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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

Ā	For the 2	011 cale	endar year, or tax year beginning JANUARY 1 , 2011, and endi	ng DECEN	MBER 31	, 20 11
В	Check if ap	plicable	C Name of organization THE INTERNATIONAL SEAKEEPERS SOCIETY, INC		D Employ	er identification number
	Address ch	nange	Doing Business As SEAKEEPERS SOCIETY			58-2385869
ī	Name char	•	Number and street (or P O box if mail is not delivered to street address) Room/s	urte	E Telepho	ne number
$\overline{\Box}$	Initial return	-	355 ALHAMBRA CIRCLE	1100		305-448-7089
$\exists$	Terminated		City or town, state or country, and ZIP + 4			<del></del>
$\Xi$	Amended i		CORAL GABLES, FL 33134		<b>G</b> Gross re	eceipts \$ 786,428.95
H	Application		DIGULARD CHICAL PARTIES	H(a) le this		for affiliates? Yes No
ш	Application	i penung	355 ALHAMBRA CIRCLE, SUITE 1100, CORAL GABLES, FL 33134		l affiliates ir	
	T			` ` `		Ilist (see instructions)
<u>'</u>	Tax-exemp					
<del>"</del> -						number >
	art I			ation 1998	M State	of legal domicile FL
		Summ	<del></del>			
	1	-	escribe the organization's mission or most significant activities: Seak		<b></b> -	·~~
9	1		is to inspire the leaders of the world to become a voice for the oceans, by			
ğ			ness and yachting communities. The SeaKeepers 1000 monitoring unit co		data aboa	rd member yacnts,
era			d to better inform and understand decision-making regarding ocean policy	***		
Activities & Governance	1		is box ► ☑ if the organization discontinued its operations or disposed	of more than	1	_
æ	1		of voting members of the governing body (Part VI, line 1a)		3	12
es	1		of independent voting members of the governing body (Part VI, line 1b	)	4	11
₹.			mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	5
뒇	1		mber of volunteers (estimate if necessary)		6	3
_			related business revenue from Part VIII, column (C), line 12		7a	0
	<b>b</b> N	let unre	lated business taxable income from Form 990-T, line 34		7b	0
				Prior Ye	ear	Current Year
Revenue	8 0	Contribu	tions and grants (Part VIII, line 1h)		399,578	786,428.95
	9 F	rogram	service revenue (Part VIII, line 2g)		0	0
Š	10 Ir	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
u			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,084	
	12 T	otal rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		467,662	786,428.95
			nd similar amounts paid (Part IX, column (A), lines 1-3)		0	64,562.00
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
S	15 S	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		282,998	309,691.34
Expenses	<b>16a</b> P	rofessio	onal fundraising fees (Part IX, column (A), line 11e)		0	0
å	b T	otal fun	draising expenses (Part IX, column (D), line 25) ► 129,460.83			
ű	17 (	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		448,682	589,994.07
	18 T	otal exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		731,680	964,247.41
	19 F	Revenue	less expenses. Subtract line 18 from line 12 \		(264,018)	(177,818.46)
5 8	B			Beginning of Cu	ırrent Year	End of Year
sets	<b>20</b> T	otal ass	sets (Part X, line 16)	5	14,422.00	167,614.88
Net Assets	21 T	otal liab	pilities (Part X, line 26)	20	09,204.00	67,756.12
	22 N		ets or fund balances Subtract line 21 from line 20	30	05,218.00	99,858.76
P	art II	Signa	ture Block			
			ury, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is
tru	ie, correct, a	and comp	lete Declaration of preparer (other than officer) is based on all information of which prepar	er has any know	ledge	
	1	<b>\</b> _				
Sign Here		Sign	nature of officer AbA & L	Da	ite	/21/12
		<b>\</b> _	If I have the second of the se			/31/12
		Тур	e or print name and title Richard Snow, CEO			
Pa	nid	Print/Ty	pe preparer's name Preparer's signature	Date	Check	of PTIN
	eparer	L			self-em	
	se Only		name >	Fim	n's EIN ▶	
		Firm's	address ▶		one no	
Ma	y the IRS		s this return with the preparer shown above? (see instructions) .		<u> </u>	. Yes No
Fo	r Paperwo	ork Redu	action Act Notice, see the separate instructions.	No 11282Y	_	Form <b>990</b> (2011)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: The International Seakeepers is dedicated development and deployment of programs and technologies to monitor the oceans in support of conservation and sustainability a private/public collaborative effort, the Society focuses on critical ocean issues in cooperation with government agencies, other minded organizations, the academic community, and the public. Our motto is "Protect, Preserve and Restore.	y. A er like
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	] No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amorgants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 129,238.00 including grants of \$ 64,562.00 ) (Revenue \$ ) Installation and maintenance on ocean monitoring device called SeaKeepers 1000. See schedule O.	)
		····
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	  )
		·
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	<del></del>
4e	Total program service expenses ▶	

