

**Return of Organization Exempt From Income Tax**

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

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 05/01, 2017, and ending 04/30, 2018

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ASSOCIATION FOR RESCUE AT SEA, INC**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P OPBOX 565**  
 City or town, state or province, country, and ZIP or foreign postal code  
**FISH CREEK, WI 54212**

**D** Employer identification number  
**13-2883907**

**E** Telephone number  
**314-602-8622**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶ **AFRAS.ORG**

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **84,200**

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input type="checkbox"/>	
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>84,200</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>84,200</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>73,477</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>1,038</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>670</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>16,575</b>
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>101,760</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-17,560</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>54,507</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>36,947</b>



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		✓
35b			✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
35c			✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
37b			✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b> _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> _____	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
40b			✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
40e			✓
41	List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>		
42a	The organization's books are in care of ▶ <u>ANNE E SKELTON</u> Telephone no. ▶ <u>314-602-8622</u> Located at ▶ <u>341 E ARGONE, KIRKWOOD MO</u> ZIP + 4 ▶ <u>63122</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____		✓
42c			✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44a			✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b			✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c			✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
44d			✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
45a			✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓
45b			✓

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**

Yes	No
	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** 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 . . . . . **47**

Yes	No
	✓

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**

Yes	No
	✓

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**

Yes	No
	✓

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**

Yes	No
	✓

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	NONE	

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  **Yes**  **No**

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 <b>ANNE E SKELTON, TREASURER</b>	Date
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>ASSOCIATION FOR RESCUE AT SEA, INC</b>	Employer identification number <b>13-2883907</b>
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**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 or 990-EZ).)
- 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 in 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)						
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	11641	7809	36704	39293	31227	126674
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	11641	7809	36704	39293	31227	126674
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
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) . . . . .						58686
6 <b>Public support.</b> Subtract line 5 from line 4						67988

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 . . . . .	11641	7808	36704	39293	31227	126674
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						126674
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	53.67 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15	51.86 %
16a <b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 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 11 LINE 1 SECTION A PUBLIC SUPPORT - UNUSUAL GRANTS**

FISCAL 2014	FISCAL 2015	FISCAL 2016	FISCAL 2017	FISCAL 2018
2500	3000	2800	3500	3500
3000	8000	1000	1000	2000
8000	1400	1000	1000	2400
7500	5000	1500	1000	5000
1000	1000	1000	5000	1000
		1000	2500	9211
		3855	1000	19862
			39177	10000
			29283	
			2500	
			1000	
22000	18400	12155	86960	52973 TOTAL

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

ASSOCIATION FOR RESCUE A SEA, INC

Employer identification number

13-2883907

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 foundation

Check 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).



Name of organization

Employer identification number

ASSOCIATION FOR RESCUE AT SEA, INC

13-2883907

**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	LOCKHEED MARTIN 6801 ROCKLEDGE DRIVE BETHESDA MD 20817	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OCSO SAILING #1 SPINNAKER WAY BERKELEY CA 94710	\$ 9212	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MC MURDO INC 4196 FORDES BLVD LANHAM MD 20708	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TATMAN FOUNDATION 341 E. ARGONNE KIRKWOOD, MD 63122	\$ 19862	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FREDERICK & ILSE GRUWALD LEGACY FUND C/O VANGUARD CHARITABLE PO BOX 9509, WARWICK RI 02889-9509	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WATERWHEEL FOUNDATION C/O BURTON GOLDSTEIN & CO LLC 420 LEXINGTON AVE #2520 NEW YORK, NY 10170	\$ 10000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

ASSOCIATION FOR RESCUE AT SEA, INC

13-2883907

**OTHER EXPENSES FORM 990-EZ - LINE 16**

LIFESAVING AWARDS BANQUET \$8845

OFFICE OPERATING EXPENSES \$1720

FILING FEES \$75

PROMOTIONAL \$4460

DUES \$136

CREDIT CARD FEES \$146

WIRE TRANSFER FEE \$45

TRAVEL EXPENSE \$1148

TOTAL OTHER EXPENSES \$16575

**FORM 990EZ PART 1 LINE GRANTS:**

LIFE SAVING

ROYAL NATIONAL LIFE BOAT INSTITUTION

WEST QUAY ROAD POOLE DORSET H15 1HZ

UNITED KINGDOM

CASH GRANT \$2948

RELATIONSHIP - NONE

DOMINICAN NAVY AUXILLARY

AVENUE 10A LOPEdeVEG #19, EDIFICIO PISA, SUITE 101

ENSAN CHE NACO, SANTO DOMINGO, 10119

DOMINICAN REPUBLIC

CASH GRANT \$2000

RELATIONCHIP - NONE

Name of the organization

Employer identification number

ASSOCIATION FOR RESCUE AT SEA, INC

13-2883907

FORM 990EZ PART1 LINE GRANTS:

