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Departion of the Treasu Internal Syenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No 1545-0047

Δ	Spr the	e 2016 c	alendar year, or tax year beginning, and ending				
В .	Check if a		C Name of organization THE INTERNATIONAL SEAKEEPERS		<del></del>	D Employe	r identification number
_	•	•			t		
닏	Address c	nange	SOCIETY INC			F0 0	205060
$\sqcup$	Name cha	ange	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephon	385869
	Initia) retur	ım	255 ARAGON AVE 3RD FLOOR	'	Conviction		448-7089
Ħ	Final retur	rn/	City or town, state or province, country, and ZIP or foreign postal code				
$\Box$	terminated	d	CORAL GABLES FL 33134		4	G Gross rec	erpts 9,878,265
$\sqcup$	Amended	return	F Name and address of principal officer			G Giussiec	Elpis
П	Application	n pending	RICHARD SNOW	1	H(a) is this a grou	ip return for s	ubordinates? Yes X No
_	•	•	255 ARAGON AVE 3RD FLOOR	l	H(b) Are all subo	rdustor mel	uded? Yes No
				ŀ			(see instructions)
		<del></del>	CORAL GABLES FL 33134		į, 140,	allaci a lisi	(See manucinons)
		mpt status	X 501(c)(3) 501(c) ( ) ◀ (insort no ) 4947(a)(1) or 527				
<u>1</u>	Wobsite	: 🕨 🥻	ww.seakeepers.org	,1	H(c) Group exem		er 🕨
		organization	. X Corporation Trust Association Other	L Yea	of formation 1	998	M State of legal domicile FL
_ <u>P</u>	art i	<u>Sı</u>	ummary				<del></del>
	1 1 8	Briefly de	escribe the organization's mission or most significant activities				
ø	]	See	Schedule O				
ä	ł						•
& Governance	l			•	,		
ŏ	2 0	Check th	is box 🕨 🔲 if the organization discontinued its operations or disposed of more th	an 25%	່ ດ້າດfils net assi	ets	
Ö	3 1		of voting members of the governing body (Part VI, line 1a)	u., 207	or no not ass.	   3	5
φ g			of independent voting members of the governing body (Part VI, line 1b)		•	4	2
itie				•			7
Activities	į .		mber of individuals employed in calendar year 2016 (Part V, line 2a)		-	. 5	20
ĕ	1		mber of volunteers (estimate if necessary)			6	
	ì		related business revenue from Part VIII, column (C), line 12			7a	<u>0</u>
_	Ь	Net unre	lated business taxable income from Form 990-T, line 34	<del></del>		7b	0
	١	0	None and supply (On ANIII) Law 465	- }-	Prior Year		Current Year
9	li .		tions and grants (Part VIII, line 1h)	-	9,435		8,794,178
Revenue			service revenue (Part VIII, line-2g)	<u> </u>	4	,417	1,084,087
Š			ent income (Eak VIII column (A), lines 3, 4, and 7d)	<u> </u>	<del></del>	352	0
_			Peffe (Part VIII. column (A), lines 5, 6d. 8c. 9c. 10c. and 11e)	<u> </u>			0
			ende - add/ines-8 through 11 (must equal Part VIII, column (A), line 12)	-	9,440	,042	9,878,265
			hosmilar amounts paid (Part IX) column (A), lines 1-3)	<u> </u>			0
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)	<u> </u>			0
ŝ	15 9	Salaries,	other compensation employee benefits (Part IX, column (A), lines 5-10)	L	411	,435	199,023
Expenses	16aF	Professio	onal fundraising fees (Part IX, column (A), line 11e)				0
ğ	Ь	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0				
ŵ	17 (	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		871	,941	649,260
	18 1	Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)			,376	848,283
	1		less expenses. Subtract line 18 from line 12		8,156		9,029,982
5					Beginning of Curre		End of Year
Net Assets or Fund Batances	20 1	Total ass	sets (Part X, line 16)		11,002	,511	18,169,744
84	21 7	Total liab	pilities (Part X, line 26)			291	30,011
3.5	22 1	Net asse	ts or fund balances. Subtract line 21 from line 20		11,002		18,139,733
_	art II		gnature Block				
			perjury, I declare that I have examined this return, including accompanying schedules and st	21000001	a and in the her	of my ko	outodoo and holiaf it is
			omplete. Declaration of preparer (other than officer) is based on all information of which prep				owiedge and belief, it is
_		T	Man /			7	1/11/17
6:-		1 7	Signature of officer		<del></del>	Date	17 10/14
Siç	_					Date	·
He	re			SID	ENT		
		<del>  -</del>	ype or print name and title		<del></del>		
		PrintTyp	e preparer's name		Date	Check	X d PTIN
Pai		HARVE	JUDKOWITZ HARVE JUDKOWITZ		11/09/	17 Seif-em	
	parer	Firm's na			Fin	m's EIN 🕨	65-0214942
Use	Only	1	14241 SW 92ND AVE				
		Fem's ad	dress MIAMI, FL 33176-7121		Ph	one no	305-378-1948
Ma	y the IR	S discus	ss this return with the preparer shown above? (see instructions)			_	X Yes No
		vork Red	uction Act Notice, see the separate instructions.				Form 990 (2016)
DAA			•				

Form,990 (2016) THE INTERNATI	ONAL SEAKEEPERS	58-2385869		Page 2
Part III Statement of Program	Service Accomplishments			
	ontains a response or note to a	iny line in this Part III		X
1 'Briefly describe the organization's miss	sion.			
See Schedule O				•
• • • •	• • • • •		•	
	,			•
2 Did the organization undertake any sig	nificant program services during the y	ear which were not listed on the		
prior Form 990 or 990-EZ?				X Yes No
If "Yes." describe these new services of				
3 Did the organization cease conducting	, or make significant changes in how i	t conducts, any program		П. <b></b>
services?				Yes X No
If "Yes," describe these changes on So 4 Describe the organization's program so		three largest program sequence	as magazirad by	
expenses. Section 501(c)(3) and 501(c)			•	
the total expenses, and revenue, if any	.,, .			
				861,726)
IMMEDIATELY DELIVERE SEAKEEPERS OVER THRE OVER. THE CHARTERING KEEPING DONATED VESS WORLD'S OCEANS AND O	E YEARS, WITH A PU PROGRAM EASES THE ELS AND FACILITATE	RCHASING OPTION A BURDEN OF SIGNIA S SEAKEEPERS' MIS	FICANT COST SSION TO PR	ERM IS S OF ESERVE THE
	· · · · · · · · · · · · · · · · · · ·		•	
				()
•				,
4b (Code. ) (Expenses \$	including grants		) (Revenue \$	3,007)
DISCOVERY YACHT PROG WHICH FACILITATE PRO SCIENTIFIC DISCOVERY HOSTING LEARNING EXC SCIENTIFIC RESEARCH ENABLE ACCOMPLISHMEN SCIENTIFIC-LED EXPED OUTREACH.	RAM - DISCOVERY YAG GRAMMING BY PROVID , COMMUNITY OUTREAG URSIONS FOR UNDERPORT FOR GENOME SEQUENC TS. PROGRAMMING IS ITIONS, INSTRUMENT	CHTS ARE PRIVATED ING ACCESS TO THE CH AND ARTISTIC TO RIVILEGED KIDS TO ING, YACHTS ARE	E OCEAN FOR INSPIRATION OF FACILITAT THE PLATFOR REE CATEGOR	RESEARCH, FROM ING M TO IES:
		·		
4c (Code ) (Expenses \$ SPECIAL EVENT EXPENS	96,662 including grants	s of \$	) (Revenue \$	173,264)
SPECIAL EVENT EXPENS	ES			
			·	
•	1			
	-			-
		•		
	·		- <del></del>	
4d Other program services (Describe in S				· — ·
(Expenses \$ 38,28		) (Revenue \$		
4e Total program service expenses ▶	306,972			