⊃art	Checklist of Required Schedules			
4	In the experimentary decombed in section 501/2/(0) or 4047/2/(1) (-th or the experimentary decombed in section 501/2/(0) or 4047/2/(1) (-th or the experimentary decombed in section 501/2/(0)).		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2_	<b>√</b>	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<b>✓</b>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	·
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		<del>                                     </del>
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		✓_
	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Sometime of the state of the st	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>,</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	<b>✓</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	•	
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<b>▼</b>
b	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		1

Part	Checklist of Required Schedules (continued)			
04	Dodd the annual transfer than 05 000 of a set of the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		<b>-</b>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			_
	organization's current and former officers, directors, trustees, key employees, and highest compensated			١,
24a	employees? If "Yes," complete Schedule J	23		✓
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	, and the same of	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			,
d		24c 24d		<b>✓</b>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		<b>-</b>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	05-		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		_
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	_27		✓
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		✓
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>✓</b>
٠.	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		✓
	IV, and V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>/</b>
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," complete Schedule R, Part V, line 2	05:		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		<b>✓</b>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		<b>\</b>
_				•

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. 🗸
_			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c		ļ <u>.</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
<b>L</b>	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5	+		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			
b	MSV When Added a Francisco Total and Committee and Commi	3a 3b		✓
	If "Yes," has it filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O	SD		_
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	40		<u> </u>
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>  •</del>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		ļ ·
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			-
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	
^	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a		<b>V</b>
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_	<b>V</b>
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schoolule O	4.44		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	struct	ions.				
Secti	on A. Governing Body and Management		,					
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No				
b	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent . 1b 11							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1				
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1				
<ul> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li></li></ul>								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		<b>√</b>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a	The governing body?	8a	<b>√</b>					
9 b	Each committee with authority to act on behalf of the governing body?	8b 9	✓_	1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.)	<u>  •                                   </u>				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	L				
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100						
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		1				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120 12c		•				
13	Did the organization have a written whistleblower policy?	13		1				
14	Did the organization have a written document retention and destruction policy?	14		1				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		✓				
b	Other officers or key employees of the organization	15b		<b>✓</b>				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a		•				
	organization's exempt status with respect to such arrangements?	16b		ļ				
Secti	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► FLORIDA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)				
19	Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	ıf ıntei	rest p	oolicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization; PRICHARD SNOW, 355 ALHAMBRA CIRCLE, SUITE 1100, CORAL GARLES, EL 33134	of the	•					

Form	aan	/201	11

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII	-														
Check if Schedule C contains a response to any question in this Part VII	Chapte if Cahadule	O contains a research and accounting in the Deut VIII													
	- Check ii Schedule	: O contains a response to any question in this Part VII													
		to destruit a respected to any question in the rait vir.	•	•	•	•	•	•	•	•	•	•	•	•	L)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r arry relate	a org	anız			ompe	ensa	ited any currer	t officer, directo	r, or trustee
(A)	(B)			•	C) ition			(D	(5)	
Name and Title	Average hours per week	box,	unles	s pe d a d	rson	than on the street that the st	n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL T. MOORE	-	<b>√</b>	i							
BOARD CHAIRMAN	1	<u> </u>	_		_			<u> </u>	0	
(2) JAY WADE BOARD VICE CHAIRMAN	.5	1		:				o		,
(3) JAMES GILBERT	.5	_			-		$\vdash$		0	
BOARD DIRECTOR	5	1						0	o	(
(4) BRIAN COBB					┢		1	<del></del>		
BOARD DIRECTOR	1	1						0	۰ ا	(
(5) PATTY ELKUS		Ť						<u> </u>		
BOARD DIRECTOR	.5	1						o	٥	ſ
(6) MARK GROSVENOR		<u> </u>					<del>                                     </del>	-		
BOARD DIRECTOR	.5	1					ĺ	l 0	0	(
(7) VEE KING SHAW	1						-			
BOARD DIRECTOR	.5	1						l 0	o	(
(8) DON TOMLIN		-								
BOARD DIRECTOR	5	1						o	0	C
(9) FRANK WLASEK										
BOARD DIRECTOR	5	1						o	o	C
(10) DOUGLAS HOUGHTON										
BOARD DIRECTOR	.5	✓						o	О	C
(11) JULIAN CHANG										
BOARD DIRECTOR	.5	✓						0	o	C
(12) DEAN C. KLEVAN										
PRESIDENT AND CEO	40			✓	✓	✓		152,241.94	o	C
(13) ROSA MAULINI										
EXECUTIVE VP/CFO (no longer with the firm as	40		Ŀ	✓	1	✓		46,780.00	0	c
(14) November 2011	]									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (c	ontinue	d)		
	(A) Name and title	(B) Average hours per week	box, i	unles	Pos neck ss pe	rson	e than o	n an	(D)  Reportable compensation from	(E)  Reportable compensation related		Esti	(F) mated ount of	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		composition from the composition of the composition from the composition	ensation the nization related izations	ı
(15)														
(16)						-					-			
(17)											+			
(18)								-						
(19)														
(20)								-			+			
(21)								<u> </u>						
(22)				-							<del>-  -</del>			
(23)				<u> </u>										
(24)					-			-						
(25)								_			_			
1b c	Sub-total	-			<u>.</u>	· ·	l	<b>&gt;</b>	199,021.94					0
<u>d</u>	Total (add lines 1b and 1c)	not limited	to th					<b>▶</b> e) w	199,021.94 ho received m	ore than \$10	0,000 c	of		0
3	Did the organization list any former of	ficer, direc	tor, c							•			Yes	No
4	employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	portal an \$1	ble 150,	con ,000	npei )? <i>I</i> .	nsatic f "Ye	on a s,"	complete Sch	ensation fro	m the	3	✓	
5	Individual	or accrue co	ompe	nsa	tion	fro	m any	un/	related organiz			5	✓	
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	lress							(B) Description of s	ervices	C	(C) ompens	ation	
						_		-						_
				_										
-								$\vdash$						
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abo	ove) who			-	

