

2021 Exempt Org. Return
prepared for:

**Prince William Sound Science &
Technology Institute**
PO Box 705
Cordova, AK 99574-0705

ALTMAN ROGERS & CO
3000 C ST, STE. 201
ANCHORAGE, AK 99503

CLIENT PWSSTC

**ALTMAN ROGERS & CO
3000 C ST, STE. 201
ANCHORAGE, AK 99503
(907) 274-2992**

August 12, 2023

Prince William Sound Science &
Technology Institute
PO Box 705
Cordova, AK 99574-0705

Dear Ms. Hoffman:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Tom J. Domagala, CPA".

Tom J. Domagala, CPA

PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

92-0129853

	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	13,909,369	13,299,289	610,080
PROGRAM SERVICE REVENUE.....	371,321	393,721	-22,400
INVESTMENT INCOME.....	63,046	50,871	12,175
OTHER REVENUE.....	-38,940	8,388	-47,328
TOTAL REVENUE.....	14,304,796	13,752,269	552,527
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	334,727	376,726	-41,999
SALARIES, OTHER COMPEN., EMP. BENEFITS...	1,544,250	1,709,672	-165,422
OTHER EXPENSES.....	2,215,562	2,187,613	27,949
TOTAL EXPENSES.....	4,094,539	4,274,011	-179,472
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	10,210,257	9,478,258	731,999
TOTAL ASSETS AT END OF YEAR.....	25,438,179	15,824,980	9,613,199
TOTAL LIABILITIES AT END OF YEAR.....	2,367,367	2,725,087	-357,720
NET ASSETS/FUND BALANCES AT END OF YEAR.	23,070,812	13,099,893	9,970,919

2021

GENERAL INFORMATION
**PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE**

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FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH F, SCH G, SCH I, SCH J, SCH L, SCH O
8868

CARRYOVERS TO 2022

NONE

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	13,631.
2. PURCHASES.....	63.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>13,694.</u>
7. INVENTORY AT END OF YEAR.....	<u>12,543.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>1,151.</u></u>

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	3,442,799.	3,442,799.	PART IX, LINE 25, COL. B
GRANTS	334,727.	334,727.	PART IX, LINES 1-3, COL. B
REVENUE	371,321.	371,321.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
FEES: AIRCRAFT CHARTERS	28,999.	16,692.	5,632.	6,675.
FEES: PROFESSIONAL FEES	234,428.	134,937.	45,529.	53,962.
TOTAL	<u>\$ 263,427.</u>	<u>\$ 151,629.</u>	<u>\$ 51,161.</u>	<u>\$ 60,637.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DUES AND SUBSCRIPTIONS	21,115.	12,604.	8,077.	434.
VESSEL CHARTERS	20,483.	20,483.		
PRINTING AND PUBLICATIONS	20,261.	11,818.	4,512.	3,931.
BANK FEES	17,933.	11,923.	5,599.	411.
PERMITS & FEES	11,756.	7,816.	3,671.	269.
INTERFUND - DEDICATED FUNDS	5,999.	3,989.	1,873.	137.
POSTAGE AND SHIPPING	4,525.	3,130.	1,395.	
OTHER	4,110.	2,421.	1,606.	83.
ENTERTAINMENT & MEALS	3,255.	1,917.	1,272.	66.
STAFF DEVELOPMENT	2,337.	1,377.	913.	47.
AIRCRAFT CHARTERS	1,780.	1,780.		
DONATIONS	200.	118.	78.	4.
FUNDR EXP. REPORTED PART VIII	-135,867.		-29,505.	-106,362.
TOTAL	<u>\$ -22,113.</u>	<u>\$ 79,376.</u>	<u>\$ -509.</u>	<u>\$ -100,980.</u>

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 10/01, 2021, and ending 9/30, 202022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879TE for the latest information.**Name of filer **PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE**EIN or SSN
92-0129853

Name and title of officer or person subject to tax

KATRINA HOFFMAN PRESIDENT & CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>14,304,796.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ALTMAN ROGERS & CO to enter my PIN 63990 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

92122792036

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns

ERO's signature ▶

*Tim Donaghy CPA*Date ▶ 8/12/2023

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	PRINCE WILLIAM SOUND SCIENCE & TECHNOLOGY INSTITUTE		92-0129853
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	PO BOX 705		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	CORDOVA, AK 99574-0705		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► LINNEA RONNEGARD

Telephone No. ► (907) 424-5800

Fax No. ►

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

- 1 I request an automatic 6-month extension of time until 8/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 ____ or

► ☒ tax year beginning 10/01, 20 21, and ending 9/30, 20 22.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 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	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2021 calendar year, or tax year beginning** 10/01 , **2021, and ending** 9/30 , **2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE
PO BOX 705
CORDOVA, AK 99574-0705

D Employer identification number

92-0129853

E Telephone number

907-424-5800

G Gross receipts \$ 14,776,927.

F Name and address of principal officer: KATRINA HOFFMAN
PO BOX 1711 CORDOVA, AK 99574-1711

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.PWSSC.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1989**M** State of legal domicile: AK**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO ADVANCE COMMUNITY RESILIENCE AND THE UNDERSTANDING AND SUSTAINABLE USE OF ECOSYSTEMS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	39
	6	Total number of volunteers (estimate if necessary)	6	30
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	13,299,289.	13,909,369.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	393,721.	371,321.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,871.	63,046.
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,388.	-38,940.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,752,269.	14,304,796.
14		Benefits paid to or for members (Part IX, column (A), line 4)	376,726.	334,727.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,709,672.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,187,613.	2,215,562.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,274,011.	4,094,539.
	19	Revenue less expenses. Subtract line 18 from line 12	9,478,258.	10,210,257.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	15,824,980.	25,438,179.
22		Net assets or fund balances. Subtract line 21 from line 20	2,725,087.	2,367,367.

