	
MARY MCCAMMON	AOOS DIRECTOR				
PO BOX 1329 SEWARD,AK 99664	40 0	85,875	0	(
CARL STEVENS	FINANCE DIRECTOR				
PO BOX 1329 SEWARD,AK 99664	40 0	102,532	0	0	
LEE KELLAR	HUSBANDRY				
PO BOX 1329 SEWARD,AK 99664	40 0	86,725	0	0	
TIMOTHY DILLON	DEVELOPMENT DIRECTOR				
PO BOX 1329 SEWARD,AK 99664	40 0	92,895	0	0	
Total number of other employees paid over \$50,000	13				

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.")

nvone.")		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
UAF Grant Program		
PO Box 757880	Marine Research	854,655
FAIRBANKS, AK 99775		
Marical		
400 Commercial Street	Salmon Research	467,665
PORTLAND, ME 04101		
Seemore Wildlife Systems Inc		
127 E Bunnell Avenue	Video	165,825
HOMER, AK 99603		
North Pacific Wildlife Consulting		
12600 Elmore Road	Research Travel	160,800
ANCHORAGE, AK 995162904		
Department of the Interior USGS		
Box 100706	Marine Research	83,748
ATLANTA,GA 303840706		
Total number of others receiving over \$50,000 for		
professional services		

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 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Alaska Railroad Corporation		
327 W Ship Creek Ave	Transportation	90,000
ANCHORAGE, AK 99501		
Quality Marine of Alaska		
PO Box 1613	Fabrication	162,589
SEWARD, AK 99664		
American Marine Corporation		
6000 A Street	Flood Clean-up	100,272
ANCHORAGE, AK 99518		
Total number of other contractors receiving over		

\$50,000 for other services

Par	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, include 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 📭 \$ 58,823 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	
	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.) 🕏			
а	Sale, exchange, or leasing property?	2a		Νo
Ь	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
е	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	3a		Νo
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Νo
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		Νο
Ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I	N Reason for Non-Private	Foundation Status	(See pages 4 th	rough 7 of the	instructions.)
cert	ify th	nat the organization is not a private four	ndation because it is (P	lease check only C	NE applicable bo	эх)	
5	Г	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)		
6	Г	A school Section 170(b)(1)(A)(ii) (A	Also complete Part V)				
7	Γ	A hospital or a cooperative hospital s	service organization Sec	tion 170(b)(1)(A)	(111)		
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A)(v)		
9	Γ	A medical research organization oper	rated in conjunction with	a hospital Section	170(b)(1)(A)(ıı	ı) Enter the ho	spital's name, city
		and state 🕨					
10	Γ	An organization operated for the bene	fit of a college or univer	sity owned or opera	ated by a govern	mental unit	
		Section 170(b)(1)(A)(iv) (Also comp	lete the Support Schedu	le ın Part IV-A)			
11a	굣	An organization that normally receive	es a substantial part of it	s support from a g	overnmental unit	or from the ge	neral public
		Section 170(b)(1)(A)(vi) (Also comp	lete the Support Schedu	le ın Part IV-A)			
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	the Support Sched	lule in Part IV-A)	
12	Γ	An organization that normally receive	es (1) more than 33 _{1/3} 9	% of its support fro	m contributions,	membership fe	ees, and gross
		receipts from activities related to its	charitable, etc , function	ns—subject to certa	aın exceptions, a	nd (2) no more	than 331/3% of
		its support from gross investment inc	ome and unrelated busi	ness taxable ıncom	ne (less section !	511 tax) from b	ousinesses
		acquired by the organization after Jur	ne 30, 1975 See sectioi	n 509(a)(2) (Also	complete the Su	pport Schedule	in Part IV-A)
13	Γ	An organization that is not controlled requirements of section 509(a)(3) C		•		,	se meets the
		requirements of section 309(a)(3) C	neck the box that descri	ibes the type of suf	pporting organiza	ition	
		┌ Type I ┌ Type II ┌ Typ	e III - Functionally Inte	grated Γ T	ype III - Other		
		Provide the following informa	ation about the supporte	d organizations. (s	see page 7 of the	instructions.)	
				(c)	(b)		T
			(b)	Type of	Is the sup	ported	
		(a)	Employer	organization (described in	organization li		(e) Amount of
1	lame((s) of supported organization(s)	ident if icat ion	lines 5 t hrough	supporting org governing do		support?
			number	12 above or	governing do	cuments:	_
				IRC section)	Yes	No	
Γota						<u> </u>	<u> </u>
14	_	An organization organized and operat	ed to test for public safe	ity Section 509(a)	(4) (See page 7	of the instruct	ions)
	,	Ingamental operation		-, (u)	· · · · · · · · · · · · · · · · · · ·		·-·- /

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.

Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2	2002	(e) Total
15	Gifts, grants, and contributions received (Do not	10,963,458	11,300,856	7,902,303		7,170,166	37,336,783
16	Include unusual grants See line 28) Membership fees received						0
17	·						
1/	sold or services performed, or furnishing of						
	facilities in any activity that is related to the	2,210,386	2,660,218	2,463,834		2,523,279	9,857,717
	organization's charitable, etc , purpose						
18	· · · · · · · · · · · · · · · · · · ·						
	received from payments on securities loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section	124,828	57,416	40,488		55,047	277,779
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities						0
	not included in line 18						
20	Tax revenues levied for the organization's benefit						0
	and either paid to it or expended on its behalf						U
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						0
	facilities generally furnished to the public without						
	charge Other income Attach a schedule Do not include						
22	gain or (loss) from sale of capital assets	300,909	165,323	118,277		121,237	705,746
				,		,	,
23	Total of lines 15 through 22	13,599,581	14,183,813	10,524,902		9,869,729	48,178,025
24	Line 23 minus line 17	11,389,195	11,523,595	8,061,068		7,346,450	38,320,308
25	Enter 1% of line 23	135,996	141,838	105,249		98,697	
26	Organizations described on lines 10 or 11: a En	nter 2% of amount	ın column (e), lın	e 24 🕨	26a		766,406
Ŀ	Prepare a list for your records to show the name of	and amount contr	buted by each pe	erson (other			
	than a governmental unit or publicly supported org	anızatıon) whose t	otal gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do	•	-	-			
	of all these excess amounts		•	•	26b		
	Total support for section 509(a)(1) test Enter line	e 24 column (e)			26c		38,320,308
_	Add Amounts from column (e) for lines 18	277,779) 10	0			30,320,300
•	22	277,775	 26b		264	! !	002 525
	_		. —		26d		983,525
	Public support (line 26c minus line 26d total)				26e	<u> </u>	37,336,783
f	Public support percentage (line 26e (numerator) d			<u>^</u>	26f		97 43 %
27	Organizations described on line 12: a For amou						•
	prepare a list for your records to show the name of			h year from, each	"dısqua	lified pers	son "
	Do not file this list with your return. Enter the sur	n of such amounts	for each year				
	(2005)(2004)		(2003)		(2002)		
t	For any amount included in line 17 that was receiv	ed from each pers	on (other than "d	ısqualıfıed person	s"), prej	pare a list	: for your
	records to show the name of, and amount received	for each year, tha	t was more than t	the larger of (1) th	ne amou	nt on line	25 for the year
	or (2) \$5,000 (Include in the list organizations de	scribed in lines 5	through 11b, as	well as individuals) Do no	t file this	s list with your
	return. After computing the difference between the	amount received	and the larger am	nount described in	(1) or (2) , enter	the sum of
	these differences (the excess amounts) for each y	ear					
	(2005) (2004)		(2003)	((2002)		
				_	_		
•	Add Amounts from column (e) for lines 15		16				
	17 20		21		•	27c	
	Add Line 27a total	and line 27b tota	al	_	•	27d	_
	Public support (line 27c total minus line 27d total				.	27e	
	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f	,		
	D. I			<u> </u>	27g	, I	
9	Investment income percentage (line 18, column (e			denominator\\=	279 27h	<u> </u>	
						0.2 #	- h 2005
28	Unusual Grants: For an organization described in li		· · · · · · · · · · · · · · · · · · ·	=	-	_	
	prepare a list for your records to show, for each ye	ar, tne name of the	e contributor, the	date and amount	of the gi	ant, and a	a priet

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following	-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b	i	İ
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
`	with student admissions, programs, and scholarships?	 32c		ĺ
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Gooples of an inaterial assa by the organization of on its behalf to some continuations	324	l	
	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	-		
ā	Students' rights or privileges?	33a		
ŀ	Admissions policies?	33b		
(Employment of faculty or administrative staff?	33c		
	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		1
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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		l

Total lobbying expenditures (Add lines c through h.)