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts rts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues <b>1b</b> 372,379.43	·			
s, C Am	С	Fundraising events 1c 179,020.36				
Gift lar	d	Related organizations 1d	İ			
S.E	е	Government grants (contributions) 1e				
tior er S	f	All other contributions, gifts, grants,				
ig X		and similar amounts not included above 1f 235,029.16				
id at	g	Noncash contributions included in lines 1a-1f \$ 102,000.00				
<u>2 g</u>	h	<b>Total.</b> Add lines 1a–1f ▶	786,428.95			
Program Service Revenue		Business Code				
eve	2a					
ē	b					
<u> </u>	С					
လို	d					
ם	e	All all all				
<u>S</u>	l f	All other program service revenue .  Total. Add lines 2a-2f			<u></u>	<u></u>
	3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,		<u> </u>		
	3	and other similar amounts)	o			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
	•	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses	]			
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)				
ø.						
/enne	8a	Gross income from fundraising				
		events (not including \$				
Other Re		of contributions reported on line 1c).				
<u>F</u>	] .	See Part IV, line 18 a	]			
ŏ		Less direct expenses b				
		Net income or (loss) from fundraising events .  Gross income from gaming activities.				
	9a	See Part IV, line 19 a				
	h	Less: direct expenses b				
	C	Net income or (loss) from gaming activities		<del></del>		
	_	Gross sales of inventory, less		<del></del>		
		returns and allowances a				
	b	Less: cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
	<u>_</u>	Miscellaneous Revenue Business Code			<u> </u>	
	11a					
	b					
	С					
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a–11d ▶				
	12	Total revenue. See instructions ▶	786,428.00			

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX										
Do no 3b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	64 562 00								
•	Grants and other assistance to individuals in	64,562.00	<del></del>							
2	the United States. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	_							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 257,136.43								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	5500.00	<del></del>	5500.00	<del></del> "					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0		333,00						
9	Other employee benefits	24,113.83								
10	Payroll taxes	22,941.08								
11	Fees for services (non-employees):									
а	Management	24,400.00		24,400.00						
b	Legal	10,466.21								
C	Accounting	0								
d	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	34,250.03								
12	Advertising and promotion	11,608.14								
13	Office expenses	25,418.44								
14	Information technology	28,866.51								
15	Royalties	0								
16	Occupancy	21,657.06	_ <del></del>							
17	Travel	17,566.47	<del></del>							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0		2422 22						
19	Conferences, conventions, and meetings .	2108.29		2108.29						
20	Interest	0								
21 22	Depreciation, depletion, and amortization .	184,552.00								
23	Insurance	6438 73								
24	Other expenses. Itemize expenses not covered	0430 73		<del></del>						
24	above. (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Outside contract services	64,676.00								
b	Special events expenses	129,460.83		-	129,460.83					
C	Yacht donation expenses	26,465 08								
d										
e	All other expenses Miscellaneous expenses	2060.28								
25	Total functional expenses. Add lines 1 through 24e	964,247.41		32,008.28	129,460.83					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)									

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	58,316.20	1	35,445.62
	2	Savings and temporary cash investments	50,392.81	2	0
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	42,473.00	4	12,759.23
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	)	employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use Fixed assets	<del></del>	8	14,244.77
	9	Prepaid expenses and deferred charges	4,706.00	9	3,165.26
	10a	Land, buildings, and equipment, cost or			
		other basis. Complete Part VI of Schedule D 10a 1,716,298			
	ь	Less: accumulated depreciation 10b 1,716,298	184,552.00	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	173,904.00	15	102,000
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	514,422.00	16	167,614.88
	17	Accounts payable and accrued expenses	164,204.00	17	67,756.12
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
S	22	Payables to current and former officers, directors, trustees, key			
Ě		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	0
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	209,204	26	67,756.12
S		Organizations that follow SFAS 117, check here ► ✓ and complete			
ည		lines 27 through 29, and lines 33 and 34.			
Ī	27	Unrestricted net assets	305,218		99,858.76
B	28	Temporarily restricted net assets	0	28	0
Ē	29	Permanently restricted net assets	0	29	0
Ē		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
Net Assets or Fund Balances	00	·			
ets	30	Capital stock or trust principal, or current funds	0	30	0
455	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	0	31	0
et/	32 33	Total net assets or fund balances	305,218		99,858.76
Ž	34	Total liabilities and net assets/fund balances	514,422		167,614.88
	104	rotal habilities and not assets/fund balances	317,422	_ <del></del>	107,014.88

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	_

Form	990	(201	11

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)		786.4	128.95
2	Total expenses (must equal Part IX, column (A), line 25)			47.41
3	Revenue less expenses Subtract line 2 from line 1		177,8	18.46)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		305,2	18.00
5	Other changes in net assets or fund balances (explain in Schedule O)		(27,54	40.78)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		99,8	358.76
Part	XII Financial Statements and Reporting		_	
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		. 🛛
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain it Schedule O.	- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1	1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O.	,		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	•		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth ii	1		
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	m <b>990</b>	(2011)

#### 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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE INTERNATIONAL SEAKEEPERS SOCIETY 58-2385869 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☑ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a ☐ Type I **b** ☐ Type II d ☐ Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization in col organization (described on lines 1-9 support col (i) of your governing document? above or IRC section (i) organized in the (see instructions)) support? US 2 Yes Yes No No 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.)
<del></del>	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support	•	•	<del></del>			
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
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 IV.)						
11	Total support. Add lines 7 through 10					-	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					<u></u> ▶ □
	on C. Computation of Public Suppor				<u> </u>		
14	Public support percentage for 2011 (line	6, column (f) di	ivided by line 1	1, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2010 Sci 331/3% support test — 2011. If the organi	nedule A, Part	II, line 14 .	on line 12 cm		15 nove	shock this
IVa	box and <b>stop here.</b> The organization qua					/376 OF HIOTE,	
b	331/3% support test—2010. If the organ	•		-			ш
_					•		_ ′
17a	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b 18	10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
	<b>Private foundation.</b> If the organization di instructions			, roa, rob, r/a		· · · ·	► 🗀

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

(Complete only if you checked the box on line 9 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.)

Cooti	an A Dublic Support	under the tes	sts listed beig	w, please co	implete Fart i	<u>'-)</u>	<del></del>	
	on A. Public Support	(a) 0007 T	(h) 0000	(a) 2000	(d) 0040	(0) 0044	(6) T-+-+	
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
•	received. (Do not include any "unusual grants.")	1 260 451	1 440 022	527 420	200 570	700 400	4.504.440	
2	Gross receipts from admissions, merchandise	1,360,451	1,440,833	537,128	399,578	786,429	4,524,419	
_	sold or services performed, or facilities							
	furnished in any activity that is related to the							
3	organization's tax-exempt purpose Gross receipts from activities that are not an							
3	unrelated trade or business under section 513							
4	Tax revenues levied for the							
7	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	1,360,451	1,440,833	537,128	399,578	786,429	4,524,419	
7a	Amounts included on lines 1, 2, and 3	.,,	.,,			700,120	1,024,470	
	received from disqualified persons	543,736	362,379	259,992	140,700	40,850	1,347,657	
ь	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	543,736	362,379	259,992	140,700	40,850	1,347,657	
8	Public support (Subtract line 7c from	į						
	line 6.)						3,176,762	
Section B. Total Support								
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total	
9	Amounts from line 6	1,360,451	1,440,833	537,128	399,578	786,429	4,524,419	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources.	22 222			40 -04			
L	- L	20,666	6,478	5,000	18,731	0.00	50,875.00	
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	1						
С	Add lines 10a and 10b	20,666	6,478	5,000	18,731	0.00	50,875.00	
11	Net income from unrelated business	20,000	0,470	3,000	10,731	0.00	30,673.00	
••	activities not included in line 10b, whether							
	or not the business is regularly carried on		1	-				
12	Other income. Do not include gain or					- +		
	loss from the sale of capital assets							
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,	- 1			-			
	and 12.)	1,381,117	1,447,311	542,128	418,309	786,429	4,575,294	
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)	
	organization, check this box and stop her			<u> </u>	<u> </u>	· · · · ·	. <b>&gt;</b> 🗆	
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2011 (line 8			3, column (f))		15	69 %	
16	Public support percentage from 2010 Sch			<u></u>	<u> <u></u> .</u>	16	67 %	
	on D. Computation of Investment Inc			1	(0)	T .= T		
17	Investment income percentage for 2011 (I					17	<1 %	
18	Investment income percentage from 2010					18	1 %	
19a	331/3% support tests—2011. If the organi. 17 is not more than 331/3%, check this box a						· .	
<b>L</b>	33 <sup>1</sup> / <sub>3</sub> % support tests—2010. If the organiza							
b	line 18 is not more than 331/3%, check this b							
20	Private foundation. If the organization did							
				, 0, 0				

Page 4	Pa	a	е	4
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Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······································

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number THE INTERNATIONAL SEAKEEPERS SOCIETY, INC. 58-2385869 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . .

c.	-bodi	·la	$\mathbf{r}$	(Form	OOO!	201	1

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	ther Similar A	ssets (continu	ed)
3	Using the organization's acquisition, collection items (check-all that apply)	accession, and o							
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research							••	
C	☐ Preservation for future generations								
4	Provide a description of the organiza XIV.	tion's collections	and expl	ain how t	hey further	the ore	ganization's exe	mpt purpose in	Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	donation	ns of art,	historical ti	reasure	s, or other simi	lar	NI.
Part	IV Escrow and Custodial Arra								
U GII	line 9, or reported an amour				amzanom	answe	100 103 101	onn 990, rait	١٧,
1a	Is the organization an agent, trustee				or contribut	tions o	r other assets r	not	
	included on Form 990, Part X?								No
b	If "Yes," explain the arrangement in P								
	, .	•		J				Amount	
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	,		
f	Ending balance					11			
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21? .				☐ Yes ☐	No
b	If "Yes," explain the arrangement in P				_		_		
Par	V Endowment Funds. Compl		zation ar	nswered					
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years b	ack
1a	Beginning of year balance		ļ						
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses	***		_	-				-
g	End of year balance				-		-		i
2	Provide the estimated percentage of t	the current year er	nd balanc	e (line 1g	, column (a	ı)) held	as:		
а	Board designated or quasi-endowme	nt ▶	%	, ,	•	.,			
b	Permanent endowment >								
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2	2c should equal 10	00%						
3a	Are there endowment funds not in the	e possession of tl	he organı	zation tha	at are held	and ad	ministered for t	he	
	organization by							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations				<i>.</i>			3a(ii)	
b	If "Yes" to 3a(II), are the related organ							3b	
4	Describe in Part XIV the intended use								
Part		oment. See Forn	n 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or o (investm			or other basis ther)		Accumulated epreciation	(d) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other	•			1,705,958		1,705,958		0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	X, columr	i (B), line 10	)(c).)	▶ 🗍	<del>-</del>	0

Part VII Investments—Other S	ecurities. See Form 990, Part >	(, line 12.	1 age <b>G</b>
(a) Description of security or category (including name of security)	<del> </del>	(c) Method of va Cost or end-of-year r	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			<del></del>
(E) (F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col (E	3) line 12.) ►		
	n Related. See Form 990, Part	X, line 13.	<del></del>
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)			
(2)			
(3)			
_(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(7) (8)			
(9)			<del></del>
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (E	3) line 13.) <b>&gt;</b>		
Part IX Other Assets. See For	m 990, Part X, line 15.		
	(a) Description		(b) Book value
(1) Used SeaKeeper 1000 Modules, Parts	and components not for commercia	luse	0
(2)	· <del>-</del>	<u> </u>	
(3)			
(4)			
<u>(5)</u> <u>(6)</u>		<del> </del>	
(7)	<del></del>		
(8)		· · · · · · · · · · · · · · · · · · ·	
(9)			
(10)			
Total. (Column (b) must equal Form 990	), Part X, col. (B) line 15.)	<b>.</b>	0
Part X Other Liabilities. See F	Form 990, Part X, line 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(5)		$\dashv$	
(6)		<del></del>	
(7)		$\dashv$	
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (E			

1 2 3	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
3	Total expenses (Form 990, Part IX, column (A), line 25)	2	<del> </del>
	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<del>- · </del>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
0 _		10	
art	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	າ
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	]	
b	Donated services and use of facilities	]	
С	Recoveries of prior year grants	] ]	
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 [	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV.)	4	
-	Add lines 4a and 4b	4c	
5 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Dot	
	Total expenses and losses per audited financial statements	1	<u> </u>
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<b></b> -	
a	Donated services and use of facilities		
a b	Prior year adjustments	1	
C	Other losses	1	
d	Other (Describe in Part XIV.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<del>  - +</del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV.)	1 1	
	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIV Supplemental Information	1.5.1	<del></del>
_	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F	Part IV. I	ines 1b and 2b:
amc	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com		
	Iditional information.	•	•
art V,	ditional mornation.		
art V,	antional information.		
art V,			

Schedule D (Fo	rm 990) 2011	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
-	•	
	•	

## **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

THE	ATERNATIONAL CEAKEEPERS CO.	01571/ 1110				Employer identific	
IHE	NTERNATIONAL SEAKEEPERS SO						2385869
Par	Fundraising Activities. Form 990-EZ filers are n	•	-		vered "Yes" to Fo	orm 990, Part IV, I	ine 17.
1	Indicate whether the organizatio	<del></del>			owing activities. Ch	eck all that apply.	
а	☐ Mail solicitations				on of non-governm	· · ·	
b	☐ Internet and email solicitation	ns	f		on of government	•	
c	Phone solicitations		_		undraising events	grants	
d	<b>=</b>		g ⊻	_ Special i	unuraising events		
	In-person solicitations	tan au aual aaua			d a.   /. a. a.		
2a	Did the organization have a writ or key employees listed in Form						`
		·-	•		•	•	
b	If "Yes," list the ten highest paid			draisers) pi	ursuant to agreeme	ents under which th	ie fundraiser is to be
	compensated at least \$5,000 by	tne organizatio	n.				
	(5) blooms and address of malicular		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	, (,		Contrib	outions?		col (i)	organization
	<u> </u>		Yes	No			
1							
•			1				
2	<del></del>		<del> </del>		<del></del>		
_							
3			<del>                                     </del>		<del>                                     </del>		<del> </del>
3							
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4							
			<u> </u>		ļ. <u> </u>		
5							
6							
7							
8							
9							
10							
			i				
		<u></u>	•				
Total	<u> </u>			•			
3	List all states in which the orga	nization is regis	tered or lic	ensed to s	olicit contributions	or has been notifie	ed it is exempt from
-	registration or licensing.					or rido boort riotini	od it io exempt from
Florid	la						
						····	
					·····		
						*****	
	•••••						
				·			

	edule G art II	Fundraising Events. Con				
		than \$15,000 of fundraising gross receipts greater that		and gross income on	Form 990-EZ, lines 1 a	and 6b. List events with
		gross receipts greater tha	(a) Event #1  A Scientific Journe (event type)	(b) Event #2  Bal de la Mer  (event type)	(c) Other events (5) (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts Less: Charitable contributions	33,876.38	81,211.80	63,932.50	179,020.68
	3	Gross income (line 1 minus line 2)	33,876.38	81,211.80	63,932.50	179,020.68
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	3,486.55	33,859.21	8,969.89	46,315.65
Direct Expenses	7	Food and beverages	0	29,144 88	8,291.50	37,436.38
Dire	8	Entertainment	0	1,946.00	2,188.23	4,134.23
	9	Other direct expenses .	3,700.00	19,865.85	18,008.72	41,574.57
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), a	nd line 10		( 129,460.83 ) 49,559.85
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" to Form 990	0, Part IV, line 19, or i	reported more
Revenue		than ψ13,000 on 1 onn 3	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	•	( )
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line 7		
	a is b if		perate gaming activities	ın each of these states		Yes No
10	a W	ere any of the organization's g	aming licenses revoked	, suspended or termina	ted during the tax year?	. 🗌 Yes 🗌 No

b If "Yes," explain

Schedu	ele G (Form 990 or 990-EZ) 2011 Page 3
11 12	Does the organization operate gaming activities with nonmembers?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party:  Name ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions.  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

#### **SCHEDULE J** (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE INTERNATIONAL SEAKEEPERS SOCIETY, INC.

**Questions Regarding Compensation** 

Employer identification number

58-2385869

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence	ļ	ı	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			,
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director Explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study	ŀ		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<b>√</b>
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<b>√</b>
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		1
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		✓
b	Any related organization?	6b		✓
	If "Yes" to line 6a or 6b, describe in Part III		<b></b> _	<u> </u>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			,
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7_		<b>✓</b>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			,
_	ın Part III	8		<b>✓</b>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

Note. The sum of columns (b)()-(iii) for each fished individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (b) and (c) amounts for that individual.	or eac	n listed individual mu	IST equal the total and	DUNI DI FORMI 890, FA	I VII, Section A, Illie	a, applicable coluil	II (U) allo (E) allibulità	s ior triat maividual.
		(B) Breakdown c	t W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	į
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(J)(B)	(F) Compensation reported as deferred in prior Form 990
DEAN C. KLEVAN	<b>E</b>	\$146,741.94	0\$	\$5,500.00	\$	0\$	\$152,241.94	0\$
1	(E)							
ROSA MAULINI	€	22,380.00	0\$	24,400.00	0\$	0\$	\$46,780.00	0\$
2	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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Schedule J (Form 990) 2011

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	5b, 6														
	5a,														
	, 4c,									 					
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Schedule J (Form 990) 2011	Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	ROSA MAULINI IS NO LONGER WITH THE FIRM AS OF THE END OF NOVEMBER, 2011.							! ! !						
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### SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

Open To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE INTERNATIONAL SEAKEEPERS SOCIETY

Employer identification number 58-2385869

Part	Types of Property	(-)	(h)	(c)				
		(a) Check if	(b) Number of contributions or	Noncash contribution	Method o	(d) of dete	rmınin	g
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash con	tributio	on amo	ounts
1	Art-Works of art							
2	Art—Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	\		_	1			
6	Cars and other vehicles							
7	Boats and planes	✓	1	\$102,000	MARKET VA	LUE A	/R	
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							_
12	Securities-Miscellaneous		<u> </u>					
13	Qualified conservation							
	contribution—Historic				}			
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles				<u> </u>			
19	Food inventory							
20	Drugs and medical supplies				<del></del>			_
21 22	Taxidermy							
23	Scientific specimens	<del> </del>		<u> </u>				
23 24	Archeological artifacts	<u> </u>			<del></del>			
25	Other N /							
26	Other ► ( ) Other ► ( ) Other ► ( )							
27	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received	by the or	ganization during the tax y	ear for contributions for				
	which the organization completed				29			
							Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I, lines	s 1-28 that			
	it must hold for at least three year							
	used for exempt purposes for the	entire hold	ing period?			30a	1	
b	If "Yes," describe the arrangement	it in Part II.				-		
31	Does the organization have a				n-standard			
	contributions?					31	1	
32a	Does the organization hire or us							
	contributions?					32a	1	<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization did not report a describe in Part II.	n amount ir	column (c) for a type of pro	operty for which column (a)	ıs checked,			

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Schedule M (F	Form 990) (2011) Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
HIRED A C	ONSULTANT TO FACILITATE BOAT DONATIONS.
THE INTER	NATIONAL SEAKEEPERS SOCIETY PROVIDES A MEANS WHERE YACHT OWNERS CAN OBTAIN SIGNIFICANT TAX BENEFIT
THROUGH	THE YACHT DONATION PROCESS. SEAKEEPERS WORKS DIRECTLY WITH YACHT BROKERS AND PAY ALL ASSOCIATED
BROKERA	GE COMMISSIONS. OWNER'S EXPENSES ARE GENERALLY LEGAL AND THE COST OF A QUALIFIED APPRAISAL
DETERMIN	IING FAIR MARKET VALUE.
	······································

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

# 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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE INTERNATIONAL SEAKEEPERS SOCIETY, INC

Employer identification number 58-2385869

THE INTERNATIONAL SEAKEEPERS SOCIETY IS DEDICATED TO THE DEVELOPMENT AND DEPLOYMENT OF PROGRAMS AND
TECHNOLOGIES TO MONITOR THE OCEANS IN SUPPORT OF CONSERVATION AND SUSTAINABILITY. AS A PRIVATE/PUBLIC
COLLABORATIVE EFFORT, THE SOCIETY FOCUSES ON CRITICAL OCEAN ISSUES IN COOPERATION WITH GOVERNMENT AGENCIES,
OTHER LIKE MINDED ORGANIZATIONS, THE ACADEMIC COMMUNITY, AND THE PUBLIC. OUR MOTTO IS, "PROTECT, PRESERVE AND
RESTORE." SPECIFICALLY, THE SOCIETY DESIGNED AND ENGINEERED AN AUTONOMOUS FLOW THROUGH MODULAR MONITORING
SYSTEM (THE SEAKEEPERS 1000) THAT CONTINOUSLY MEASURE METEOROLOGICAL AND OCEAN DATA THEN TRANSMITS VIA
SATELLITE EVERY 1 TO 3 HOURS, WHILE GATHERING ONE-MINUTE DATA STORED ONBOARD THE UNIT'S COMPUTERS FOR
PERIODIC RETRIEVAL. THE SYSTEM WAS AWARDED PATENT #6,536,272. THE SEAKEEPERS FLEET IS MADE UP OF PRIVATE YACHTS,
CRUISE SHIPS, FERRIES, RESEARCH VESSELS AND PIERS. IN 2011, SEAKEEPERS COMMISSIONED 3 NEW SYSTEMS AND AT YEAR END
HAD 3 SYSTEMS IN VARIOUS STAGES OF INSTALLATION. SIMILARLY, SEAKEEPERS WORKED DILIGENTLY WITH A COMMERCIAL
MANUFACTURER TO DEVELOP A NEW TECHNOLOGY FOR WEATHER MONITORING ABOARD MEMBER YACHTS.
THE INTERNATIONAL SEAKEEPERS SOCIETY SCIENTIFIC ADVISORY COUNCIL IS A HIGH-LEVEL GROUP OF NATIONALLY AND
INTERNATIONALLY PROMINENT SCIENTIST AND LEADERS WITH EXPERTISE IN OCEAN SCIENCES AND METEOROLOGY. THIS
VOLUNTEER ADVISORY COUNCIL PROVIDES ADVISE, ASSISTANCE AND SUPPORT TO SEAKEEPERS AND ITS STAFF TO GUIDE
THE PROGRAMMING AND PLANNING DECISIONS OF THE ORGANIZATION. THE ADVISORY COUNCIL PROVIDES SEAKEEPERS WITH
CONNECTIONS TO EXPERTS IN THE SCIENTIFIC COMMUNITY WHO INFORM THE DECISIONS WORK. AT THE 2011 FORT LAUDERDALE
INTERNATIONAL BOAT SHOW, SEAKEEPERS HOSTED A SCIENTIFIC ADVISORY COUNCIL ROUNDTABLE THAT WAS OPEN TO THE
PUBLIC. SYLVIA EARL, FABIEN COUSTEAU AND KEVIN HARDY LED THE PRESENTATION AND RESULTING DISCUSSION. NBC6
DEVELOPED A STORY AND LATER FEATURED SEAKEEPERS AND THE SCIENTIFIC ADVISORY COUNCIL ON THE EVENING NEWS.
SEAKEEPERS ALSO HOSTED AN EVENT ABOARD THE YACHT GOLDEN SHADOW TO PROMOTE OCEAN CONSERVATION DURING
THE MIAMI YACHT AND BROKERAGE SHOW IN FEBRUARY.
SEAKEEPERS DEVELOPED THE ADOPT A MOORING BUOY PROGRAM, THE CLEAN MARINA AND CLEAN BOATING GUIDELINES AND
THE YACHT DONATION PROGRAM IN 2011. OF SIGNIFICANCE, SEAKEEPERS INSTALLED MOORING BUOYS IN THE FLORIDA KEYS
NATIONAL MARINE SANCTUARY AND BUOY IN PLACENCIA, BELIZE TO REDUCE ANCHOR DAMAGE AND PROMOTE CORAL REEF
PRESERVATION. SIMILARY, SEAKEEPERS PROMOTED CLEAN MARINA AND CLEAN BOATING BEST MANAGEMENT PRACTICES AMONG
MEANDEDCHID AND AT VADIOUS EVENTS SHOU AS THE ANNIHAL SOCIETY OF ENVIRONMENTAL JOURNALIST CONFEDENCE. IN

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lame of the organization THE INTERNATIONAL SEAKEEPERS SOCIETY, INC.	Employer identification number 58-2385869
AUGUST, SEAKEEPERS FINALIZED THE FIRST YACHT DONATION OF A 2006 GRADY WHITE MOTOR YA	CHT. WHILE VESSELS DONATED
TO THE SOCIETY ARE SUITABLE FOR RELATED PROJECTS, THE COST OF KEEPING ALL DONATED VE	SSELS IS OFTEN TOO GREAT
FOR THE SOCIETY TO MANAGE. ACCORDINGLY, SEAKEEPERS DEVELOPED A CHARTERING PROGRA	M FOR PRIVATE BAREBOAT
CHARTERS THAT CONTRIBUTES TOWARDS EASING THE BURDEN OF COSTS AND EXTENDS THE SUC	CESS OF THE SOCIETY'S
MISSION TO PRESERVE THE WORLD'S OCEANS AND PROVIDE CRUCIAL DATA TO THE SCIENTIFIC CO	MMUNITY.
THE SCIENTIFIC VESSEL OF OPPORTUNITY PROGRAM, SEAKEEPERS NEWEST INITIATIVE, WAS BORN	IN OCTOBER 2011, INSPIRED
BY SEAKEEPERS BOARD MEMBER, PATTY ELKUS. THE PROGRAM UNITES SCIENTISTS AND THE BRO	ADER YACHTING COMMUNITY
BY FORMING PARTNERSHIPS BETWEEN RESEARCH SCIENTISTS AND PARTICIPATING PRIVATELY OW	NED VESSELS. THE PROGRAM
PROVIDES MARINE SCIENTISTS WITH THE NECESSARY PLATFORM FROM WHICH TO CONDUCT CUTTI	NG-EDGE RESEARCH BY
PLACING THEM ON DONATED YACHTS FOR A DISCRETE PERIOD OF TIME.	·
BOARD OF DIRECTORS MEETINGS AND MINUTES ARE RECORDED.	
ADJUSTED ACCOUNTS RECEIVABLE AT BEGINNING OF THE YEAR (PLEDGES) BY 27,540.78.	
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