Part II Signature Block

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.

Sign Here	Signature of officer		Date		
	KATRINA HOFFMAN		PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TOM J. DOMAGALA, CPA				P00122688
	Firm's name ▶	Firm's EIN ▶			
	ALTMAN ROGERS & CO	92-0143182			
	Firm's address ▶	Phone no.			
	3000 C ST, STE. 201	(907) 274-2992			
	ANCHORAGE, AK 99503				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,893,064. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 629,114. including grants of \$) (Revenue \$ 7,946.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 532,663. including grants of \$ 334,727.) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 387,958. including grants of \$) (Revenue \$ 363,375.)

4e Total program service expenses ▶ 3,442,799.

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions.	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20a		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	19	
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	0	
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 39		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a 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)? 4a		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.	1 a 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent.	1 b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O	12 c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15 a	X
b Other officers or key employees of the organization. SEE SCHEDULE O	15 b	X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
LINNEA RONNEGARD 1000 ORCA ROAD CORDOVA AK 99574 (907) 424-5800

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) KATRINA HOFFMAN PRESIDENT & CEO	55 0			X			120,518.	0.	43,393.
(2) W SCOTT PEGAU OSRI PROGRAM MANAG	40 0					X	102,195.	0.	42,123.
(3) MARY ANNE BISHOP RESEARCH SCIENTIST	40 0					X	107,628.	0.	19,060.
(4) ROBERT CAMPBELL OCEANOGRAPHER	40 0					X	103,963.	0.	18,672.
(5) LINNEA RONNEGARD FINANCE DIRECT.	0 0			X			81,318.	0.	20,204.
(6) LAURA O. MEADORS 1ST VICE CHAIR	1 0	X		X			0.	0.	0.
(7) CRAIG TILLERY DIRECTOR	1 0	X					0.	0.	0.
(8) DAN HULL CHAIRMAN	2 0	X		X			0.	0.	0.
(9) TODD TELESZ DIRECTOR	1 0	X					0.	0.	0.
(10) KATHERINE DUGAN 2ND VICE CHAIR	1 0	X		X			0.	0.	0.
(11) SYLVIA LANGE DIRECTOR	1 0	X					0.	0.	0.
(12) BETSI OLIVER DIRECTOR	1 0	X					0.	0.	0.
(13) CHRIS RURIK DIRECTOR	1 0	X					0.	0.	0.
(14) TOMMY SHERIDAN SECRETARY	1.5 0	X		X			0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) THEA THOMAS TREASURER	1.5 0	X		X				0.	0.	0.
(16) ROBYN MCGHEE DIRECTOR	1 0	X						0.	0.	0.
(17) PETER ANDERSEN DIRECTOR	1 0	X						0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1 b Subtotal 515,622. 0. 143,452.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 515,622. 0. 143,452.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.* **3**

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual.* **4**

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.* **5**

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	733,629.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	13,074,296.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	101,444.			
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		13,909,369.			
Program Service Revenue	Business Code					
	2 a SERVICE CONTRACTS	541700	363,375.	363,375.		
	b FEES & CONTRACTS GOV AGENCIES	541700	7,946.	7,946.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		371,321.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		34,459.			34,459.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	(i) Real (ii) Personal					
	6 a Gross rents	6 a				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	(i) Securities (ii) Other					
	7 a Gross amount from sales of assets other than inventory	7 a	363,700.			
	b Less: cost or other basis and sales expenses	7 b	335,113.			
	c Gain or (loss)	7 c	28,587.			
	d Net gain or (loss)		28,587.	28,587.		
	8 a Gross income from fundraising events (not including \$ 733,629. of contributions reported on line 1c). See Part IV, line 18	8 a	59,160.			
	b Less: direct expenses	8 b	135,867.			
	c Net income or (loss) from fundraising events		-76,707.			
	9 a Gross income from gaming activities. See Part IV, line 19	9 a				
	b Less: direct expenses	9 b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10 a	1,011.				
b Less: cost of goods sold	10 b	1,151.				
c Net income or (loss) from sales of inventory		-140.	-140.			
Miscellaneous Revenue	Business Code					
	11 a MISCELLANEOUS	541700	37,907.	37,907.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		37,907.			
12 Total revenue. See instructions			14,304,796.	437,675.	0.	34,459.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	294,727.	294,727.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	20,000.	20,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	20,000.	20,000.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	252,115.	185,990.	61,668.	4,457.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	759,949.	560,629.	185,886.	13,434.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	64,732.	47,754.	15,834.	1,144.
9 Other employee benefits.	380,154.	280,447.	92,987.	6,720.
10 Payroll taxes.	87,300.	64,402.	21,355.	1,543.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	11,410.	6,597.	2,255.	2,558.
c Accounting.	31,312.	18,023.	6,081.	7,208.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	11,085.		11,085.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	263,427.	151,629.	51,161.	60,637.
12 Advertising and promotion.	5,450.		5,332.	118.
13 Office expenses.	12,302.	7,051.	5,124.	127.
14 Information technology.	39,836.	35,261.	3,702.	873.
15 Royalties.				
16 Occupancy.	86,216.	13,903.	72,313.	
17 Travel.	54,074.	30,146.	23,928.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,108.	653.	433.	22.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	275,835.	247,160.	28,675.	
23 Insurance.	63,077.	31,068.	32,009.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTS	1,196,712.	1,196,712.		
b SUPPLIES	133,216.	119,762.	11,810.	1,644.
c EQUIPMENT RENTAL AND MAINTENANCE	28,205.	17,132.	11,073.	
d FUEL - NEW WAVE	24,410.	14,377.	9,538.	495.
e All other expenses.	-22,113.	79,376.	-509.	-100,980.
25 Total functional expenses. Add lines 1 through 24e.	4,094,539.	3,442,799.	651,740.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	1,134,078.	1	1,303,468.
	2 Savings and temporary cash investments	1,402,104.	2	939,267.
	3 Pledges and grants receivable, net	1,604,007.	3	1,481,036.
	4 Accounts receivable, net	6,122.	4	3,609.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,631.	8	12,543.
	9 Prepaid expenses and deferred charges	80,699.	9	73,260.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,379,266.		
	b Less: accumulated depreciation	10b 2,906,428.		
		490,408.	10c	20,472,838.
	11 Investments — publicly traded securities	1,342,196.	11	1,152,158.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	9,751,735.	15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,824,980.	16	25,438,179.	
Liabilities	17 Accounts payable and accrued expenses	1,969,332.	17	1,563,593.
	18 Grants payable		18	
	19 Deferred revenue	605,755.	19	659,552.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000.	23	144,222.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,725,087.	26	2,367,367.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,614,067.	27	22,832,044.
	28 Net assets with donor restrictions	485,826.	28	238,768.
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances.	13,099,893.	32	23,070,812.	
33 Total liabilities and net assets/fund balances.	15,824,980.	33	25,438,179.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	14,304,796.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	4,094,539.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	10,210,257.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	13,099,893.
5	Net unrealized gains (losses) on investments.....	5	-239,338.
6	Donated services and use of facilities.....	6	
7	Investment expenses.....	7	
8	Prior period adjustments.....	8	
9	Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	23,070,812.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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TEEA0112L 09/22/21