VISAR

P.O. BOX 3042

ROAD TOWN, TORTOLA

BRITISH VIRGIN ISLANDS

CASH CRANT \$28711

RELATIONSHIP - NONE

DGZRS

POSTFACH 106340

D-28063 BREMEN

GERMANY

CASH GRANT \$95

RELATIONSHIP - NONE

INTERNATIONAL MARITIME RESCUE FOUNDATION

50 ALLARD ICE ST.

STONEHAVEN ABERDEENSHIRE AB 392RA UL

CASH GRANT \$39723

RELATIONSHIP - NONE

FORM - EZ PART 111 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

TO RECOGNIZE AND HONOR EXTRADNARY MARTIME RESCUES

ASSOCIATION FOR RESCUE AT SEA

EXHIBIT 1

EIN: 13-2883907

FORM 990 -EZ FOR FISCAL YEAR ENDED APRIL 30, 2018.

PART IV, PAGE 2, FORM 990-EZ:

ANNE KIFER, SECRETARY AND DIRECTOR, WAS PAID \$10,000 FOR SECRETARIAL SERVICES AND \$3,578 FOR REIMBURSEMENT OF OFFICE EXPENSES.

**Association for Rescue at Sea**  
**P.O. Box 565**  
**Fish Creek, WI 54212-0565**  
**(920)743-5434 ph/fax**  
**[www.afras.org](http://www.afras.org)**

**2017 Directory of Officers and Directors**

The "flight" year will be the year where members of that flight will be subject to election to the 2<sup>nd</sup> of a maximum three three-year terms.

**Director 2018-1<sup>st</sup> Flight**

VADM Jody Breckenridge, USCG (Ret.)  
1029 Pleasant Oaks Drive  
Pleasant Hill, CA 94523  
415-827-4505(cell)  
[Jody.brec@gmail.com](mailto:Jody.brec@gmail.com)

**Director 2018- 1<sup>st</sup> Flight**

CWO4 Brandon Brewer, USCG (Ret.)  
1715 Saint Denis Avenue  
Norfolk, VA 23509  
(917) 288 4671  
[brandon.brewer@afra.org](mailto:brandon.brewer@afra.org)

**President 2020- 3<sup>rd</sup> flight (2<sup>nd</sup> time)**

MCPO-CG Charles Bowen, USCG (Ret.)  
110 Duncan Street  
Sebastian, FL 32958  
(703) 789-4290  
[afrapresident@gmail.com](mailto:afrapresident@gmail.com)  
SKYPE: SkipBowen10

**Director 2019-2<sup>nd</sup> flight (2<sup>nd</sup> time)**

John C. Cooper  
152 Giardino Drive  
Islamorada, FL 33036-3312  
305-664-3072  
305-731-0422 (cell)  
[cooper.keys@gmail.com](mailto:cooper.keys@gmail.com)  
SKYPE: jandbcooper1

**Director 2019 – 2<sup>nd</sup> flight**

Mr. Bud Darr  
12-14 Chemin Rieu  
1208 Geneva  
Switzerland  
+41 (75) 403 70 98  
[bud.darr@mscgroup.com](mailto:bud.darr@mscgroup.com)

**Director 2018-1<sup>st</sup> flight**

Capt. Joseph J. Frohnhoefer III, COO  
Sea Tow Services International, Inc.  
PO Box 1178  
Southold, NY 11971  
631-876-5034 office  
631-478-5124 cell  
[Joe3@seatow.com](mailto:Joe3@seatow.com)

**Director 2018-1<sup>st</sup> flight (2<sup>nd</sup> time)**

CAPT John C. Fuechsel, USCG (Ret.)  
1600 N. Oak Street #427  
Arlington, VA 22209  
(703) 527-0484 (home)  
703-963-3747 (mobile)  
703-527-8095 (Fax)  
[fuechsel2@comcast.net](mailto:fuechsel2@comcast.net)  
SKYPE: John.Fuechsel

**Chairman 2020- 3<sup>rd</sup> flight (2<sup>nd</sup> time)**

SES Dana Goward, (Ret.)  
4558 Shetland Green Road  
Alexandria, VA 22312  
703-916-0336 (home)  
571-225-2580 (cell)  
[Chairman@afra.org](mailto:Chairman@afra.org)  
SKYPE: Dana.Goward



Updated October 8, 2017, 2017

**Director 2020 – 3<sup>rd</sup> flight**

Rob Griffiths  
CLIA  
1201 F Street NW  
Suite 250  
Washington DC 20004  
202-759-9319  
[rgriffiths@cruising.org](mailto:rgriffiths@cruising.org)

