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Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning JUL 1, 2003 **and ending** JUN 30, 2004

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>SEAWEB</u>		D Employer identification number <u>52-2156577</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1731 CONNECTICUT AVE NW, 4TH FLOOR</u>	E Telephone number <u>(202) 483-9570</u>	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)

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

G Website: ▶ WWW.SEAWEB.ORG

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,300,790.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:														
a Direct public support		1a	<u>3,130,548.</u>											
b Indirect public support		1b												
c Government contributions (grants)		1c												
2 Total (add lines 1a through 1c) (cash \$ <u>3,130,548.</u> noncash \$ _____)		1d		<u>3,130,548.</u>										
3 Program service revenue including government fees and contracts (from Part VII, line 93)		2		<u>22,300.</u>										
4 Membership dues and assessments		3												
5 Interest on savings and temporary cash investments		4		<u>15,645.</u>										
6 Dividends and interest from securities		5												
6 a Gross rents <u>SEE STATEMENT 1</u>		6a	<u>14,429.</u>											
b Less: rental expenses		6b												
c Net rental income or (loss) (subtract line 6b from line 6a)		6c		<u>14,429.</u>										
7 Other investment income (describe ▶ _____)		7												
8 a Gross amount from sales of assets other than inventory		<table border="1"> <tr> <th>(A) Securities</th> <th>(B) Other</th> </tr> <tr> <td>8a</td> <td></td> </tr> <tr> <td>8b</td> <td></td> </tr> <tr> <td>8c</td> <td></td> </tr> </table>		(A) Securities	(B) Other	8a		8b		8c		8d		
(A) Securities	(B) Other													
8a														
8b														
8c														
b Less: cost or other basis and sales expenses														
c Gain or (loss) (attach schedule)														
d Net gain or (loss) (combine line 8c, columns (A) and (B))														
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												
10 a Gross sales of inventory, less returns and allowances		10a												
b Less: cost of goods sold		10b												
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c												
11 Other revenue (from Part VII, line 103)		11		<u>117,868.</u>										
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		<u>3,300,790.</u>										
13 Program services (from line 44, column (B))		13		<u>2,833,427.</u>										
14 Management and general (from line 44, column (C))		14		<u>225,365.</u>										
15 Fundraising (from line 44, column (D))		15		<u>74,465.</u>										
16 Payments to affiliates (attach schedule)		16												
17 Total expenses (add lines 16 and 44, column (A))		17		<u>3,133,257.</u>										
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		<u>167,533.</u>										
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		<u>2,402,147.</u>										
20 Other changes in net assets or fund balances (attach explanation)		20		<u>0.</u>										
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21		<u>2,569,680.</u>										

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Net Assets

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 195,000. noncash \$	22 195,000.	195,000.	STATEMENT 8	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 406,739.	309,961.	38,697.	58,081.
26	Other salaries and wages	26 716,887.	632,298.	68,205.	16,384.
27	Pension plan contributions	27 31,797.	28,772.	3,025.	
28	Other employee benefits	28 95,607.	86,511.	9,096.	
29	Payroll taxes	29 85,655.	77,506.	8,149.	
30	Professional fundraising fees	30			
31	Accounting fees	31 20,040.		20,040.	
32	Legal fees	32 2,613.	2,613.		
33	Supplies	33 26,767.	22,111.	4,656.	
34	Telephone	34 59,435.	49,326.	10,109.	
35	Postage and shipping	35 37,465.	37,465.		
36	Occupancy	36 108,857.	80,806.	28,051.	
37	Equipment rental and maintenance	37 8,973.	7,152.	1,821.	
38	Printing and publications	38 105,234.	104,034.	1,200.	
39	Travel	39 268,455.	262,455.	6,000.	
40	Conferences, conventions, and meetings	40 90,587.	87,974.	2,613.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 14,534.	9,667.	4,867.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e 858,612.	839,776.	18,836.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 3,133,257.	2,833,427.	225,365.	74,465.

Joint Costs. Check if you are following SOP 98-2.