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE**

Employer identification number
92-0129853

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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 exempt 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).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,606,511.	3,710,541.	4,725,709.	13299289.	13909369.	39,251,419.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	3,606,511.	3,710,541.	4,725,709.	13299289.	13909369.	39,251,419.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						39,251,419.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3,606,511.	3,710,541.	4,725,709.	13299289.	13909369.	39,251,419.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,070.	31,487.	29,593.	27,698.	34,459.	150,307.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	7,098.	3,203.	10,707.	53,139.	37,909.	112,056.
11 Total support. Add lines 7 through 10						39,513,782.
12 Gross receipts from related activities, etc. (see instructions)					12	2,294,613.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.34 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.49 %
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
MISCELLANEOUS	\$ 37,909.	\$ 53,139.	\$ 10,707.	\$ 3,203.	\$ 7,098.
TOTAL	<u>\$ 37,909.</u>	<u>\$ 53,139.</u>	<u>\$ 10,707.</u>	<u>\$ 3,203.</u>	<u>\$ 7,098.</u>

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021Name of the organization **PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE**Employer identification number
92-0129853**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
PRINCE WILLIAM SOUND SCIENCE &	92-0129853

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AK DEPT OF COM, COM & E D PO BOX 110809 ANCHORAGE, AK 99811	\$ 9,935,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OSRI US COAST GUARD STOP 7605 2703 MARTIN LUTHER KING JR AVE WASHINGTON, DC 20593-7605	\$ 747,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NOAA - ALASKA FISHERIES SCIENCE CEN 17109 POINT LENA LOOP ROAD JUNEAU, AK 99801	\$ 2,020,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PRINCE WILLIAM SOUND SCIENCE &

92-0129853

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

PRINCE WILLIAM SOUND SCIENCE &

Employer identification number

92-0129853

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ **N/A**
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

Employer identification number

92-0129853

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year).....		
3 Aggregate value of grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1..... ► \$ _____

(ii) Assets included in Form 990, Part X..... ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1..... ► \$ _____

b Assets included in Form 990, Part X..... ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations.....	3a(i)	
(ii) Related organizations.....	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		114,752.		114,752.
b Buildings.....		20,036,924.	120,926.	19,915,998.
c Leasehold improvements.....		585,454.	581,933.	3,521.
d Equipment.....		2,642,136.	2,203,569.	438,567.
e Other.....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				20,472,838.

BAA

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . ▶		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.** ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,622,054.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-239,338.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	-11,085.
e	Add lines 2a through 2d	2e	-250,423.
3	Subtract line 2e from line 1	3	14,872,477.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.) SEE PART XIII	4b	-567,681.
c	Add lines 4a and 4b	4c	-567,681.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,304,796.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,651,135.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	129,667.
e	Add lines 2a through 2d	2e	129,667.
3	Subtract line 2e from line 1	3	4,521,468.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,085.
b	Other (Describe in Part XIII.) SEE PART XIII	4b	-438,014.
c	Add lines 4a and 4b	4c	-426,929.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,094,539.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

CONSTRUCTION OF A NEW BUILDING

PART X - FASB ASC 740 FOOTNOTE

THE CENTER QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. THE CENTER IS EXEMPT FROM STATE INCOME TAXES UNDER THE ALASKA NONPROFIT CORPORATION ACT. THEREFORE, THE ACCOMPANYING STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES. ALTHOUGH THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES, ANY INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO THE REQUIREMENT

BAA

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

OF FILING U.S. FEDERAL INCOME TAX FORM 990-T AND A TAX LIABILITY MAY BE DETERMINED ON THESE ACTIVITIES. THE CENTER HAD NO INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS OF SEPTEMBER 30, 2022. THE CENTER'S POLICY IS TO REPORT INTEREST AND PENALTIES ASSOCIATED WITH INCOME TAXES AS OTHER EXPENSE. THE CENTER APPLIES THE PROVISIONS OF TOPIC 740 OF THE FASB ACCOUNTING STANDARDS CODIFICATION RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE CENTER FILES TAX RETURNS IN THE US FEDERAL JURISDICTION AND THE STATE OF ALASKA. AS OF 2022, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BEGINS WITH 2019.

