

**CHAR500  
Online**For new annual filings,  
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General  
Charities Bureau - Registration Section  
28 Liberty Street  
New York, NY 10005  
[charitiesnys.com](http://charitiesnys.com)**Open to Public  
Inspection**

Filing Type:

 New Filing AmendmentFiling Year: 2021**General Information**Current Organization Name: ASSOCIATION FOR RESCUE AT SEA INCUpdated Name: N/ANY Registration Number: 02-31-55Registration Category: DUALOrganization Type: CorporationEIN: 132883907Current Fiscal Year End: 04/30Updated Fiscal Year End: N/AOrganization Email: anneskelton@live.comOrganization's Phone: 3146028622Tax Exempt Status: 501(c)(3)Website: rescueatsea.org**Organization Address**

Mailing Address	Principal Address	NY State Address
PO BOX 565 Fish Creek WI 54212 UNITED STATES	PO BOX 565 Fish Creek WI 54212 UNITED STATES	NA

**Primary Contact Information**First Name: Anne Last Name: Skelton Title: TreasurerPhone: 3146028622 Email: anneskelton@live.com**Organization Type**Type of IRS document filed with IRS: IRS990EZ Organization Type: Public**Third Party Preparer Information**First Name: N/A Last Name: N/A Title: N/AFirm Name: N/A Phone: N/A Email: N/A**Third Party Address**Street: N/ACity: N/A State: N/AZip: N/A Country: N/A

## Registration Category

1. Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.  
 Yes    No
2. Does the organization have assets in New York State?  
 Yes    No
3. Is the organization incorporated or formed in New York State?  
 Yes    No
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?  
 Yes    No
5. Does the organization use a professional fundraiser or fundraising counsel?  
 Yes    No

Based on your responses to the above questions, this organization's registration category has been updated

EPTL

to The updated registration category will go into effect when your filing has been Completed.

## Exemption Qualifications

1. Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature?  
 Yes    No   N/A
2. Was the organization formed for religious purposes?  
 Yes    No   N/A
3. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department?  
 Yes    No   N/A
4. Is the organization a library that files annual financial reports with the New York State Department of Education?  
 Yes    No   N/A
5. Does the organization receive substantially all of its contributions from a single government agency to which it submits annual financial reports?  
 Yes    No   N/A
6. Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that?  
 Yes    No   N/A
7. Does the organization receive funding from a federated fund, United Way, or incorporated community appeal?  
 Yes    No   N/A
8. Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that?  
 Yes    No   N/A
9. Does the organization use or plan to use a professional fundraiser?  
 Yes    No   N/A
10. Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the University of the State of New York or an agency with similar responsibilities in another state?  
 Yes    No   N/A
11. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?  
 Yes    No   N/A

12. Is the organization incorporated/chartered under the New York State Education Law?  
 Yes  No  N/A
13. Is the organization a law enforcement support organization that only solicit contributions from its members?  
 Yes  No  N/A
14. Is organization a New York State volunteer firefighters or volunteer ambulance corps?  
 Yes  No  N/A
15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center?  
 Yes  No  N/A
16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such organization whose fundraising is performed only by its members without direct or indirect compensation?  
 Yes  No  N/A
17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York that solicits contributions only from its memberships?  
 Yes  No  N/A
18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York?  
 Yes  No  N/A
19. Is the organization a membership organization?  
 Yes  No  N/A
20. Is the organization a membership organization that solicits contributions only from its members?  
 Yes  No  N/A
21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law?  
 Yes  No  N/A
22. Is the organization incorporated under Article 43 of the New York State Insurance Law?  
 Yes  No  N/A
23. Is the organization a police department, sheriff's department or other government law enforcement agency?  
 Yes  No  N/A

*Based on your responses to the exemption questions, this organization's registration category has been updated to EPTL. The updated registration category will go into effect when your filing has been processed.*

## **Public Charity**

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
 Yes  No
2. Was the organization required to submit a Schedule B to the IRS in this reporting period?  
 Yes  No
3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year:  
 I would like to enter the total New York State Contributions  I would like to submit a redacted Schedule B
4. Choose the total contributions in New York State this fiscal year:      \$0-\$24,999

## Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  Yes  No  N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  Yes  No  N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  Yes  No

Based on your responses to annual exemption questions, this organization is required to file under EPTL during this fiscal year.

