

Short Form

OMB No 1545-0047

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 for instructions and the latest information

5a

5b

6a

6b

6c

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7a

7b

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. . .

of contributions

Open to Public Inspection

78,872

78,872

78,872

12,352

15,000

552

21,588

49,492

29,380

113,682

143,062

D Employer identification number

13-2883907

Room/suite

E Telephone number

(920) 854-5253

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7c

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Department of the Treasur
Internal Revenue Service

B Check if applicable:

4

Revenue

9

Expense

Assets

ē

Address change Name change

Initial return	PO BOX 565	(92	0) 854-5253
Final return/terminated			
Amended return	City or town, state or province, country, and ZIP or foreign postal code	F Gr	oup Exemption Number
Application pending	FISH CREEK, WI 54212-0565		
G Accounting Method:	Cash Accrual Other (specify):	H _{Check}	if the organization is no
Website www.rescuea	itsea.org	required (Form 99	l to attach Schedule B 90).
J Tax-exempt status (d	heck only one) - 🖌 501(c)(3) 🗌 501(c) (0) 🔲 4947(a)(1) or 🗌 527		
K Form of organization:	Corporation Trust Association Other		
	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as		
(Part II, column (B)) are \$	00,000 or more, file Form 990 instead of Form 990-EZ		\$ 78,
	(penses, and Changes in Net Assets or Fund Balances (see the organization used Schedule O to respond to any question in this		ctions for Part I)
1 Contributions, g	ifts, grants, and similar amounts received	1	78,
2 Program service	revenue including government fees and contracts	2	
3 Membership du	es and assessments	3	

Investment income

6 Gaming and fundraising events:

5a Gross amount from sale of assets other than inventory

b Less: cost or other basis and sales expenses

a Gross income from gaming (attach Schedule G if greater than

from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)

c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)

c Less: direct expenses from gaming and fundraising events . .

b Less: cost of goods sold

8 Other revenue (describe in Schedule O)

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

13 Professional fees and other payments to independent contractors

18 Excess or (deficit) for the year (subtract line 17 from line 9)

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)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20 .

17 Total expenses. Add lines 10 through 16

10 Grants and similar amounts paid (list in Schedule O)

7a Gross sales of inventory, less returns and allowances .

11 Benefits paid to or for members

14 Occupancy, rent, utilities, and maintenance .

15 Printing, publications, postage, and shipping

12 Salaries, other compensation, and employee benefits

b Gross income from fundraising events (not including **\$**

c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . .

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract

A For the 2022 calendar year, or tax year beginning May 01, 2022, and ending April 30, 2023

ASSOCIATION FOR RESCUE AT SEA INC

Number and street (or P.O. box if mail is not delivered to street address)

C Name of organization

					-	
For P	aperwork	Reduction	Act Notice,	see the	separate instruct	ions.

Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Image: Catalance Sheets (see the instructions for Part II) Expenses 28 Total Institute (see the instructions for Part III) Check If the organization used Schedule O 113, 622 27 143, 022 28 Total Institute (see the instructions for Part III) Check If the organization used Schedule O 113, 622 27 143, 022 28 Total Institute (see the instructions for Part III) Check If the organization used Schedule O to respond to any question in this Part III Expenses What is the organization's primary exempt purpose? See Schedule O, C. 28 125, 643 29 Immediate State I Immediate Immediat	Forn	n 990-EZ (2022)					Page 2
22 Cash, savings, and investments 111,682 22 143,002 23 Land and buildings 23 111,083 22 143,002 24 Other assets (describe in Schedule O) 24 23 23 24 111,083 22 143,002 25 Total assets	Pa			,	tion in this Part II		🗆
23 Land and building 23 24 Other assets (describe in Schedule 0) 24 25 Total assets 113,662 27 26 Total assets or fund balances (in 27 of courm (8) must agree with line 21) 113,662 27 27 Net assets or fund balances (in 27 of courm (8) must agree with line 21) 113,662 27 27 Net assets or fund balances (in 27 of courm (8) must agree with line 21) 113,662 27 28 Describe the organization's program Service Accomptibilitients (see the instructions for Part III) Expenses Describe the organization's program service accomptibilitients for each of 8 the largest program services provided, the number of program services agree and information for each program title. 28 115,643 28 LIPE-Service (Has amount includes foreign grants, check here					(A) Beginning of year		(B) End of year
24 24 25 Total lasses 113,622 21 26 Total labilities (decribe in Schedule 0) 113,622 22 143,062 27 Net assets or fund balances (in 027 of column (B) must agree with line 21) 113,622 22 143,062 28 Italia (decribe in Schedule 0) 113,622 22 143,062 29 Italia (decribe in Schedule 0) 113,622 22 143,062 29 Italia (decribe in Schedule 0) 113,622 22 143,062 29 Italia (decribe in Schedule 0) Italia,622 22 143,062 20 Check if the organization's primary exempt purpose? See Schedule 0 Italia,620 28a 15,643 20 Italia (decribe in Schedule 0)	22	Cash, savings, and investments			113,682	22	143,062
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Capt. Joe Re President300Mrs. Anne C. Kifer Secretary & Director10150000Mrs. Anne Skelton Treasurer & Director200Mrs. Anne Skelton Treasurer & Director200W4 Brandon Brewer VP & Director200VP & Director2000Wayne Spivak VP & Director1000CDR Gary M. Thomas Director1000W2 & Director1000	<u></u>		1				0
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Director 0 0 0 0 0 0 0 0			0	0	0		0
Capt. John c. Fuechsel			0	Ω	n		0
	Car	ot. John c. Fuechsel					

Form	Form 990-EZ (2022) Page 3						
Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruction Check if the organization used Schedule O to respond to any question in this Part V	s for Pa	art 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	33					
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	34		 Image: A start of the start of			
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)?	35a		 Image: A start of the start of			
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					
с	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	36					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0						
b	Did the organization file Form 1120-POL for this year?	37b					
	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?	38a		✓			
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:			-			
39 a	Initiation fees and capital contributions included on line 9						
	Gross receipts, included on line 9, for public use of club facilities						
	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					
С	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,	405					
	4955, and 4958						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization						
	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		✓			
	List the states with which a copy of this return is filed:						
42a	The organization's books are in care of: Anne Skelton Telephone no (314)		522				
	Located at: 341 E. ARGONNE, KIRKWOOD, MO ZIP + 4 63122-	4521		Τ			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No			
5	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b					
	If "Yes," enter the name of the foreign country: 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).						
с	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 Form 1041—Check here						
	and enter the amount of tax-exempt interest received or accrued during the tax year						
			Yes	No			
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		 ✓ 			
	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					
	Did the organization receive any payments for indoor tanning services during the year?	44c					
	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					
	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					

52

✓

Yes

46

49a

. 49b

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	

Par	VI Section 501(c)(3) Organizations Only			
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables	s for l	ines	
	50 and 51			
	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		

102	Did the organization make any	transfers to an exemp	t non-charitable related c	ragnization?				
-JJa	Did the organization make any	transiers to an evenip		ganzalon	•	•	•	

 ${\bf b}\,$ If "Yes," was the related organization a section 527 organization?

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key 50 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				

Total number of other employees paid over \$100,000 0 f

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 0

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed

✓ 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 Anne Skelton Treasure Type or print name and title	r		Date 07/11/2023			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed			
Use Only	Firm's name	Firm's EIN					
Firm's address Phone no							
May the IRS discuss this return with the preparer shown above? See instructions							

Scheo	dule 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-PF.

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



				o <i>www.ws.gown onnisso</i> for a				Inspection
	of the organization CIATION FOR RE	SCUE AT	SEA INC				Employe 13-288	r identification number 33907
Part	Reason for	Public Ch	arity Status	. (All organizations must	complete t	this part.)	See instructions	
The o	rganization is not	a private	foundation be	cause it is: (For lines 1 thr	ough 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school de	scribed in	section 170(b	b)(1)(A)(ii) . (Attach Schedu	le E (Form 9	990).)		
3	A hospital o	r a cooper	ative hospital	service organization desc	ribed in sec	ction 170	(b)(1)(A)(iii).	
4								
5			ted for the ber v) . (Complete	nefit of a college or univer Part II.)	sity owned	or operate	ed by a government	al unit described in
6	A federal, st	ate, or loc	al governmen	t or governmental unit des	scribed in se	ection 17	0(b)(1)(A)(v).	
7			•	/es a substantial part of its 1)(A)(vi) . (Complete Part II		om a gove	ernmental unit or fro	m the general
8	A communit	y trust des	scribed in sec	tion 170(b)(1)(A)(vi). (Con	nplete Part I	l.)		
9	or university	or a non-	and-grant col	described in section 170(b lege of agriculture (see in:	structions).	Enter the	name, city, and stat	te of the college or
10	receipts from	n activitie 1 gross inv	s related to its restment inco	es (1) more than 331/3% of a exempt functions, subject me and unrelated busines une 30, 1975. See sectior	ct to certain s taxable in	exceptio come (les	ns; and (2) no more ss section 511 tax) f	than 331/3% of its
11	An organiza	tion organ	ized and oper	ated exclusively to test fo	r public safe	ety. See s	ection 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.							
а	giving the	supporte	d organizatior	operated, supervised, or o n(s) the power to regularly st complete Part IV, Sect	appoint or e	elect a ma		
b	control or	manager	nent of the su	n supervised or controlled pporting organization vest ust complete Part IV, Se	ted in the sa	ime perso		
С			-	A supporting organization (see instructions). You m				
d	organizat	ion(s) that	is not functio	ited . A supporting organiza nally integrated. The organity it (see instructions). You m	nization ger	nerally mu	ist satisfy a distribu	tion requirement
е			-	n received a written deterr				ype II, Type III
f				I non-functionally integrate				. 0
			-	the supported organization		-		
g (i) N	lame of supported orga		(ii) EIN	(iii) Type of organization	(iv) Is the or	ganization	(v) Amount of monetary	(vi) Amount of
()			(.)	(described on lines 1–10 above (see instructions))	listed in your docum		support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								

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

(E) Total Γ

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.)

Sec	tion A. Public Support					•		
Ca	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,510	39,060	31,371	45,948	64,472	216,361	
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							
4	Total. Add lines 1 through 3	35,510	39,060	31,371	45,948	64,472	216,361	
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)						97,523	
6	Public support. Subtract line 5 from line 4						118,838	
Sec	tion B. Total Support							
Ca	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	35,510	39,060	31,371	45,948	64,472	216,361	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0		0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						216,361	
12	Gross receipts from related activities, etc					12	0	
13	First 5 years. If the Form 990 is for the or organization, check this box and stop he				h tax year as a	section 501(c)	(3) · · · □	
Sec	tion C. Computation of Public Support	Percentage						
14	Public support percentage for 2022 (line	6, column (f), di	ivided by line 1	1, column (f))		14	54.93 윊	
15	Public support percentage from 2021 Sc	hedule A, Part I	I, line 14			15	51.56 %	
1 6a	331/3% support test – 2022. If the organ box and stop here . The organization qua							
b		-		-				
	b 331/3% support test – 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	 17a 10%-facts-and-circumstances test – 2022. 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							
b	b 10%-facts-and-circumstances test – 2021. 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							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
			<u></u>		<u></u>		A (Form 990) 2022	

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.)

Sec	tion A. Public Support		•	•	•			
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e	2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.) . </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Sec	tion B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e	2022	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses							
_	acquired after June 30, 1975							
с 11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the or organization, check this box and stop he							
Sec	tion C. Computation of Public Support	Percentage				-1	1	
15	Public support percentage for 2022 (line	8, column (f), d	divided by line	13, column (f))		15		010
16	Public support percentage from 2021 Sc	hedule A, Part	III, line 15 .			16		010
Sec	tion D. Computation of Investment Inco	ome Percenta	ge					
17	Investment income percentage for 2022	(line 10c, colu	mn (f), divided	by line 13, colu	ımn (f))	17		00
18	Investment income percentage from 202	21 Schedule A,	Part III, line 17			18		0/0
19a	331/3% support test-2022. If the organ	ization did not	t check the box	on line 14, and	d line 15 is mo	re thai	1 331/3%	and line
	17 is not more than 331/3%, check this b	ox and stop h	ere . The organi	ization qualifies	s as a publicly	suppo	rted orga	inization
b	331/3% support test – 2021 . If the organ line 18 is not more than 331/3%, check this							
20	Private foundation If the organization di	d not check a	box on line 14,	19a, or 19b, ch	neck this box a	ind see	e instruct	ions 🗌

Part IV Supporting Organizations

- (Complete only if you checked a box on line 12 of 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

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

Page 4

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4.5		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0		
9c		
10a		
10b		
	(F 0)	20/ 2022

Part IV Supporting Organizations (continued)

			Yes	
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	44-		
	The below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
~	A 35% controlled entity of a person described on line 11a or 11b above? If "Ves" to line 11a, 11b, or 11c			

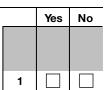
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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



Yes

No

11c

1

2

1

2

3

Yes

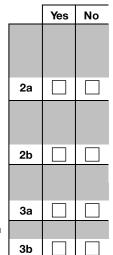
Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

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



No

No

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. (B) Current Year Section A-Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) Add lines 1 through 3. 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection 6 of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B-Minimum Asset Amount (A) Prior 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): Average monthly value of securities 1a а 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors е (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 Subtract line 2 from line 1d 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount(add line 7 to line 6) 8 Section C-Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Sec	tion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exemption	ot purposes		1	
2	Amounts paid to perform activity that directly furthers exempt p organizations, in excess of income from activity	ed	2		
3	Administrative expenses paid to accomplish exempt purposes of	of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in Part V	/I)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the <i>(provide details in Part VI)</i> . See instructions.	organization is resp	onsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years			_	
b	Applied to 2022 distributable amount			_	
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; PartIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, SectionB, 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.					
Contirbutor's Name:	MORGAN STANLEY				
Tax Year:	2022				
Date of Grant:	02/15/2023				
Amount of Grant:	3700				
Description:	CASH				
Contirbutor's Name:	HORNBECK OFFSHORES SYS				
Tax Year:	2022				
Date of Grant:	10/29/2022				
Amount of Grant:	1000				
Description:	Cash				
Contirbutor's Name:	HARKCON				
Tax Year:	2022				
Date of Grant:	10/25/2022				
Amount of Grant:	1000				
Description:	CASH				
Contirbutor's Name:	WATERWHEEL FNDT				
Tax Year:	2022				
Date of Grant:	12/21/2022				
Amount of Grant:	4200				
Description:	CASH				
Contirbutor's Name:	DHARMESH SHAH				
Tax Year:	2022				
Date of Grant:	12/17/2022				
Amount of Grant:	1000				
Description:	CASH				
Contirbutor's Name:	National Philanthropic Trust				
Tax Year:	2021				
Date of Grant:	03/15/2022				
Amount of Grant:	52631				
Description:	Cash				
Contirbutor's Name:	Boeing Company				
Tax Year:	2021				
Date of Grant:	01/31/2022				
Amount of Grant:	2500				
Description:	Cash				

Contirbutor's Name:	Door County Community Fndt.
Tax Year:	2021
	11/14/2021
Amount of Grant:	10000
Description:	Cash
Contirbutor's Name:	Northern Trust
Tax Year:	2021
Date of Grant:	01/15/2022
Amount of Grant:	5000
Description:	Cash
Contirbutor's Name:	American Maritime Officers
Tax Year:	2021
Date of Grant:	07/18/2021
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	American Maritime Officers Plan
Tax Year:	2021
Date of Grant:	11/21/2021
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Michael Meighan
Tax Year:	2021
Date of Grant:	12/16/2021
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	MIRAID
Tax Year:	2021
Date of Grant:	11/18/2021
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Kristin Orsini
Tax Year:	2021
Date of Grant:	10/21/2021
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Pro Con Consulting
Tax Year:	2021
Date of Grant:	10/26/2021
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Transportation Institute
Tax Year:	2021
	11/18/2021
Amount of Grant:	1000
Description:	Cash
<u>E</u> · · · ·	

Contirbutor's Name:	World Shipping Council
Tax Year:	2021
Date of Grant:	11/18/2021
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Falconwood Fndt
Tax Year:	2019
Date of Grant:	12/31/2019
Amount of Grant:	50000
Description:	Cash
Contirbutor's Name:	CUNHA
Tax Year:	2019
Date of Grant:	10/19/2019
Amount of Grant:	4289
Description:	Cash
Contirbutor's Name:	CLIA
Tax Year:	2019
Date of Grant:	06/29/2019
Amount of Grant:	3500
Description:	Cash
Contirbutor's Name:	Waterman Logistics
Tax Year:	2019
Date of Grant:	01/20/2020
Amount of Grant:	2500
Description:	Cash
Contirbutor's Name:	Austal
Tax Year:	2019
Date of Grant:	08/15/2019
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	JP Morgan
Tax Year:	2019
Date of Grant:	12/31/2019
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	MEBA
Tax Year:	2019
Date of Grant:	10/07/2019
Amount of Grant:	1000
Description:	Cash

Contirbutor's Name:	Servi Tec
Tax Year:	2019
Date of Grant:	11/18/2019
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Huntington Ingalls
Tax Year:	2018
Date of Grant:	07/12/2018
Amount of Grant:	2500
Description:	Cash
Contirbutor's Name:	INSITU
Tax Year:	2018
Date of Grant:	07/12/2018
Amount of Grant:	2500
Description:	Cash
Contirbutor's Name:	INT"L SEAFARERS UNION
Tax Year:	2018
Date of Grant:	08/18/2018
Amount of Grant:	2500
Description:	Cash
	Casii
Continbutoria Nama	Tetl Org of Mostor Dilota
Contirbutor's Name:	Intl Org of Master Pilots
Tax Year:	2018
Date of Grant:	08/27/2018
Amount of Grant:	1000
Description:	Casn
	American Maritime Congress
	2018
Date of Grant:	09/10/2018
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Maritime Inst For Research & Dev
Tax Year:	2018
Date of Grant:	08/31/2018
Amount of Grant:	1000
Description:	Cash
Contirbutor's Name:	Petroleum Geo Services
Tax Year:	2018
Date of Grant:	04/17/2019
Amount of Grant:	1600
Description:	Cash
Contirbutor's Name:	NONE
Tax Year:	
	01/01/1970
Amount of Grant:	
	NONE
Description:	NONE

Contirbutor's Name:	SHIELD AI
Tax Year:	2022
Date of Grant:	11/10/2022
Amount of Grant:	1000
Description:	CASH
Contirbutor's Name:	PRIORITY AIR RESCUE
Tax Year:	2022
Date of Grant:	10/10/2022
Amount of Grant:	2500
AllOUIIC OF Granc:	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-2883907

Name of the organization

ASSOCIATION FOR RESCUE AT SEA INC

Orgai	nization	type	(check one):	
ga.		.,	(0110011 0110).	

Filers of:	Section:
Form 990 or 990-EZ	501(c) (3) 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Name of the organization

ASSOCIATION FOR RESCUE AT SEA INC

Employer identification number 13-2883907

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution	
1	LOCKHEAD MARTIN P.O. Box 33010 Lakeland , FL 33807	\$ 6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution	
2	TATMAN FOUNDATION 5150 PEYTON PLACE CT. ST. LOUIS, MO 63128	\$ 15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution	
		\$	Person	

Page **2**

	he organization ATION FOR RESCUE AT SEA INC		Employer identification numbe
art II	Noncash Property (see instructions). Use duplicate copi	ies of Part II if additional space i	is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from	(b)	\$ (c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
a) No. from	(b) Description of noncash property given	ې (c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		č	
		\$	Schedule B (Form 990) (20

Schedule B (Form 990) (2022)

Schedule E	8 (Form 990) (2022)				Page 4	
	he organization ATION FOR RESCUE AT SEA INC				Employer identification number 13-2883907	
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if add	the year from any one ions completing Part III e year. (Enter this inform	contributor . Cor , enter the total o nation once. See	nplete columns (; f exclusively relig	a) through (e) and	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Trans	fer of gift			
	Transferee's name, address, a			ationship of transfe	ror to transferee	
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held	
-	Transferee's name, address, a	(e) Trans nd ZIP + 4		elationship of transfe	ror to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descri	ption of how gift is held	
		(e) Trans	fer of gift			
Transferee's name, address, and ZIP + 4 Relationship of transferor to t				ror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
F	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			ror to transferee		
-						

Schedule B (Form 990) (2022)

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for the latest information.



Employer identification number 13-2883907

Name of the Organization ASSOCIATION FOR RESCUE AT SEA INC

Part and Line Number: Part I - Line 10

Description	Amount
VIRGIN ISLAND SEARCH & RESCUE 1 AEROPOST WAY EIS 6798 MIAMI FL 33206-3206 CASH GRANT AFFILIATION N ONE MIAMI FL 33206-3206 CASH GRANT	\$8515
ROYAL NATIONAL LIFE INSIT. WEST QUAY RD. POOLE DORSET H151HZ UK CASH GRANT AFFILIIATION NONE	\$2837
DOMINICAN NAVY AUXILARY Av. Lope de Vega No. 19, Suite 404 Edificio PIISA A] Ensanche Naco, Santo Domingo, Republica Dominicana CASH GRANT - AFFILIATION NONE	\$1000

Part and Line Number: Part I - Line 16

Description	Amount
Operating Expense Awards 32 Miscellaneous 26 Office Supplies 67 Telephone 1027	\$1152
Gold Medal Expenses Catering 11996 Honorarium 1000 Invitations & Programs 206 Medals & Plaques 244 1	\$15643
Other Expenses Dues 290 E-Filing Exp 100 Foreign Currancy Fee 1 Insurance 1363 Online - Dues & Don ations 381 Promotional Expenses 2,563 Taxes & Fees 50 Wire Transfer Fee 45	\$4793

Part and Line Number: Part III - Primary Exempt Purpose

TO RECOGNIZE AND HONOR EXTRAORDINARY MARITIME RESCUES A U.S. Coast Guard aviation rescue swimmer, 3 U.S. Coast Guard Auxiliarists, the captains crews of a tanker and a cruise ship and the captains and crews from a joint civilian/U.S. Coast Guard rescue were the honorees at the annual AFRAS Gold Medal Ceremony. Due to the heroic efforts of these ind ividuals more than 160 lives were saved.

Part and Line Number: Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours	(c) Reportable comp ensation	(d) Deferred compen sation	(e) Other compensati on
CDR Don Jaccard Director	0	0	0	0
CDR Fair Kim Director	0	0	0	0
RADM James C. Olson Director	0	0	0	0
CDR Kenneth Prime Director	0	0	0	0
COMO Robert Shafer Director	0	0	0	0
RADM James Van Sice Director	0	0	0	0
Michael Brandhuber Director	0	0	0	0
Ron Tremain Director	0	0	0	0

Part and Line Number: Part4- Line3

ANNE KIFER, SECRETARY & DIRECTOR, WAS PAID \$15,000 FOR SECRETERIAL SERVICES AND REIMBURSED FOR OPERATING EXPENSES OF \$1,697.

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

Cat. No. 51056K