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a	SEE STATEMENT 4				
			(Grants and allocations \$ _____)		838,233.
b	SEE STATEMENT 5				
			(Grants and allocations \$ _____)		502,018.
c	SEE STATEMENT 6				
			(Grants and allocations \$ _____)		245,702.
d	SEE STATEMENT 7				
			(Grants and allocations \$ _____)		356,350.
e	Other program services (attach schedule) STATEMENT 9		(Grants and allocations \$ _____)		891,124.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				2,833,427.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	2,078,160.	46	527,596.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	494,579.	49	2,091,612.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,092.	53	1,771.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a	97,769.		
b Less: accumulated depreciation \$TMT 10	57b	66,543.	57c	31,226.
58 Other assets (describe <input type="checkbox"/>)		14,464.	58	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,592,295.	59	2,652,205.
Liabilities	60 Accounts payable and accrued expenses	186,938.	60	82,525.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		3,210.	65
66 Total liabilities (add lines 60 through 65)		190,148.	66	82,525.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	226,509.	67	106,763.
	68 Temporarily restricted	2,175,638.	68	2,462,917.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		2,402,147.	73	2,569,680.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,592,295.	74	2,652,205.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

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

a	Total revenue, gains, and other support per audited financial statements	a	3,300,790.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	3,300,790.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,300,790.

a	Total expenses and losses per audited financial statements	a	3,133,257.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	3,133,257.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,133,257.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(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	(E) Expense account and other allowances
VIKKI SPRUILL C/O THE ORGANIZATION	PRESIDENT / CHAIR 40+	186,739.	11,204.	0.
DAWN MARTIN	EXECUTIVE DIRECTOR 40+	145,000.	12,610.	0.
THOMAS JOHNSON	DIRECTOR OF OPERATIONS 40+	75,000.	9,192.	0.
RICHARD BEATTY	BOARD MEMBER 2+	0.	0.	0.
JOHN OGDEN	BOARD MEMBER 2+	0.	0.	0.
JANE LUBCHENCO	BOARD MEMBER 2+	0.	0.	0.
NICHOLAS HAFFENREFFER	TREASURER 2+	0.	0.	0.

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

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SEAWEB ADVOCACY and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
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 N/A		
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? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	
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? N/A	85g	
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? N/A	85h	
86	501(c)(7) organizations. 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) organizations. 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	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. 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 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 15		
91	The books are in care of THE ORGANIZATION Telephone no. SEE PAGE 1		

Located at SEE PAGE 1

ZIP + 4 SEE PAGE 1

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 page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a HONORARIUM					1,500.
b PROGRAM SERVICE FEES					20,800.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15,645.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	14,429.	
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					
103 Other revenue:					
a MISCELLANEOUS					117,868.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		30,074.	140,168.
105 Total (add line 104, columns (B), (D), and (E))					170,242.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 11

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

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign 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

Signature of officer: *David M. Martin* Date: *5/5/05* Type or print name and title: *David M. Martin, EXEC. DIRECTOR*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *5/5/05* Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **GELMAN, ROSENBERG & FREEDMAN**
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN: _____ Phone no.: **(301) 951-9090**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SEAWEB** Employer identification number **52 2156577**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NANCY BARON</u> ----- C/O THE ORGANIZATION	DR SCI OUTRCH 40+	92,648.	10,250.	
<u>PATTY DEBENHAM</u> ----- PATTY DEBENHAM	MAR BIOLOGIST 40+	85,729.	9,835.	
<u>BILL MOTT</u> ----- BILL MOTT	COMMUNCTNS DR 40+	83,872.	9,724.	
<u>MIKE BOOTS</u> ----- MIKE BOOTS	PRG DIRECTOR 40+	83,000.	8,108.	
<u>DOUGLAS MEYER</u> ----- DOUGLAS MEYER	COORDINATOR 40+	66,000.	7,479.	
Total number of other employees paid over \$50,000 ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>BRUCE MCKAY</u> ----- MONREAL, QUEBEC, CANADA	RESEARCH	77,363.
<u>CAPITAL STRATEGIES</u> ----- ARLINGTON, VA	MARKETING	56,250.
<u>HIGH FRONTIER PRODUCTIONS</u> ----- ALEXANDRIA, VA	WEBSITE & TECHNOLOGY CONSUL	56,745.
<u>SCO COMMUNICATIONS</u> ----- BRONXVILLE, NY	PUBLICITY & COMMUNICATIONS	54,000.
Total number of others receiving over \$50,000 for professional services ▶	0	