## Financial Information

Type of IRS document filed with IRS	<u>IRS990EZ</u>	Organization's total revenue:	<u>123,079</u>
Organization's total contributions:	<u>123,079</u>	Organization's total assets:	<u>N/A</u>
Organization's net assets:	<u>113,682</u>	Organization's total revenue and contributions:	<u>N/A</u>
Organization's total liabilities:	<u>N/A</u>	Organization's total assets/worth:	<u>N/A</u>
Organization's total income:	<u>N/A</u>		

Was the organization required to submit a Schedule B to the IRS in this reporting period?

Yes  No  N/A

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

Closing  Withdrawing  Dissolving  None

Is this your final filing with New York State?  Yes  No  N/A

## Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

Yes  No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Name of Firm: <u>N/A</u>	N/A	N/A
Type: <u>N/A</u> Registration ID: <u>N/A</u>		
Contract Start: <u>N/A</u> Contract End: <u>N/A</u>		
Amount Paid: <u>N/A</u> Phone: <u>N/A</u>		
Mailing Address: <u>N/A</u>		

Did the organization receive government grants during this fiscal year?

Yes     No

Government Grant Agency	Grant Amount
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

## Documents

Attached organization's required documents:

- IRS document
- Certified Public Accountant's Audit Report
- Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- Schedule B
- Redacted Schedule B
- Other documents

## Signatures

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

Role	First Name	Last Name	Email
President	Joe	Re	cgjoe85@gmail.com
Treasurer	Anne	Skelton	anneskelton@live.com

Signature of  
President

DocuSigned by:  
*Joseph M. Re*  
ED556A7E7692407

Date: 10/27/2022

Signature of  
Treasurer

DocuSigned by:  
*Anne Skelton*  
649A17545C2F401...

Date: 10/27/2022

# Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning** May 01, 2021, and ending

April 30, 2022

<input type="checkbox"/> Check if applicable:	<b>C</b> Name of organization ASSOCIATION FOR RESCUE AT SEA INC	<b>D</b> Employer identification number 13-2883907
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address)	<b>E</b> Telephone number 920-854-5253
<input type="checkbox"/> Name change	PO BOX 565	<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code FISH CREEK, WI 54212-0565	
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: ▶ [www.rescueatsea.org](http://www.rescueatsea.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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ 123,079

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	123,079	18	66,213
2	Program service revenue including government fees and contracts . . . . .	2	0	19	47,469
3	Membership dues and assessments . . . . .	3	0	20	0
4	Investment income . . . . .	4	0	21	113,682
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0		
b	Less: cost or other basis and sales expenses . . . . .	5b	0		
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	0		
6	Gaming and fundraising events:				
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0		
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) . . . . .	6b	0		
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	0		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0		
b	Less: cost of goods sold . . . . .	7b	0		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c	0		
8	Other revenue (describe in Schedule O) . . . . .	8	0		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	123,079	10	22,245
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	0	11	0
11	Benefits paid to or for members . . . . .	11	0	12	18,000
12	Salaries, other compensation, and employee benefits . . . . .	12	18,000	13	1,400
13	Professional fees and other payments to independent contractors . . . . .	13	1,400	14	0
14	Occupancy, rent, utilities, and maintenance . . . . .	14	0	15	590
15	Printing, publications, postage, and shipping . . . . .	15	590	16	14,631
16	Other expenses (describe in Schedule O) . . . . .	16	14,631	17	56,866
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	56,866	18	66,213
18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	66,213		
19	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) . . . . .	19	47,469		
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	113,682		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2021)

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	47,469	<b>22</b> 113,682
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25</b> Total assets . . . . .	47,469	<b>25</b> 113,682
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	47,469	<b>27</b> 113,682

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? See schedule O

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28** LIFE-SAVING AWARD CEREMONY HELD ON NOV. 2ND IN WASHINGTON, D.C..