SCHEDULE D, PART XI, LINE 2D**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

INVESTMENT FEES.....	\$	-11,085.
TOTAL	\$	<u>-11,085.</u>

SCHEDULE D, PART XI, LINE 4B**OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

FUNDRAISING EXPENSES ON PART VIII.....	\$	-135,867.
NET ASSETS RELEASED FROM RESTRICTIONS.....		-438,014.
GAIN/LOSS ON DISPOSAL.....		6,200.
TOTAL	\$	<u>-567,681.</u>

SCHEDULE D, PART XII, LINE 2D**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXPENSES ON PART VIII.....	\$	135,867.
GAIN/LOSS ON DISPOSAL.....		-6,200.
TOTAL	\$	<u>129,667.</u>

SCHEDULE D, PART XII, LINE 4B**OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	-438,014.
TOTAL	\$	<u>-438,014.</u>

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

Employer identification number

92-0129853

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Subtotal.....					
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	0	0			0.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

ANNUALLY A BUDGET IS APPROVED, SUBCONTRACTOR INVOICES ARE SUBMITTED ACCORDING TO THE APPROVED BUDGET.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE**

Employer identification number
92-0129853

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☒ Solicitation of government grants
c ☒ Phone solicitations **g** ☒ Special fundraising events
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CURATE PROGRESS, LLC 4301 SW 54TH PL PORTLAND OR 97221	INVOLVED IN ALL FUNDRAISI		X	792,789.	62,725.	730,064.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total▶				792,789.	62,725.	730,064.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 NEW CONSTRUCTI (event type)	(b) Event #2 ANNUAL APPEAL (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts	340,576.	234,653.	217,560.	792,789.
	2 Less: Contributions	340,576.	234,653.	158,400.	733,629.
	3 Gross income (line 1 minus line 2)			59,160.	59,160.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,265.	76,639.	51,963.	135,867.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				135,867.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-76,707.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

Employer identification number

92-0129853

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ALASKA FAIRBANK PO BOX 757880 FAIRBANKS, AK 99775	92-6000147		11,490.	0.			GRF, UAF - WALKER
(2) UNIVERSITY OF ALASKA FAIRBANK PO BOX 757880 FAIRBANKS, AK 99775	92-6000147		16,269.	0.			GRF - UAF - HASAN
(3) NUKA RESEARCH & PLANNING GRP PO BOX 175 SELDOVIA, AK 99663	20-0460327		38,719.	0.			FOOD SAFETY/SECURITY
(4) TACTICAL ELECTRONICS 2200 N HEMLOCK AVE BROKEN ARROW, OK 74012	73-1566880		20,000.	0.			CAMPRI-OIL THICKNESS
(5) UNIVERSITY OF ILLINOIS 1901 1ST STREET, SUITE A CHAMPAIGN, IL 61820	37-6000511		24,848.	0.			GRF, U OF I - HICKL
(6) UNIVERSITY OF ALASKA FAIRBANK PO BOX 757880 FAIRBANKS, AK 99775	92-6000147		26,126.	0.			GRF, UAF FRAZIER
(7) MINDFRONT, LLC PO BOX 93273 ROCHESTER, NY 14692	85-1648042		15,000.	0.			REMOTE LEARNING EENHANCEMENT
(8) WATER MAPPING, LLC 478 DEER POINT DRIVE GULF BREEZE, FL 32561	47-3600220		13,000.	0.			CAMPRI-OIL THICKNESS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 07/12/21

Schedule I (Form 990) 2021

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CHUANMIN HU OIL THICKNESS	1	20,000.			OIL-ON-WATER MEASUREMENTS
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THESE FUNDS ARE AWARDED FROM THE OIL SPILL RECOVERY INSTITUTE (OSRI) , AN INSTITUTE WITHIN THE PRINCE WILLIAM SOUND SCIENCE & TECHNOLOGY INSTITUTE DBA PWSSC. AN ANNUAL WORK PLAN IS DEVELOPED AND APPROVED BY THE OSRI ADVISORY IS DEVELOPED AND APPROVED BY THE OSRI ADVISORY BOARD. OSRI FUNDS ARE GIVEN DIRECTLY BY THE USCG DEPARTMENT OF TREASURY TO THE PWSSC, WHO HAS THE FIDUCIARY RESPONSIBILITY FOR THESE FUNDS. THESE FUNDS RECEIVED FROM THE USCG DEPARTMENT OF THE TREASURY ARE TREATED AS FEDERAL FOR REPORTING PURPOSES. THESE AWARDS INCLUDE GRANTS AND SERVICE CONTRACTS THAT ARE INCLUDED IN THE WORK PLAN. PROPOSALS ARE ACCEPTED THROUGH THE ADVERTISED REQUEST FOR PROPOSAL (RFP) PROCESS OR BY A REQUEST FOR A PROPOSAL TO A SPECIFIC ENTITY TO MEET

THE WORK PLAN NEEDS. THESE PROPOSALS ARE PEER REVIEWED BY OSRI'S SCIENTIFIC &

BAA

Schedule I (Form 990) 2021

2021

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT PWSSTC

PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

92-0129853

8/14/23

11:56AM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

TECHNOLOGY COMMITTEE. IF APPROVED, THEY GO TO THE EXECUTIVE DIRECTOR WHO APPROVES.