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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	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.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.					
Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,185,043.	4,067,452.	2,709,603.	2,404,636.	12,366,734.
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	69,504.				69,504.
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	37,279.	49,005.	66,764.	20,093.	173,141.
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	58,761.	31,101.	SEE STATEMENT 12 7,094.	10,200.	107,156.
23 Total of lines 15 through 22	3,350,587.	4,147,558.	2,783,461.	2,434,929.	12,716,535.
24 Line 23 minus line 17	3,281,083.	4,147,558.	2,783,461.	2,434,929.	12,647,031.
25 Enter 1% of line 23	33,506.	41,476.	27,835.	24,349.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 252,941.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 9,106,482.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,647,031.
d Add: Amounts from column (e) for lines: 18 173,141. 19 _____ 22 107,156. 26b 9,106,482.					26d 9,386,779.
e Public support (line 26c minus line 26d total)					26e 3,260,252.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 25.7788%
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: N/A (2002) (2001) (2000) (1999)					
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: N/A (2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

(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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities **N/A**

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			Amount
	Yes	No	
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER AND EQUIPMENT		VARIES SL	3.00	16	94,764.			94,764.	51,370.		13,933.
2	FURNITURE AND FIXTURE		VARIES SL	5.00	16	3,005.			3,005.	639.		601.
	* TOTAL 990 PAGE 2 DEPR					97,769.		0.	97,769.	52,009.	0.	14,534.

* IRC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 990 **RENTAL INCOME** **STATEMENT 1**

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
SUBLEASE	1	14,429.
TOTAL TO FORM 990, PART I, LINE 6A		14,429.

FORM 990 **OTHER EXPENSES** **STATEMENT 2**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	701,306.	689,727.	11,579.	
DUES & SUBSCRIPTIONS	19,602.	18,769.	833.	
ADVERTISING	28,655.	27,777.	878.	
INSURANCE	3,765.		3,765.	
WEBSITE	70,028.	70,028.		
MISCELLANEOUS	3,765.	3,550.	215.	
VIDEO PRODUCTION	16,491.	16,491.		
OFFICE EQUIPMENT	15,000.	13,434.	1,566.	
TOTAL TO FM 990, LN 43	858,612.	839,776.	18,836.	

FORM 990 **STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE** **STATEMENT 3**
PART III

EXPLANATION

SEAWEB IS A COMMUNICATION-BASED NONPROFIT ORGANIZATION THAT USES SOCIAL MARKETING TO ADVANCE OCEAN CONSERVATION. BY RAISING PUBLIC AWARENESS, ADVANCING SCIENCE-BASED SOLUTIONS AND MOBILIZING DECISION-MAKERS AROUND OCEAN CONSERVATION, WE ARE LEADING VOICES FOR HEALTHY OCEANS. WE ENVISION A WORLD WHERE ALL PEOPLE ACT ON THE BELIEF THAT A HEALTHY OCEAN IS VITAL TO HUMAN LIFE AND ESSENTIAL TO A SUSTAINABLE FUTURE.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

SEAFOOD CHOICES ALLIANCE: TO BUILD A CONSTITUENCY IN SUPPORT OF BETTER AND MORE SUSTAINABLE SEAFOOD CHOICES, SEAWEB HAS JOINED IN CREATING THE SEAFOOD CHOICES ALLIANCE, AN EFFORT TO GIVE FOOD PROFESSIONALS, CHEFS AND ULTIMATELY, CONSUMERS, THE INFORMATION THEY NEED TO MAKE THE MOST INFORMED DECISIONS ABOUT SEAFOOD.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A	_____	_____
	=====	=====
		838,233.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

COMPASS: STIMULATES INTERDISCIPLINARY, CONSERVATION-ORIENTED WORK AMONG MARINE SCIENTISTS, IN ORDER TO MAKE SCIENTIFIC CONCEPTS MORE ACCESSIBLE TO POLICY AND MANAGEMENT STRATEGISTS AND TO ENHANCE COMMUNICATION BETWEEN THE PROFESSIONAL FIELDS OF MARINE SCIENCE AND CONSERVATION POLICY.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B	_____	_____
	=====	=====
		502,018.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

MARINE RESERVES: SEAWEB HAS CREATED A REGIONAL CAMPAIGN TO INCREASE AWARENESS OF AND SUPPORT FOR MARINE RESERVES. BY TRANSLATING COMPLEX MARINE SCIENCE CONCEPTS, THE ORGANIZATION WILL ENSURE THAT KEY ISSUES ARE UNDERSTANDABLE AND ACCESSIBLE TO DECISION MAKERS, POLITICAL LEADERS AND THE GENERAL PUBLIC.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	_____	_____
	_____	245,702.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