(Grants \$ 0 ) If this amount includes foreign grants, check here  **28a** 9,233

**29**

(Grants \$ 0 ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ 0 ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . . **31a** 0

**32** Total program service expenses (add lines 28a through 31a) . . . . . **32** 9,233

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Charlie Ray Chairman	1.00	0	0	0
Capt. Joe Re President	3.00	0	0	0
Mrs. Anne C. Kifer Secretary & Director	10.00	18,000	0	0
Mrs. Anne Skelton Treasurer & Director	2.00	0	0	0
CWO4 Brandon Brewer VP & Director	2.00	0	0	0
Wayne Spivak VP & Director	1.00	0	0	0
CDR Gary M. Thomas VP & Director	0.00	0	0	0
KCPO-CG Charles Bowen Director	0.00	0	0	0
VADM Jody Breckenridge Director	0.00	0	0	0
John C. Cooper Director	0.00	0	0	0
Capt. John C. Fuechael Director	0.00	0	0	0



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

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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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
42c 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
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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



	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE	0	0	0	0

**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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Anne Skelton Treasurer Type or print name and title	

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

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

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization ASSOCIATION FOR RESCUE AT SEA INC	Employer identification number 13-2883907
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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).)
- 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)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	31,227	35,510	39,060	31,371	44,948	182,116
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	31,227	35,510	39,060	31,371	44,948	182,116
<b>5</b> 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) . . . . .						88,222
<b>6 Public support.</b> Subtract line 5 from line 4						93,894

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	31,227	35,510	39,060	31,371	44,948	182,116
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10						182,116
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 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 stop here . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	51.56 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	15	51.76 %
<b>16a 33 1/3% support test—2021.</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 stop here. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2020.</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 stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2021.</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 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>b 10%-facts-and-circumstances test—2020.</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 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>18 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 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 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 stop here . . . . ▶ <input type="checkbox"/>						

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

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 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 . ▶
- 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 ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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.)	<input type="checkbox"/>	<input type="checkbox"/>



**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		



**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—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> 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—explain in Part VI). 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	<b>Total</b> 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> 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 . . . . .		

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: National Philanthropic Trust

Tax Year: 2021

Date of Grant: 03/15/2022

Amount of Grant: \$52,631

Description: Cash

Contributor's Name: Boeing Company

Tax Year: 2021

Date of Grant: 01/31/2022

Amount of Grant: \$2,500

Description: Cash

Contributor's Name: Door County Community Fndt

Tax Year: 2021

Date of Grant: 11/24/2021

Amount of Grant: \$10,000

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: Northern Trust

Tax Year: 2021

Date of Grant: 01/15/2022

Amount of Grant: \$5,000

Description: Cash

Contributor's Name: American Maritime Officers

Tax Year: 2021

Date of Grant: 07/18/2018

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: American Maritime Officers Plan

Tax Year: 2021

Date of Grant: 11/18/2021

Amount of Grant: \$1,000

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: Michael Meighan

Tax Year: 2021

Date of Grant: 12/16/2021

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: MIRAID

Tax Year: 2021

Date of Grant: 11/18/2021

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: Peraton Corp.