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	4s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."			
	complete Schedule A	1	X.	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ĺ
	Part III	5		х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	<b> </b>		-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>		
0		8		x
_	complete Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			x
40	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			х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		ļ
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		•	
	complete Schedule D, Part VI	11a	X	
þ	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		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		۹,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<del></del>
0	Did the organization report an amount for other habilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		<b></b>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D. Parts XI and XII	12a		X
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	• • • • • • • • • • • • • • • • • • • •			Ī
	fundraising, business, investment, and program service activities outside the United States, or aggregate	<b> </b>		.,
	foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			٠,,
	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16	<del> </del>	X
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	X	-
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	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			4.5
	If "Yes," complete Schedule G, Part III	19	- 990	X
		Enr	m 25 2 1	. / MISS

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del></del>	- <del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	= <u> </u>		
• •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		x
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		}	
	employees? If "Yes " complete Schedule J	23		X
24a				
	\$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 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	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		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	١		
	Part I	31		X
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	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	١,,		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. III.	34		x
25-	or IV, and Part V, line 1	35a	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yee" to line 355, did the organization receive any payment from or organic in any transaction with a	338	┼~	1
ь	If "Yes" to line 35a, 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	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	100	<del>                                     </del>	1
20	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"	<del>                                     </del>	† <del></del>
Jí	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	1	1	
	Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>  •</del>		Ť
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
_			90	<del>-</del>

P	2	n	5

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		i									
	Check if Schedule O contains a response or note to any line in this Part V											
		r	Yes	No								
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_										
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	_		İ								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		<b> </b>									
_	reportable gaming (gambling) winnings to prize winners?	1c	X									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax											
L	Statements, filed for the calendar year ending with or within the year covered by this return  [2a] 7	┥										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>								
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X								
	b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O											
4a	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)?	_ ا		x								
ь	If "Yes," enter the name of the foreign country: ▶	4a		^								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts											
	(FBAR)											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х								
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50										
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X								
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>										
	gifts were not tax deductible?	6ь										
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		х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
	required to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year											
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7⊕		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
_	sponsoring organization have excess business holdings at any time during the year?	8		X								
9	Sponsoring organizations maintaining donor advised funds.											
a	Did the sponsoring organization make any taxable distributions under section 4966?	_9a		<u>X</u>								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X								
10	Section 501(c)(7) organizations. Enter:											
a b	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	$\dashv$										
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:											
··a	Gross income from members or shareholders	1	i									
b	Gross income from other sources (Do not net amounts due or paid to other sources	-										
_	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	1.22										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\rceil !										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\neg$									
	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		ļ									
	the organization is licensed to issue qualified health plans											
c	Enter the amount of reserves on hand	1										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										
			000									

Part VI

Form 990 (2016) THE INTERNATIONAL SEAKEEPERS

U	THE THEFT			ray
	Governance, Management, a	nd Disclosure For each "	'Yes" response to lines 2 thr	ough 7b below, and for a "No"
	response to line 8a, 8b, or 10b be	low, describe the circumstar	nces, processes, or change.	s in Schedule O. See instructions
	Charle if Cabadala O anataina a sa	annone or mate to any time t	m Abia Dani M	ſ

960	ion A. Governing Body and Management						
						Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year	1a	Ŀ	5	4		
	If there are material differences in voting rights among members of the governing body, or		ŀ		}		
	if the governing body delegated broad authority to an executive committee or similar		ĺ				
	committee, explain in Schedule O		Ì.,	_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	Ŀ	2	4		ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				1		
_	any other officer, director, trustee, or key employee?				2	<u> </u>	X
1	Did the organization delegate control over management duties customarily performed by or under the direct					32	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?				3	X	v
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		X
;	Did the organization become aware during the year of a significant diversion of the organization's assets?				5	X	^
; •-	Did the organization have members or stockholders?				6	_^_	-
a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				-		x
L	one or more members of the governing body?			1.4	7a		^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				7.		x
3	stockholders, or persons other than the governing body?	• <b>h</b> •	h-	follows	7b	L	<b>├</b> ^
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	oy t	ne	ollowing	1	х	
a	The governing body?				8a	X	├─
b )	Each committee with authority to act on behalf of the governing body?			•	86		┢╾
,	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				9		x
00	the organization's mailing address? If "Yes." provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Interr	al E	201	onuo C		L	
00	tion b. I dicies (This decitor b requests information about policies not required by the intern	iai i	CV	enue O	Jue j	Yes	No
)a	Did the organization have local chapters, branches, or affiliates?				10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				1.00		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	m	?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			•	1		_==
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	วกถึง	cts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done				12c		
3	Did the organization have a written whistleblower policy?				13		X
4	Did the organization have a written document retention and destruction policy?				14		X
5	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?				1		l
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization	•			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions),						
8a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				1		ĺ
	with a taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						ĺ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1 1		ĺ
	organization's exempt status with respect to such arrangements?				16b		L
ec	ion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed ▶ None						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(c)(3	)s (	nly)			
	available for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	t pol	icy.	and			
	financial statements available to the public during the tax year.						
)	State the name, address, and telephone number of the person who possesses the organization's books and record	ls. 🕨					
	CHARD SNOW 255 ARAGON AVE, 3RD FLOOR						

Part VII	Compensation of Officers, Directors, 7	rustees, Key Employees, Highest Con	npensated Employees, and
	Independent Contractors	•	

Check if Schedule O contains a response or note to any line in this Part VII

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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Trile	(B) Average hours per week (list eny	(C) Position (do not check more than one box unless person is both ar officer and a director/trustee)				s both a	an 0)	(D) Reportable compensation from tho	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other componsation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highesi compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) MICHAEL MOORE		T									
	8.00		1			1 1					
CHAIRMAN	0.00	├		X	-			0	0	0	
(2) JAY WADE	1 00		}			1 1					
VICE CHAIRMAN	1.00			x	j				0	_	
(3) JULIEN CHANG	0.00	├-	-	^	<del> </del>	╀╌┼		0	<u>0</u>	0	
(3) CODIEN CHANG	4.00				ł						
OFFICER	0.00	1		x	ł	1		О	o	o	
(4) CHARLES PORTER	1	$\vdash$	$\vdash$	-	$\vdash$					<u>_</u>	
(,, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.50	1	)		1	1					
OFFICER	0.00	1	l	x	1	1 1		0	0	0	
(5) FRANK WLASEK										<u> </u>	
•	0.50	ł		•	İ					•	
OFFICER	0.00	L		X				0	0	. 0	
(6) RICHARD SNOW			Γ			П					
	40.00	] .	l	Ì	ĺ	1 1					
PRESIDENT	<u> </u>	L_	<u> </u>		<u> </u>	Ш		83,462	· · · · · · · · · · · · · · · · · · ·	 	
(7)											
(8)	<del> </del>				-						
(9)											
(10)											
(11)			-								
DAA	<u> </u>	<u></u>	<u></u>					<u> </u>	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2016)	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per wook (list any hours for	b0 off	x, unte	Pos check ess pe	irson i	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
		related organizations befow dotted line)	Individual trustee or director	Institutional trustee	Officer	Koy employee	Highest compensated employee	Former	(W-2/1099 MISC)		an	anization d related inizations	
													<del></del>
													····
1b c d	Sub-total . Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	١.			<b>A A A</b>					
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	pov	e) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes."	ormer officer, dir	ecto	r, or					loyee, or highest compensa	ited		Yes	No X
4	For any individual listed on line organization and related organization and related organizational	e 1a, is the sum	of re	port	able	com	pens	atio					х
5	Did any person listed on line 1 for services rendered to the or									individual			x
Sect 1	ion B. Independent Contracto Complete this table for your five			end :	-				roates that received man t	han \$100,000 of			
	compensation from the organi	zation, Report co							dar year ending with or with	in the organization's tax ye	ar.	(C)	
	Name and	(A) business address						-	Descript	(B) uon of services		(C) Compens	sation
								<u> </u>		<del></del>			
								_	<del></del>				····
											1		
									-				<del></del> -
2	Total number of independent of								se listed above) who				
DAA	received more than \$100,000	or compensation	Tror	n (ne	org	anız	ation		<del></del>	0		Form 95	(2010)