CAVIAR EMPTOR: IN RESPONSE TO THE TRIPLE THREAT TO STURGEON POSED BY OVERFISHING, HABITAT LOSS AND POLLUTION, SEAWEB HAS JOINED WITH OTHER ORGANIZATIONS IN A PROGRAM TO PROTECT CRITICALLY ENDANGERED BELUGA STURGEON AND OTHER THREATENED STURGEON SPECIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	_____	_____
	_____	356,350.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SUB-GRANT	NATURAL RESOURCE DEFENSE COUNCIL	40 WEST 20TH STREET NEW YORK, NY 10011	NONE	105,000.
SUB-GRANT	PEW INSTITUTE OF OCEAN SCIENCES	126 EAST 56TH STREET NEW YORK, NY 10022	NONE	90,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

195,000.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COMMUNICATION AND RESEARCH		94,664.
CONSUMER MARKETING AND POLLING		56,636.
STRATEGIC PLANNING		74,122.
SEA STRATEGY NETWORK		230,129.
AQUACULTURE		153,577.
THE OCEAN PROJECT		139,444.
ASIA PACIFIC		217,017.
LESS: PERSONNEL COSTS ALLOCABLE TO FUNDRAISING		<74,465.>
TOTAL TO FORM 990, PART III, LINE E		891,124.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER AND EQUIPMENT	94,764.	65,303.	29,461.
FURNITURE AND FIXTURE	3,005.	1,240.	1,765.
TOTAL TO FORM 990, PART IV, LN 57	97,769.	66,543.	31,226.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 11

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A AMOUNTS RECEIVED FROM SPEAKING ENGAGEMENTS RELATED TO EXEMPT PURPOSE.
 93B THE ORGANIZATION TRAINS OTHER NONPROFIT ENVIRONMENTAL GROUPS WITH SIMILAR PURPOSES IN MEDIA MANAGEMENT AND MESSAGE DEVELOPMENT.
 103A MISCELLANEOUS AMOUNTS RECEIVED IN PURSUIT OF THE ORGANIZATION'S EXEMPT PURPOSE.

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	58,761.	31,101.	7,094.	10,200.
TOTAL TO SCHEDULE A, LINE 22	58,761.	31,101.	7,094.	10,200.

Schedule A, Part IV-A
Application of "Facts and Circumstances" Test

The above-referenced taxpayer qualifies for recognition under IRC Section 509(a)(1) as a public charity within the meaning of the "facts and circumstances" test described at Regulation 1.170A-9(e)(3). A final IRS determination letter dated October 9, 2003 confirming this has been received by the organization.

The organization meets the requirements of the test on the following basis:

1. Public support is in excess of 10%, as required at Regulation 1.170A-9(e)(4)(ii).
2. The taxpayer's Board is representative of the public, and not the private or personal interests of its members or the organization's donors.
3. None of the board members could be considered disqualified persons, are not related to any entity providing funding to SeaWeb, and serve the organization on a volunteer basis.
4. Past Dormancy/Future Funding: The taxpayer's operations were dormant during the first year of the advanced ruling period (1998), with operations beginning in July 1999. This means the ruling period reflects less than four full years of operations. The taxpayer expect to implement fundraising programs that will allow it to report at least 33 1/3% public support in future years.
5. Devotion of Effort: The taxpayer actively conducts exempt-function programs conforming to its purposes, as originally described in its application for recognition of exempt status.

In conclusion, on the basis of the facts and circumstances detailed above, in compliance with IRC Section 170(b)(1)(A)(vi) and Regulation 1.170A-9(e)(3), the organization meets the requirements of Section 509(a)(1).

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization SEAWEB	Employer identification number 52-2156577
	Number, street, and room or suite no. If a P O. box, see instructions 1731 CONNECTICUT AVE NW, 4TH FLOOR	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20009	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **FEBRUARY 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2003**, and ending **JUN 30, 2004**

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **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 ▶ Mary B O'Connell Title ▶ CPA Date ▶ 10/28/04

LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization SEAWEB	Employer identification number 52-2156577
	Number, street, and room or suite no. If a P.O. box, see instructions 1731 CONNECTICUT AVE NW, 4TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

- Check type of return to be filed (File a separate application for each return):
- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 16, 2005

5 For calendar year _____, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED FOR PREPARING A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **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 [Signature] Title CPA Date 2/1/05

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print 323832 05-01-03	Name GELMAN, ROSENBERG & FREEDMAN
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 4550 MONTGOMERY AVE., SUITE 650 NORTH
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MARYLAND 20814-2930

EXTENSION APPROVED
FEB 16 2005
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN