

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 05 / 01 / 2019 and Ending (mm/dd/yyyy) 04 / 30 / 2020

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: ASSOCIATION FOR RESCUE AT SEA, INC	Employer Identification Number (EIN): <u>132883907</u>
	Mailing Address: P O BOX 565	NY Registration Number: <u>02</u> - <u>31</u> - <u>55</u>
	City / State / Zip: FISH CREEK WI 54212	Telephone: 314-602-8622
	Website: WWW.AFRAS.ORG	Email: ANNESKELTON@LIVE.COM

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

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.

JOE RE, PRESIDENT

President or Authorized Officer: Signature _____ Print Name and Title _____ Date _____

ANNE SKELTON, TREASURER

Chief Financial Officer or Treasurer: Signature _____ Print Name and Title _____ Date _____

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

- Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
- Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25</u>	EPTL filing fee: \$ <u>25</u>	Total fee: \$ <u>50.00</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Return of Organization Exempt From Income Tax

2019

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

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 05/01, 2019, and ending 04/30, 20 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION FOR RESCUE AT SEA, INC.		D Employer identification number 13-2883907
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 565		E Telephone number 314-602-8622
	City or town, state or province, country, and ZIP or foreign postal code FISH CREEK WI 54212-0565		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ AFRAS.ORG

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 103,349

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	1 Contributions, gifts, grants, and similar amounts received	1	103,349
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	103,349	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	63,849
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors <i>EXHIBIT II</i>	13	14,050
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	610
	16 Other expenses (describe in Schedule O)	16	8,824
	17 Total expenses. Add lines 10 through 16 ▶	17	87,333
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	16,016
	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	24,800
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	40,816

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 ANNE SKELTON Telephone no. 314-602-8622
Located at 341 E ARGONE KIRKWOOD MO ZIP + 4 63122-4521
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

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		<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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

d Total number of other independent contractors each receiving over \$100,000

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date
	▶ ANNE SKELTON, TREASURER	
	▶ Type or print name and title	

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36704	39293	31227	35510	39060	181,794
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	36704	39293	31227	35510	39060	181,794
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)						86,876
6 Public support. Subtract line 5 from line 4						94,918

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	36704	39293	31227	35510	39060	181,794
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						181,794
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	52.21 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	53.16 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

PART 11, LINE 1 SECTION PUBLIC SUPPORT - UNUSUAL GRANTS

FISCAL 2016	FISCAL 2017	FISCAL 2018	FISCAL 2019	FISCAL 2020	
2800	3500	3500	1000	2500	
1000	1000	2000	2500	1000	
1000	1000	2400	2500	3500	
1500	1000	5000	1000	4289	
1000	5000	1000	2500	50000	
1000	2500	9211	1000	1000	
3855	1000	19862	1600	1000	
	39177	10000		1000	
	29283				
	2500				
	1000				
12155	86960	52973	12100	64289	TOTAL

Schedule of Contributors

2019

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

Name of the organization ASSOCIATION FOR RESCUE AT SEA INC	Employer identification number 13-2883907
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization ASSOCIATION FOR RESCUE AT SEA INC	Employer identification number 13-2883907
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOCKHEAD MARTIN ----- 6801 ROCKLEDGE DRIVE ----- BETHESDA MD 20817 -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TATMAN FOUNDATION ----- 5140 PEYTON PLACE ----- ST. LOUIS MO 63128 -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FALCON WOOD FOUNDATION INC ----- 20 GRAMERCY PARK SOUTH ----- NEW YORK, NY 10003 -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ASSOCIATION FOR RESCUE AT SEA INC.