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

Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check > a if the organization belongs to an affiliated group Check 🕨 **b** If you checked "a" and "limited control" provisions apply (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 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 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 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 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 13 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2006 2005 2004 2003 fiscal year beginning in) Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures 50 Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) 🕏 During the year, did the organization attempt to influence national, state or local legislation, including any Yes A mount Nο attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers Nο Νo Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements Nο Mailings to members, legislators, or the public Νo Publications, or published or broadcast statements Νo Grants to other organizations for lobbying purposes Nο Direct contact with legislators, their staffs, government officials, or a legislative body Yes 58,823 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Νo

58,823

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

		g organization to a no	ncharitable exempt organization	of		Yes	No
(i)	Cash				51a(i)		Νo
	O ther assets				a(ii)		Νo
_	r transactions					ļ	
			narıtable exempt organızatıon		b(i)		Νo
	Purchases of assets		· · · · · · · · · · · · · · · · · · ·		b(ii)		Νo
	Rental of facilities, ed		sets		b(iii)		Νo
	Reimbursement arrar	-			b(iv)		Νο
	Loans or loan guaran				b(v)		No
			r fundraising solicitations		b(vi)		No
			er assets, or paid employees lete the following schedule Colu				No
transa	action or sharing arran		oorting organization If the organ imn (d) the value of the goods, of			e in a	ny
(a) ine no	(b) A mount involved	Name of nonch	(c) arıtable exempt organizatıon	Description of transfers, tra		and s	harır
				arrangem	ents		
				_			
				_			
				_			
				<u> </u>			
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				+			
				+			
				+			
Ic the	organization directly	or indirectly offiliated	I with, or related to, one or more	tov evernt ergonizations			
			nan section 501(c)(3)) or in sect		v	·	굣
	es," complete the follow		ian section 501(c)(5)) or in sect	1011 527	- , ,	es	Į.
, II Ie		willy schedule					
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of re	lationshin		
	Nume of organiza		Type of organization	Description of te	- Ideloliship		
				İ			

Additional Data

Software ID:

Software Version:

EIN: 92-0132479

Name: Seward Association for the Advancement of

Marine Science

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

	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
а	BANK FEES	43a	51,993	44,140	7,853	
Ь	UTILITIES AND JANITORIAL	43b	939,852		939,852	
c	CONTRACTUAL SERVICES	43c	2,731,741	2,631,044	31,315	69,382
d	PROFESSIONAL SERVICES	43d	233,892	129,350	104,542	
е	MARKETING AND ADVERTISING	43e	90,955	89,455	1,500	
f	RISK MANAGEMENT	43f	286,372		286,372	
g	MISCELLANEOUS EXPENSES	43g	114,639	49,885	61,685	3,069
h	BUILDING MAINTENANCE	43h	589,617		589,617	
ī	EDUCATION PROGRAM EXPENSES	43i	68,054	68,054		

Form 990, Part III - Program Service Accomplishments:

num (c)(ber of clients served, publications issued, etc.	ose achievements in a clear and concise manner. State the Discuss achievements that are not measurable. (Section 501 xempt charitable trusts must also enter the amount of grants	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	REHABILITATION PROGRAMS		302,503
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
b	Investment Programs		131,175
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
С	RESEARCH PROGRAM - COLD WATER MAR MARINE MAMMALS, BIRDS AND FISH ON	RINE RESEARCH FACILITY DEDICATED TO RESEARCH OF GOING STELLAR SEA LION RESEARCH	4,367,323
	(Grants and allocations \$ 127,616)	If this amount includes foreign grants, check here 🕨 🦵	
d	Conservation Program - Rehabilitation and coecosystem of Alaska	onservation efforts to maintain the integrity of the marine	854,655
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	EDUCATION PROGRAMS - ADDITIONAL F VARIOUS ASPECTS OF ALASKA'S MARINI	PROGRAMS PROVIDED TO EDUCATE VISITORS WITH E ECOSYSTEM	494,672
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	AND REHABILITATION PROJECTS THROUTRAINED INTERPRETERS AVAILABLE TO	ECTS VISITORS OF ALL AGES WITH CURRENT RESEARCH JGH INNOVATIVE PROGRAMS, WHICH RANGE FROM ANSWER VISITORS' QUESTIONS TO SCHEDULED DRE IN-DEPTH INFORMATION ON ALASKA'S MARINE	1,428,531
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLARD DUNHAM PO Box 1329 Seward, AK 99664	SECRETARY 1 0	0	0	0
DAVID R GOTTSTEIN PO Box 1329 Seward, AK 99664	TREASURER 1 0	0	0	0
TOM TOUGAS PO Box 1329 Seward, AK 99664	DIRECTOR 1 0	0	0	0
TYLAN SCHROCK PO Box 1329 Seward, AK 99664	EXECUTIVE DIRECTOR	130,612	27,000	0
DR NED A SMITH PO Box 1329 Seward, AK 99664	PRESIDENT 1 0	0	0	0
DR DENIS WIESENBURG PO Box 1329 Seward, AK 99664	DIRECTOR 1 0	0	0	0
KEVIN BROWN PO Box 1329 Seward,AK 99664	DIRECTOR 1 0	0	0	0
SHARON ANDERSON PO Box 1329 Seward, AK 99664	vice president 1 0	0	0	0
DOUGLAS NORTH PO Box 1329 Seward, AK 99664	DIRECTOR 1 0	0	0	0
TODD ALLEN PO Box 1329 Seward, AK 99664	DIRECTOR 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Phillip Oates PO Box 1329 Seward, AK 99664	Director 1 0	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