**Director 2019 – 2<sup>nd</sup> flight**

Mr. Don Jaccard  
44 Front Street  
Chesapeake City, MD 21915  
410-303-5028 (cell)  
240-790-0608 (work)  
[Don.Jaccard@mcmurdogroup.com](mailto:Don.Jaccard@mcmurdogroup.com)

**Secretary & Director 2019 – 2<sup>nd</sup> flight (2<sup>nd</sup> time)**

Mrs. Anne C. Kifer  
P.O. Box 565  
Fish Creek, WI 54212  
(920) 854-5253 (home)  
(920) 854-5253 (fax)  
[ackafras@aol.com](mailto:ackafras@aol.com)  
SKYPE: annekifer

**Director 2020 – 3<sup>rd</sup> flight**

RADM Joe Nimmich  
3535 Loyola Court  
Dunkirk, MD 20754  
443-995-7481  
[Nimmich.Joseph@bah.com](mailto:Nimmich.Joseph@bah.com)

**Director 2018-1<sup>st</sup> flight (2<sup>nd</sup> time)**

Mr. Edward F. O'Brien  
4 Green Harbor Road  
E. Falmouth, MA 02536  
(508) 540-7615 (home)  
(508) 444-6168 (work)  
(508) 445-0714 (cell)  
[eobrien@whoi.edu](mailto:eobrien@whoi.edu)

**Director 2019 – 2<sup>nd</sup> flight (2<sup>nd</sup> time)**

RADM James C. Olson, USCG (Ret.)  
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703-413-8010 (home)  
703-375-9546 (cell)  
[radm.james.c.olson@gmail.com](mailto:radm.james.c.olson@gmail.com)

**Director 2018 – 1<sup>st</sup> flight**

CDR Kenneth Prime, USCG (Ret.)  
7563 Bobedge Drive  
Gainesville, VA 20155  
315-569-0887 (cell)  
703-753-2674 (home)  
[Ken.prime@lmco.com](mailto:Ken.prime@lmco.com)

**Director 2020 – 3<sup>rd</sup> flight**

Warren Soloduk  
P.O. Box 254  
Ophelia, VA 22530  
703-622-4591  
[Wesoloduk@me.com](mailto:Wesoloduk@me.com)

**Treasurer & Director 2019 – 2<sup>nd</sup> flight (2<sup>nd</sup> time)**

Mrs. Anne Skelton  
341 E. Argonne Drive  
Kirkwood, MO 63122  
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(314) 822-7617 (fax)  
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[anneskelton@live.com](mailto:anneskelton@live.com)  
SKYPE: annekelton

**Vice President 2020- 3<sup>rd</sup> flight (2<sup>nd</sup> time)**

Mr. Wayne Spivak  
SBA Consulting LTD.  
2711 Bellmore Avenue  
Bellmore, NY 11710-4319  
516- 221-3306 (work)  
516-353-9155 (cell)  
[Wayne.Spivak@AFRAS.org](mailto:Wayne.Spivak@AFRAS.org)  
SKYPE: WSpivak

**Director 2020- 3<sup>rd</sup> flight (2<sup>nd</sup> time)**

LCDR Paul Steward, USCG (Ret.)  
ACR ARTEX  
5757 Ravenswood Road  
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703-785-5695  
[psteward44@gmail.com](mailto:psteward44@gmail.com)

**Director 2018- 1<sup>st</sup> flight**

CDR Gary M. Thomas, USCG (Ret.)  
4651 24<sup>th</sup> Street North  
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Updated October 8, 2017, 2017

EXHIBIT II PAGE 3 OF 3

**Director 2019 – 2<sup>nd</sup> flight (2<sup>nd</sup> time)**  
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**Director 2019 – 2<sup>nd</sup> flight**  
NACO Richard Washburn  
P.O. Box 3278  
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423-737-1798  
[rawuscg@gmail.com](mailto:rawuscg@gmail.com)

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**Directors Elect**

**Joe Re, CAPT USCG(ret)**  
**(Contact Dana for info)**

Updated October 8, 2017, 2017

Director Emeritus

Mr. David D. Chomeau  
123 West Bodley Ave #304  
Kirkwood, MO 63122  
(314) 822-1931 (home)  
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Mr. Nicholas L. Ludington  
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Captain Steve Sawyer, USCG (Ret.)  
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Sir Stuart Matthews  
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(703) 622-5948 (cell)  
[MATTHEWSS6@aol.com](mailto:MATTHEWSS6@aol.com)

⊗ ANNE SKELTON, TREASURER & DIRECTOR, IS  
DAVID CHOMEAU'S DAUGHTER