THE GRANTS ARE THEN AWARDED OR AMENDED IF FROM PRIOR YEARS. DELIVERABLES, FINANCIALS

AND REPORTING EXPECTATIONS ARE INCLUDED IN THE AWARD DOCUMENTATION AND THE GRANT

POLICY MANUAL FOUND ONLINE ON THE OSRI WEB SITE OSRI.US. BECAUSE THE ORIGINAL SOURCE

OF THESE FUNDS ARE FROM THE OIL SPILL LIABILITY TRUST FUND, THEY CAN BE USED FOR

MATCHING PURPOSES ON OTHER FEDERAL AWARDS.

2021

Continuation Page 1 of 1

Schedule | Cont (Form 990) 2021

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

Employer identification number

92-0129853

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation					(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation						
KATRINA HOFFMAN 1 PRESIDENT & CEO	(i)	120,518.	0.	0.	10,421.	32,972.	163,911.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
2	(i)									
	(ii)									
3	(i)									
	(ii)									
4	(i)									
	(ii)									
5	(i)									
	(ii)									
6	(i)									
	(ii)									
7	(i)									
	(ii)									
8	(i)									
	(ii)									
9	(i)									
	(ii)									
10	(i)									
	(ii)									
11	(i)									
	(ii)									
12	(i)									
	(ii)									
13	(i)									
	(ii)									
14	(i)									
	(ii)									
15	(i)									
	(ii)									
16	(i)									
	(ii)									

Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

- **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
► **Attach to Form 990 or Form 990-EZ.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open To Public
Inspection**Name of the organization **PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE**

Employer identification number

92-0129853**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total							► \$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CURATE PROGRESS, LLC	FMR BOARD MEMBER	78,000.	FUNDRAISING AND CONSULTIN		X
(2) MICHAEL WEBBER	SPOUSE OF CEO/PR	56,211.	CARVING OF TWO TOTEM POLE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

Employer identification number

92-0129853

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PRINCE WILLIAM SOUND SCIENCE AND TECHNOLOGY INSTITUTE (D.B.A. PRINCE WILLIAM SOUND SCIENCE CENTER) (THE CENTER) WAS FORMED IN 1989 AS AN ALASKA NOT-FOR-PROFIT SCIENTIFIC RESEARCH AND EDUCATION CORPORATION TO CONTRIBUTE TO THE COMPREHENSIVE DESCRIPTION, SUSTAINED MONITORING, AND ECOLOGICAL UNDERSTANDING OF PRINCE WILLIAM SOUND, THE COPPER RIVER, AND GULF OF ALASKA. ESTABLISHMENT OF THE CENTER FOLLOWED THE EXXON VALDEZ OIL SPILL, ALTHOUGH PLANNING OF THIS INSTITUTION PRECEDED THAT EVENT. THE UNDERLYING PHILOSOPHY OF THE CENTER IS TO SERVE AS A MODEL FOR LONG-TERM ECOSYSTEM MANAGEMENT.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EXXON VALDEZ OIL SPILL TRUSTEE COUNCIL PROGRAMS:

HERRING RESEARCH AND MONITORING PROGRAM

THIS IS AN EXXON VALDEZ OIL SPILL TRUSTEE COUNCIL-FUNDED PROGRAM DESIGNED TO IMPROVE OUR ABILITY TO PREDICT HERRING POPULATIONS IN PRINCE WILLIAM SOUND. THIS IS TO BE ACHIEVED BY A MIXTURE OF MONITORING EFFORTS TO PROVIDE INFORMATION NEEDED BY THE AGE-STRUCTURE-ANALYSIS MODEL, AND RESEARCH PROJECTS THAT PROVIDE A BETTER UNDERSTANDING OF ASPECTS OF THE HERRING LIFE CYCLE THAT IS NECESSARY FOR THE DEVELOPMENT OF NEW MODELS. THE PROGRAM ALSO ADDRESSES ASSUMPTIONS IN THE MEASUREMENT PROGRAM AND LOOKS TO INCORPORATE NEW TECHNOLOGIES. THIS PROGRAM INCLUDES INVESTIGATORS FROM PWSSC, ALASKA DEPARTMENT OF FISH AND GAME, UNITED STATES GEOLOGICAL SURVEY, AND UNIVERSITY OF WASHINGTON. THE PROGRAM WORKS CLOSELY WITH THE GULF WATCH ALASKA PROGRAM.

GULF WATCH ALASKA

THE EXXON VALDEZ OIL SPILL TRUSTEE COUNCIL (EVOSTC) IS SUPPORTING A FIVE-YEAR, \$12

Name of the organization PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

Employer identification number
92-0129853

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

MILLION LONG-TERM MONITORING PROGRAM IN THE GULF OF ALASKA REGION AFFECTED BY THE 1989 EXXON VALDEZ OIL SPILL. THE MONITORING PROGRAM, CALLED GULF WATCH ALASKA, INVOLVES MORE THAN 25 SCIENTISTS FROM MULTIPLE AGENCIES AND UNIVERSITIES AND SEEKS TO PROVIDE DATA TO IDENTIFY AND HELP UNDERSTAND THE IMPACTS OF MULTIPLE ECOSYSTEM FACTORS ON THE RECOVERY OF INJURED RESOURCES. THIS PROGRAM IS EXPECTED TO BE 20 YEARS IN LENGTH BUT IS PLANNED AND FUNDED IN FIVE-YEAR INCREMENTS. IT BUILDS A LEGACY OF RESTORATION RESEARCH AND MONITORING BY THE EVOSTC AND FEDERAL AND STATE AGENCIES DATING BACK TO 1989. THE PROGRAM INCLUDES SITES IN PRINCE WILLIAM SOUND, LOWER COOK INLET, THE GULF OF ALASKA, AND THE OUTER KENAI PENINSULA COAST.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

GOVERNMENT PROGRAMS:

EVOSTC - NEW FACILITIES THE EXXON VALDEZ OIL SPILL TRUSTEE COUNCIL (EVOSTC) IS SUPPORTING THE DEVELOPMENT OF NEW FACILITIES FOR THE PRINCE WILLIAM SOUND SCIENCE CENTER. THE NEW FACILITIES INCLUDE WAREHOUSE AND OFFICE SPACES. OVER \$23 MILLION HAS BEEN PLEDGED TO COVER COSTS ASSOCIATED WITH THE NEW CAMPUS. THE FUNDS ARE BEING ADMINISTERED BY THE ALASKA DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT.

AOOS - ALASKA OCEAN OBSERVING SYSTEM THIS PROJECT, FUNDED BY NOAA VIA THE ALASKA OCEAN OBSERVING SYSTEM, CONTINUES IMPLEMENTATION OF THE PRINCE WILLIAM SOUND (PWS) OBSERVING SYSTEM (PWSOS). THE PWSOS COLLECTS OCEAN, ATMOSPHERIC AND BIOLOGICAL OBSERVATIONS FOR USE BY STAKEHOLDERS. PWSOS SUPPORTED TRACKING OF MARINE ORGANISMS USING THE OCEAN TRACKING NETWORK, SALINITY MEASUREMENTS AT THE CORDOVA TIDE STATION, AND THE MAINTENANCE OF THE SNOTEL METEOROLOGICAL STATIONS.

Name of the organization PRINCE WILLIAM SOUND SCIENCE &
TECHNOLOGY INSTITUTE

Employer identification number
92-0129853

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

INBRE UAF - SALMON THIS PROJECT IS A SUBCONTRACT FROM THE UNIVERSITY OF ALASKA TO SUPPORT SALMON RESEARCH FUNDING FROM THE NATIONAL INSTITUTE OF HEALTH'S IDEA NETWORK OF BIOMEDICAL RESEARCH EXCELLENCE PROGRAM. PWSSC IS TO PROVIDE A MODEL TO FORECAST ESTIMATES OF COPPER RIVER SOCKEYE SALMON ENERGY CONTENT UNDER VARIOUS CONDITIONS.

NRL - MOORING THE NAVAL RESEARCH LABORATORY CONTRACTED WITH PWSSC TO ASSIST IN DEPLOYMENT, SERVICING, AND RECOVERY OF A PAIR OF MOORINGS NEAR THE MOUTH OF COOK INLET. THE MOORINGS MONITORED PARTICLES IN THE UPPER OCEAN TO EVALUATE THE PERFORMANCE OF SATELLITE REMOTE SENSING SYSTEMS.

SK - IMAGE AND ID SYSTEMS FUNDING FROM NOAA THROUGH THE SALTONSTALL-KENNEDY PROGRAM WAS RECEIVED TO TEST THE ABILITY TO DETECT AND ENUMERATE SALMON WITHIN AN INDEX STREAM. THE PROJECT WORKED WITH ADF&G TO SET A CAMERA SYSTEM ON A RIVER WITH A WEIR AND OBSERVERS. AUTOMATIC ANALYSIS OF THE CAMERA IMAGES WERE THEN COMPARED TO THE OBSERVATIONS TO EXAMINE THE ABILITY TO AUTOMATE A PROCESS THAT CURRENTLY REQUIRES PERSONNEL IN REMOTE AREAS.

AKSSF - SOCKEYE SALMON THE ALASKA SUSTAINABLE SALMON FUND PROVIDED SUPPORT TO RADIO TAG SOCKEYE SALMON TRAVELING UP THE COPPER RIVER. THE FISH WERE MEASURED AND WEIGHED PRIOR TO TAGGING TO DETERMINE THEIR FITNESS. RADIO TOWERS ALLOWED THE FISH TO BE DETECTED AS THEY MOVED UPSTREAM. THE FISH WERE ALSO SEARCHED FOR ON THE SPAWNING GROUNDS. THIS PROVIDED THE INFORMATION NEEDED TO DETERMINE HOW FITNESS DETERMINED SURVIVAL DURING MIGRATION AND SUCCESS AT THE SPAWNING GROUNDS.

NPRB OUTREACH

THE NORTH PACIFIC RESEARCH BOARD IS FUNDING A PWSSC PROJECT TO HOLD A STAKEHOLDER

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ROUNDTABLE TO GET COMMUNITY INPUT ON THE SOCKEYE SALMON PROJECT AND TO GET INPUT ON RESEARCH NEEDS RELATED TO COPPER RIVER SALMON.

NPRB SOCKEYE SALMON

THE NORTH PACIFIC RESEARCH BOARD IS FUNDING A PWSSC PROJECT TO TAG COPPER RIVER SALMON TO EXAMINE HOW CHANGES IN BODY SIZE AFFECT MIGRATION AND SPAWNING SUCCESS. THE INTENT IS TO BETTER UNDERSTAND THE POTENTIAL IMPACTS OF RECENT REDUCED SOCKEYE SALMON SIZE AT AGE ON THEIR REPRODUCTIVE SUCCESS.

NPRB SHELLFISH TOXINS

THE NORTH PACIFIC RESEARCH BOARD IS FUNDING A PWSSC PROJECT TO COLLECT SHELLFISH AND SEAWATER SAMPLES TO DETERMINE THE PRESENCE OF PARALYTIC SHELLFISH POISON FORMING ORGANISMS. THE STUDY IS INVESTIGATING THE TRANSFER OF TOXINS FROM ALEXANDRIUM CELLS TO ZOOPLANKTON, SHELLFISH, FORAGE FISH, AND COMMERCIALY IMPORTANT PREDATORY FISHES IN PRINCE WILLIAM SOUND AND KACHEMAK BAY.

OWN CRUDE OIL TOXICITY

STATE OF CALIFORNIA FUNDING WAS PROVIDED THROUGH THE OILED WILDLIFE NETWORK TO SUPPORT RESEARCH ON OIL TOXICITY TO EMBRYONIC HERRING. THE FUNDING SUPPORTS ANALYSIS OF DATA COLLECTED DURING EARLIER EXPERIMENTS WHERE HERRING EGGS WERE EXPOSED TO OIL AND THE LETHAL AND SUBLETHAL EFFECTS WERE EVALUATED.

NPRB TUFTED PUFFINS

TO TAG TUFTED PUFFINS WITH GEOLOCATOR TAGS TO DETERMINE WHERE THE BIRDS SPEND THEIR TIME IN THE WINTER. IN ADDITION TO THE TAGS, SAMPLES ARE BEING COLLECTED TO CONDUCT STABLE ISOTOPE ANALYSIS TO EXAMINE IF THE PUFFINS CHANGE TROPHIC LEVEL DURING THE

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WINTER.

OTHER GOVERNMENT GRANTS / CONTRACTS

MISCELLANEOUS PWSSC PROJECTS NOTED IN THE FINANCIAL STATEMENTS. THESE INCLUDE THE
HYDROPONIC FARM GRANT.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

OIL SPILL RECOVERY INSTITUTE PROGRAMS:

OIL SPILL RECOVERY INSTITUTE (OSRI)

THIS PROGRAM FUNDS THE ADMINISTRATION AND AWARDS OF THE OIL SPILL RECOVERY
INSTITUTE, A FEDERALLY ESTABLISHED PROGRAM TO SUPPORT RESEARCH, EDUCATION, AND
DEMONSTRATION PROJECTS DESIGNED TO RESPOND TO AND UNDERSTAND THE EFFECTS OF OIL
SPILLS IN THE ARCTIC AND SUB-ARCTIC MARINE ENVIRONMENTS. INITIATED IN 1997, FUNDING
IS PROVIDED DIRECTLY FROM THE INTEREST EARNINGS ON A \$35.3 MILLION PRINCIPAL
ALLOCATION ADMINISTERED BY THE U.S. COAST GUARD (FROM THE NATIONAL OIL SPILL
LIABILITY TRUST FUND). THE INSTITUTE IS GOVERNED BY AN ADVISORY BOARD WHICH INCLUDES
REPRESENTATIVES FROM FEDERAL AND STATE AGENCIES, ALASKA NATIVE AND PWS COMMUNITIES,
AND INDUSTRY REPRESENTATIVES APPOINTED BY THE GOVERNOR OF ALASKA. THE ADVISORY BOARD
CHAIR IS A U.S. DEPARTMENT OF COMMERCE REPRESENTATIVE.

PWSSC - OSRI PROGRAM MANAGER

THE OSRI PROGRAM MANAGER SUPPORTS OSRI BY IDENTIFYING RESEARCH NEEDS, WORKING WITH
THE WORK PLAN COMMITTEE TO DEVELOP ANNUAL WORK PLANS, AND TRACK PROGRESS ON
CONTRACTS. THE PROGRAM MANAGER ALSO INTERFACES WITH OTHER RESEARCH EFFORTS TO SHARE
THE INFORMATION LEARNED BY OSRI.

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

PWSSC - H2O HEADWATERS TO OCEAN PROGRAM & EDUCATION PROGRAM

THE H2O HEADWATERS TO OCEAN PROGRAM IS THE UMBRELLA UNDER WHICH ALL OF OUR EDUCATION AND OUTREACH EFFORTS OCCUR. THIS PROGRAM HAS FOUR PRIMARY COMPONENTS THIS YEAR: (1) THE DISCOVERY ROOM, A PROGRAM WHICH SUPPLEMENTS ELEMENTARY SCHOOL SCIENCE EDUCATION IN THE CLASSROOM; (2) SECONDARY SCHOOL OUTREACH, PROGRAMMING DESIGNED TO KEEP OLDER STUDENTS ENGAGED IN MARINE SCIENCE-CENTRIC ACTIVITIES THAT PROMOTE CRITICAL THINKING, PROBLEM SOLVING AND ECOLOGICAL LITERACY. (3) OUTREACH DISCOVERY TO SUPPORT DELIVERY OF MATERIALS TO AUDIENCES OUTSIDE OF CORDOVA. (4) MINI DISCOVERY PROGRAMS, SUCH AS SEA SQUIRTS AND LITTLE DIPPERS, ARE DESIGNED TO ENGAGE YOUTH WHO ARE NOT YET SCHOOL AGE IN HANDS-ON ACTIVITIES. THIS PROGRAM IS FUNDED IN LARGE PART BY OSRI. OTHER FUNDING COMES FROM CONOCOPHILLIPS ALASKA, SALTCHUK, BOEING, INDIVIDUAL AND SMALL BUSINESS DONATIONS, FOUNDATIONS, AND PROGRAM FEES.

PWSSC - HERDER/BURNER

THIS IS A JOINT INDUSTRY PROGRAM THAT USES FUNDING FROM OSRI, EXXONMOBIL, SHELL, NORTH CASPIAN OPERATION COMPANY, BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT, AND CLEAN CARIBBEAN AMERICAS FOR THE DEVELOPMENT OF NEW OIL SPILL RESPONSE TECHNOLOGY. A REMOTELY OPERATED SURFACE VESSEL IS BEING DEVELOPED THAT CAN APPLY CHEMICAL HERDERS AND IGNITE HERDED SLICKS FOR IN-SITU BURNS. THE SYSTEM WILL CARRY REMOTE SENSING CAPABILITIES AND CAN BE CONTROLLED LOCALLY OR THROUGH A SATELLITE LINK.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAMS:

COMMUNITY EDUCATION CAMP LITTLE DIPPER

THIS PROGRAM INCLUDES PRE K-12 CAMPS THAT EDUCATE YOUTH IN THE FIELD OF SCIENCE. THE PROGRAMS HAVE A BALANCE OF ADVENTURE, EXPLORATION, DATA COLLECTION, AND CONTENTS

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

KNOWLEDGE THAT CREATE AN IMMERSIVE LEARNING EXPERIENCE FOR KIDS.