	·/· ······
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).
93A-	FEES TO THE ALASKA SEALIFE CENTER THESE FEES ARE
С	CHARGED TO VISITORS TO SUPPORT THE OPERATIONS OF THE SEALIFE
0	CENTER THE CENTER EDUCATES VISITORS ON VARIOUS ASPECTS OF
0	THE ALASKAN MARINE ECOSYSTEMS AS WELL AS CONSERVATION
94	MEMBERSHIP FEES ARE FOR A 12 MONTH PERIOD AND ALLOW
0	UNLIMITED VISITATIONS TO THE ALASKA SEALIFE CENTER FEES
0	ARE USED TO SUPPORT THE ORGANIZATION'S OPERATIONS
103C	INSURANCE AND OTHER MISCELLANEOUS REIMBURSEMENTS FROM THE
0	STATE OF ALASKA FOR ELECTRICAL REPAIRS
103E	MISCELLANEOUS REVENUE RELATED TO THE ORGANIZATION'S EXEMPT
0	PURPOSE

TY 2006 Cash Grants Paid Schedule

Name: Seward Association for the Advancement of

Marine Science

Class of Activity Recipient's name		Address	Amount	Relationship
	University of Alaska Anchorage	3211 Providence Drive Anchorage, AK 99508	10,000	None
	University of Alaska Fairbanks	PO Box 757880 Fairbanks, AK 99775	15,516	None
	University of Hawaii	1955 East-West Road Honolulu, HI 96822	57,000	None
	North Gulf Oceanic Society	3430 Main Street Suite B1 Homer, AK 99603	45,100	None

DLN: 93490225010708

TY 2006 Mortgages and Notes Payable Schedule

Name: Seward Association for the Advancement of

Marine Science

EIN: 92-0132479

Total Mortgage Amount: 332621

Item No.	1
Lender's Name	OTHER NOTES PAYABLE
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	0
Date of Note	
Maturity Date	2007-09
Repayment Terms	NO INTEREST LOAN
Interest Rate	0.0
Security Provided by Borrower	VEHICLE
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	OTHER NOTE PAYABLE 2
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	332621
Date of Note	
Maturity Date	2020-09
Repayment Terms	INTEREST RATE AT 3.1% OVER US TREASURY RATE
Interest Rate	6.75
Security Provided by Borrower	LAND
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	
t	



TY 2006 Other Changes in Net Assets Schedule

Name: Seward Association for the Advancement of

Marine Science

Description	Amount
IN KIND CONTRIBUTIONS	652,991

TY 2006 Non Electing Public Charities Statement

Name: Seward Association for the Advancement of

Marine Science

EIN: 92-0132479

Statement: SEWARD ASSOCIATION FOR THE ADVANCEMENT OF MARINE

SCIENCE PAID CONSULTANTS IN THE CURRENT YEAR TO LOBBY ON ITS BEHALF WITH FEDERAL LEGISLATORS FOR FEDERAL FUNDING

FOR ITS PROGRAMS.

TY 2006 Other Income Schedule

Name: Seward Association for the Advancement of

Marine Science

Description	2003	2002	2001	2000	Total
SALE OF BUSINESS ASSET	0	0	0	121,237	121,237
AGENT FEES & OTHER MISC INCOME	300,909	165,323	118,277	0	584,509

TY 2006 Self Dealing Statement

Name: Seward Association for the Advancement of

Marine Science

Line Number	Explanation
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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: Seward Association for the Advancement of

Marine Science

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	10,963,458		2,210,386	124,828				300,909	13,599,581
2004	11,300,856		2,660,218	57,416				165,323	14,183,813
2003	7,902,303		2,463,834	40,488				118,277	10,524,902
2002	7,170,166		2,523,279	55,047				121,237	9,869,729