Employer identification number

13-2883907

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<i>NONE</i>	\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

ASSOCIATION FOR RESURE AT SEA INC

13-2883907

OTHER EXPENSES FORM 990-EZ LINE 16

LIFESAVING AWARDS BANQUET 3701

OFFICE OPERATING EXPENSE 2237

FILING FEES 50

PROMOTIONAL 1366

INSURENCE 1205

CREDIT CARD FEES 88

BANK CHARGE 30

DUES EXPENSE 147

TOTAL OTHER EXPENSE \$ 8824

FORM 990EZ PART 1 LINE GRANTS LIFE SAVING

ROYAL NATIONAL LIFE BOAT INSTITUTION

WEST QUAY ROAD POOLE DORSET H15 1HZ

UNITED KINGDOM

CASH GRANT \$2895

RELATIONSHIO NONE

VISAR

P OPBOX 3042

ROAD TOWN, TORTOLA

BRITISH VIRGIN ISLANDS

CASH GRANT \$60954

RELATIONSHIP NONE

FORM 990-EZ PART 111 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TO RECOGNIZE AND HONOR EXTRAORDINARY MARITIME RESCUES

ASSOCIATION FOR RESCUE AT SEA

EXHIBIT 1

EIN: 13-2883907

FORM 990 -EZ FOR FISCAL YEAR ENDED APRIL 30, 2020.

FILE: AFRAS 990EZEXI

PART IV, PAGE 2, FORM 990-EZ:

ANNE KIFER, SECRETARY AND DIRECTOR, WAS PAID \$12,500 FOR SECRETARIAL SERVICES AND \$2,847 FOR REIMBURSEMENT OF OFFICE EXPENSES.

EXHIBIT 2

ASSOCIATION FOR RESCUE AT SEA

EIN: 13-2883907

FILE: AFRAS 990EZ EX 2

FORM 990 -EZ FOR FISCAL YEAR ENDED 04/30/20

PART 1, PAGE 1, LINE 13, FORM 990-EZ
PROFESSIONAL FEES

SECRETARIAL FEES	12,500
ACCOUNTING FEES	1,550
	<hr/>
TOTAL	<u>14,050</u>

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

2019 Directory of Officers and Directors

The "flight" year will be the year where members of that flight will be subject to election to the 2nd or 3rd of a maximum three three-year terms.

AVERAGE
HRS PER
WEEK

AVERAGE
HRS PER
WEEK

Director 2020 - 1st flight (2nd time)
MCPO-CG Charles Bowen, USCG (Ret.) --0--
110 Duncan Street
Sebastian, FL 32958
(703) 789-4290
charles.w.bowen10@gmail.com
skipbowenconsulting@gmail.com
SKYPE: SkipBowen10

Director 2022- 3rd flight (3rd time)
John C. Cooper --0--
152 Giardino Drive
Islamorada, FL 33036-3312
305-664-3072
305-731-0422 (cell)
cooper.keys@gmail.com
SKYPE: jandbcooper1

Director 2021 - 2nd Flight (2nd time)
VADM Jody Breckenridge, USCG (Ret.) -0-
1029 Pleasant Oaks Drive
Pleasant Hill, CA 94523
415-827-4505(cell)
Jody.brec@gmail.com

Director 2021 - 2nd Flight (3rd time)
CAPT John C. Fuechsel, USCG (Ret.) -0-
1600 N. Oak Street #520
Arlington, VA 22209
(703) 527-0484 (home)
703-963-3747 (mobile)
fuechsel2@comcast.net
SKYPE: John.Fuechsel

Vice President
Public Information Officer &
Director 2021 - 2nd Flight (2nd time)
CWO4 Brandon Brewer, USCG (Ret.) 2
1715 Saint Denis Avenue
Norfolk, VA 23509
(917) 288 4671
afras.publicinfoofficer@gmail.com

Director 2020- 1st flight (2nd time)
SES Dana Goward, (Ret.) -0-
4558 Shetland Green Road
Alexandria, VA 22312
703-916-0336 (home)
571-225-2580 (cell)
dagoward@gmail.com
SKYPE: Dana.Goward

Director 2021 - 2nd Flight
Colonel Mark Cianciolo, USMC (Ret.) -0-
McMurdo
11 Narla Lane
Utica, NY 13501
315-223-1801
mgcianciolo@hotmail.com

Director 2020 - 1st flight
Rob Griffiths -0-
CLIA
1201 F Street NW
Suite 250
Washington DC 20004
202-759-9319
rgriffiths@cruising.org

Updated Feb 2020

EXHIBIT III PAGE 2

AVERAGE
HRS PER
WEEK

AVERAGE
HRS PER
WEEK

Director 2022 - 3rd flight (second time)