JIP - HERDER/BURNER

THIS IS A JOINT INDUSTRY PROGRAM THAT USES FUNDING FROM OSRI, NORTH CASPIAN OPERATING COMPANY, EXXONMOBIL, SHELL, BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT, AND CLEAN CARIBBEAN AMERICAS FOR THE DEVELOPMENT OF NEW OIL SPILL RESPONSE TECHNOLOGY. A REMOTELY OPERATED SURFACE VESSEL IS BEING DEVELOPED THAT CAN APPLY CHEMICAL HERDERS AND IGNITE HERDED SLICKS FOR IN-SITU BURNS. THE SYSTEM WILL CARRY REMOTE SENSING CAPABILITIES AND CAN BE CONTROLLED LOCALLY OR THROUGH A SATELLITE LINK.

PWSRCAC FORAGE FISH

THE PRINCE WILLIAM SOUND REGIONAL CITIZENS' ADVISORY COUNCIL FUNDED PWSSC TO SURVEY FORAGE FISH IN PRINCE WILLIAM SOUND. THE ENTIRE COASTLINE WAS FLOWN AND SCHOOLS OF FORAGE FISH MAPPED. THESE MAPS PROVIDE INFORMATION ABOUT WHERE SENSITIVE SPECIES ARE LOCATED AND PROVIDE AN INDICATION OF HERRING RECRUITMENT.

PWSRCAC MARINE BIRDS

THE PRINCE WILLIAM SOUND REGIONAL CITIZENS' ADVISORY COUNCIL FUNDED PWSSC FOR WINTER SURVEYS OF MARINE BIRDS IN PRINCE WILLIAM SOUND. THE FUNDING ALLOWS FOR WINTER MARINE BIRD SURVEYS ALONG THE TANKER LANES TO IDENTIFY THEIR PRESENCE OUTSIDE OF THE SUMMER SEASON WHEN MOST SURVEYS OCCUR.

PWSRCAC - WEATHER BUOY

THE PRINCE WILLIAM SOUND REGIONAL CITIZENS' ADVISORY COUNCIL FUNDED PWSSC TO ASSEMBLE AND DEPLOY TWO WEATHER BUOYS IN THE PORT OF VALDEZ. THESE BUOYS PROVIDE WEATHER

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

INFORMATION NECESSARY TO UNDERSTAND POTENTIAL OIL SPILL TRAJECTORIES.

OTHER GRANTS / CONTRACTS

MISCELLANEOUS PWSSC PROJECTS NOTED IN THE AUDIT SCHEDULES. FUNDING FROM THE PWSSC ENTERPRISE DEPT. FOR THE M/V NEW WAVE, MISCELLANEOUS FUNDING FOR EDUCATION ACTIVITIES, FUNDING TO PURCHASE A HYDROPONIC FARM, AND FUNDING FROM THE RASMUSON FOUNDATION TOWARDS THE CONSTRUCTION OF THE NEW FACILITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS PREPARED BY THE ACCOUNTING FIRM, REVIEWED AND SIGNED BY THE PRESIDENT. THE 990 IS SENT ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO ITS SUBMITTAL TO THE IRS. IT IS ALSO PRESENTED TO THE BOARD AT THE NEXT REGULAR MEETING FOLLOWING SUBMITTAL. THE 990 IS ALSO POSTED ON THE PWSSC WEBSITE, WWW.PWSSC.ORG, ALONG WITH THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

PWSSC DOES HAVE A CONFLICT OF INTEREST POLICY. A CONFLICT OF INTEREST DECLARATION FORM IS GIVEN TO THE BOARD OF DIRECTORS ANNUALLY AND ADDRESSES THE QUESTIONS IN THIS SECTION OF THE 990. THE FORM IS THEN SIGNED AND RETURNED TO US FOR OUR FILES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE PWSSC'S PRESIDENT DOES AN ANNUAL SELF EVALUATION, WHICH IS THEN SUBMITTED TO THE BOARD OF DIRECTORS. THE BOARD MEETS WITH THE PRESIDENT IN OPEN AND CLOSED SESSIONS AND THEN COMPLETES THEIR EVALUATION OF THE PRESIDENT. THE EVALUATION IS DISCUSSED AND ANY COMMENTS OR COMPENSATION CHANGES ARE THEN FINALIZED WITH A LETTER SIGNED BY THE CHAIRMAN OF THE BOARD.

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FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE PWSSC'S KEY PERSONNEL DO AN ANNUAL SELF EVALUATION, WHICH IS THEN SUBMITTED TO THEIR DIRECT SUPERVISOR. THE SUPERVISOR MEETS WITH THE EMPLOYEES INDIVIDUALLY AND COMPLETES THEIR EVALUATION. THE EVALUATION DISCUSSED AND ANY COMMENTS OR COMPENSATION CHANGES ARE THEN FINALIZED WITH A LETTER SIGNED BY THE PRESIDENT/CEO.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PWSSC ENSURES THAT ONE YEAR OF AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE ON THEIR WEBSITE AT PWSSC.ORG, GUIDESTAR, AND UPON REQUEST AT THEIR OFFICES AT PRINCE WILLIAM SOUND SCIENCE CENTER, PO BOX 705, 1000 ORCA ROAD, CORDOVA, ALASKA 99574-0705.