Tax Year: 2021

Date of Grant: 10/21/2021

Amount of Grant: \$1,000

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: ProCon Consulting

Tax Year: 2021

Date of Grant: 10/26/2021

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: Transportation Institute

Tax Year: 2021

Date of Grant: 11/18/2021

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: World Shipping Council

Tax Year: 2021

Date of Grant: 11/18/2021

Amount of Grant: \$1,000

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: NONE

Tax Year: 2020

Date of Grant:

Amount of Grant:

Description: NONE

Contributor's Name: Falconwood Fndt

Tax Year: 2019

Date of Grant: 12/31/2019

Amount of Grant: \$50,000

Description: Cash

Contributor's Name: CUNHA

Tax Year: 2019

Date of Grant: 10/18/2019

Amount of Grant: \$4,289

Description: Cash



**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: CLIA

Tax Year: 2019

Date of Grant: 06/29/2019

Amount of Grant: \$3,500

Description: Cash

Contributor's Name: Waterman Logistics

Tax Year: 2019

Date of Grant: 01/20/2020

Amount of Grant: \$2,500

Description: Cash

Contributor's Name: Austal

Tax Year: 2019

Date of Grant: 08/15/2019

Amount of Grant: \$1,000

Description: Cash



**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: JP Morgan

Tax Year: 2019

Date of Grant: 12/31/2019

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: MEBA

Tax Year: 2019

Date of Grant: 10/07/2019

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: Servi Tec

Tax Year: 2019

Date of Grant: 11/18/2019

Amount of Grant: \$1,000

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: **Huntington Ingalls**

Tax Year: **2018**

Date of Grant: **07/12/2018**

Amount of Grant: **\$2,500**

Description: **Cash**

Contributor's Name: **INSITU**

Tax Year: **2018**

Date of Grant: **07/12/2018**

Amount of Grant: **\$2,500**

Description: **Cash**

Contributor's Name: **INT'L SEAFARERS UNION**

Tax Year: **2018**

Date of Grant: **08/18/2018**

Amount of Grant: **\$2,500**

Description: **Cash**

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: INTL ORG OF MASTER PILOTS

Tax Year: 2018

Date of Grant: 08/27/2018

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: American Maritime Congress

Tax Year: 2018

Date of Grant: 09/10/2018

Amount of Grant: \$1,000

Description: Cash

Contributor's Name: Maritime Inst For Research & Dev

Tax Year: 2018

Date of Grant: 08/31/2018

Amount of Grant: \$1,000

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: Petroleum Geo Services

Tax Year: 2018

Date of Grant: 04/17/2019

Amount of Grant: \$1,600

Description: Cash

Contributor's Name: Tatman foundation

Tax Year: 2017

Date of Grant: 06/19/2017

Amount of Grant: \$19,862

Description: Cash

Contributor's Name: CLIA

Tax Year: 2018

Date of Grant: 05/30/2017

Amount of Grant: \$3,500

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: Chaney Family Fndt

Tax Year: 2017

Date of Grant: 11/30/2017

Amount of Grant: \$2,000

Description: Cash

Contributor's Name: Fidelity Charity

Tax Year: 2017

Date of Grant: 12/30/2017

Amount of Grant: \$2,400

Description: Cash

Contributor's Name: Tracy Nugent

Tax Year: 2017

Date of Grant: 12/30/2017

Amount of Grant: \$1,000

Description: Cash

**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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: OCSC Sailing

Tax Year: 2017

Date of Grant: 12/30/2017

Amount of Grant: \$9,211

Description: Cash

Contributor's Name: Waterwheel Foundation

Tax Year: 2017

Date of Grant: 02/20/2018

Amount of Grant: \$10,000

Description: Cash

Contributor's Name: Cory Pollack

Tax Year: 2017

Date of Grant: 01/29/2018

Amount of Grant: \$5,000

Description: Cash

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

ASSOCIATION FOR RESCUE AT SEA INC

Employer identification number

13-2883907

#1: Form And Line Reference: Part I, line 10

HOPE TOWN VOLUNTEER FIRE AND RESCUE  
HOPE TOWN SETTLEMENT  
ELBOW CAY ABACO  
CASH GRANT 6000  
RELATIONSHIP NONE

\$6,000

BAHAMAS AIR SEA RESCUE 5360 NW 20th Terrace  
Fort Lauderdale FL33309  
CASH GRANT 5000  
AFFILIATION NONE

\$5,000

CURACAO SEA RESCUE ORGANIZATION  
PO 3199  
FISHERMAN'S WHARF  
CARASVAAL CURACAO  
CASH GRANT 1000  
RELATIONSHIP NONE

\$1,000

ONSA-NATIONAL RESCUE ORGANIZATION &  
MARITIME SAFETY OF SPACES  
AQUATICS OF VENEZUELA  
CASH GRANT 3000  
RELATIONSHIP NONE

\$3,000

ROYAL NATIONAL LIFEBOAT INSIT..  
WEST QUAY RD.  
POOLE DORSET H151HZ  
UK  
CASH GRANT 2845  
AFFILIITIO NONE

\$2,845



Name of the organization ASSOCIATION FOR RESCUE AT SEA INC	Employer identification number 13-2883907
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#1: Form And Line Reference: Part I, line 10

VIRGIN ISLAND SEARCH & RESCUE  
1 AEROPOST WAY  
EIS 6798  
MIAMI FL 33206-3206  
CASH GRANT 4400  
RELATIONSHIP NONE

\$4,400

**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  
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OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

ASSOCIATION FOR RESCUE AT SEA INC

Employer identification number

13-2883907

#1: Form And Line Reference: Part I, line 16

Gold Medal Expense	
Catering 4595	
Honorarium 2500	
Invitations & Programs 387	
Medals & Plaques 1751	
	<b>\$9,233</b>

Operating Expense	
Awards 105	
Miscellaneous 26	
Office Supplies 266	
Telephone/Internet Expense 1687	
	<b>\$2,084</b>

Other Expenses:	
Insurance 1300	
Online Dues/Internet 174	
Promotional Expense 1532	
Other Expenses 308	
	<b>\$3,314</b>

PART IV PAGE 2 FORM 990-EZ:  
ANNE KIFER SECRETARY AND DIRECTOR WAS PAID \$18000 FOR SECRETERIAL SERVICES AND REIMURSED FOR OPERATING EXPENSES OF \$2084 LISTED ABOVE PLUS \$590 OF POSTAGE EXPENSE FOR A TOTAL OF \$2674.

**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.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

ASSOCIATION FOR RESCUE AT SEA INC

Employer identification number

13-2883907

Form And Line Reference: Part V, line 34

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On 07/20/2021 the State of New York Department of State approved a change in the county location within the State of New York from the county of New York to Nassau County.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

ASSOCIATION FOR RESCUE AT SEA INC

Employer identification number

13-2883907

**Tax Exempt Purpose Explanation**

TO RECOGNIZE AND HONOR EXTRAORDINARY MARITIME RESCUES.

A U.S. Coast Guard member, two U.S. Coast Guard Auxiliarist, a cruise ship captain and crew and the captains and crews of two commercial ships involved in a joint rescue comprise the 2021 class at the awards ceremony held at the Rayburn House Office Building in Washington, D.C. on Tuesday, November 2nd, 2021.

Due to the heroic efforts of these individuals five (5) lives were saved.

Name of the organization ASSOCIATION FOR RESCUE AT SEA INC	Employer identification number 13-2883907
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Form And Line Reference: Part IV

(a) Name and Title	(b) Average hours	(c) Reportable compensation(\$)	(d) Deferred compensation(\$)	(e) Other compensation(\$)
SES Dana Goward Director	0.00	0.0000	0.0000	0.0000
CDR Don Jaccard Director	0.00	0.0000	0.0000	0.0000
CDR Fair Kim Director	0.00	0.0000	0.0000	0.0000
RADM James C. Olson Director	0.00	0.0000	0.0000	0.0000
CDR Kenneth Prime Director	0.00	0.0000	0.0000	0.0000
COMO Robert Shafer Director	0.00	0.0000	0.0000	0.0000
RADM James Van Sice Director	0.00	0.0000	0.0000	0.0000