CDR Don Jaccard, USCG (Ret.)
44 Front Street
Chesapeake City, MD 21915
410-303-5028 (cell)
DJaccard202@gmail.com

- 0 -

President 2021 - 2nd Flight

CAPT Joe Re, USCG (Ret.)
5923 Lyceum Lane
Manassas, VA 20112
703-489-6589
president@afras.org
cjoe85@gmail.com

3

Secretary & Director 2022 - 3rd flight (3rd time)

Mrs. Anne C. Kifer
P.O. Box 565
Fish Creek, WI 54212
(920) 854-5253 (home)
(920) 854-5253 (fax)
anne.kifer@afras.org
ackafra@aol.com
SKYPE: annekifer

10



Treasurer & Director 2022 - 3rd flight (3rd time)

Mrs. Anne Skelton
341 E. Argonne Drive
Kirkwood, MO 63122
314-602-8622 (cell)
anneskelton@live.com
SKYPE: anneskelton

2

Director 2021 - 2nd Flight

CDR Fair Kim USCG (Ret.)
636 E Street SW
Washington DC 20003
fkim@americanmaritime.org

- 0 -

Director 2022- 3rd flight

COMO Robert Shafer,
Assistant National Commodore
Recreational Boating Safety
U. S. Coast Guard Auxiliary
734-692-3434
313-706-0840 cell
Robert.Shafer@cgauxnet.us

- 0 -

Chairman 2021 - 2nd flight

RADM Joe Nimmich
3535 Loyola Court
Dunkirk, MD 20754
443-995-7481
chairman@afras.org
jlnuscg@yahoo.com

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Director 2020 - 1st flight

Captain Warren Soloduk, USCG (Ret.)
P.O. Box 254
Ophelia, VA 22530
703-622-4591
Wesoloduk@me.com

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Director 2022 - 3rd flight (3rd time)

RADM James C. Olson, USCG (Ret.)
1737 22nd Court No.
Arlington, VA 22209
703-413-8010 (home)
703-375-9546 (cell)
radm.james.c.olson@gmail.com

- 0 -

Vice President

Director 2020- 1st flight (2nd time)

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

1

Director 2021 - 2nd Flight (2nd time)

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

- 0 -

Director 2020- 1st flight (2nd time)

LCDR Paul Steward, USCG (Ret.)
ACR ARTEX
5757 Ravenswood Road
Ft. Lauderdale, FL 33312
703-785-5695

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Updated Feb 2020

psteward44@gmail.com

***Vice President, History & Heritage
Director 2021 – 2nd Flight (2nd time)***
CDR Gary M. Thomas, USCG (Ret.)
4651 24th Street North
Arlington, VA 22207
757-375-1816 (cell)
703-533-8490 (work)
heritage@afra.org
GMThomas@aol.com
SKYPE: GaryMichaelThomas

Director 2022 – 3rd flight (3rd time)
RADM James Van Sice, USCG (Ret.)
1550 Shipsview Road
Annapolis, MD 21409
(571) 422-9993 (mobile)
falconer74@hotmail.com

EXHIBIT III PAGE 3

AVERAGE HRS
PER WEEK

|

- 0 -

Updated Feb 2020

EXHIBIT III PAGE 4

AVERAGE HRS
PER WEEK

Director Emeritus

Mr. David D. Chomeau *
P.O. Box 296
Ephraim, WI 54211
(314) 822-1931 (home)
davidchomeau@earthlink.net

— 0 —

Mr. Nicholas L. Ludington
365 West End Avenue
New York, NY 10024-6511
(212) 877-7239 (home)
nlludington@earthlink.net

— 0 —

Captain Steve Sawyer, USCG (Ret.)
47040 Kentwell Place
Potomac Falls, VA 20165
(703) 220-5006 (home)
(571)-918-1239 (cell)
stevems2002@yahoo.com
SKYPE: Steve.Sawyer2002

— 0 —

Sir Stuart Matthews
1200 Crystal Drive #1413
Arlington, VA 22202
(703) 780-2535 (home)
(703) 622-5948 (cell)
MATTHEWSS6@aol.com

— 0 —

Mr. Rick Kenney
201 Java Street
Apt #1
Brooklyn, NY 11222
seaservice2@gmail.com

— 0 —

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