Pa	rt V	Ill Statement of Reve Check if Schedule	e <b>nue</b> O cor	ntains a	response (	or note to any line	in this Part VIII		П
	-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ž ž	1a	Federated campaigns	1a		76,552				
ira Dun	b	Membership dues	1b		4,386		1		1
S, G	c	Fundraising events	10					ļ	İ
ar/	d	Related organizations	1d						
S, G	8	Government grants (contributions)	10				1	·	ļ.
roi	f	All other contributions gifts, grants,						1	1
the		and similar amounts not included above	1f	8,	713,240			j	
50	g	Noncash contributions included in lines 1a	-11		,558,740		1	)	1
SE	h	Total. Add lines 1a-1f			<u>``</u>	8,794,178			
ue					Busn. Code		/ · · · · · · · · · · · · · · · · · · ·		
ven	2a	YACHT CHARTER				861,726	861,726		
, R	b	SPECIAL EVENTS				173,264	173,264		
Ϋ́	C	CUBA E3 EXPERIÊNCE				34,000	34,000	<del></del>	
Program Service Revenue   Contributions, Gifts, Grants   Amounts	đ	DRIFTER DONATIONS				7,429	7,429		<u> </u>
HE.	e	MISCELLANEOUS INCOM	Œ			4,661	4,661		
og.	f	All other program service reve	enue		L	3,007	3,007	<u> </u>	<u> </u>
-	9	Total. Add lines 2a-2f			<u> </u>	1,084,087		<b>.</b>	
	3	Investment income (including	divide	nds, inter	est,		1	j	}
		and other similar amounts)						<u> </u>	<del> </del>
	4	Income from investment of tax	k-exem	pt bond p	proceeds >			<u> </u>	<del> </del>
	5	Royalties		<del></del>					<b></b>
		(ı) Real		(11)	Personal				
	6a	Gross rents					1	}	
	ь	Less rental exps		<del></del>	<del></del>			}	İ
	C	Rental inc. or (loss)		L				ł	
	d 7a	Net rental income or (loss) Gross amount from		<del>,</del>				<u> </u>	<b></b>
		sales of assets (i) Securities	<u> </u>	(**	) Other				}
		other than inventory		<del> </del> -					
İ	b	Less cost or other							
		basis & sales exps		<del> </del>				1	İ
	_	Gain or (loss)		L	•				1
	d	Net gain or (loss)	nee			, , , , , , , , , , , , , , , , , , ,	<u> </u>		<del> </del>
92	04	Gross income from fundraising ever (not including \$	71125						l
Ver		of contributions reported on line 1c	,		İ				
&		See Part IV, line 18	a						İ
Other Revenue	ь	Less: direct expenses	ь						
ō		Net income or (loss) from fund		events				)	ł
ì		Gross income from gaming activities		, 0,0,,,,,		<del></del>	<del></del>		<del> </del>
Ì		See Part IV, line 19	а						]
	b	Less' direct expenses	b						Į.
		Net income or (loss) from gam	nna ac	tivities	<b>•</b>				•
		Gross sales of inventory, less	_						<del></del>
		returns and allowances	а						1
	b	Less cost of goods sold b							1
l		Net income or (loss) from sale	s of in	ventory	<b>•</b>				ł
i		Miscellaneous Revenue			Busn Code				
	11a								<u> </u>
	þ								
- 1	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d			▶				
	12	Total revenue. See instruction	ns			9,878,265	1,084,087	0	0

Form 990 (2016) THE INTERNATIONAL SEAKEEPERS

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) graenizations must complete all columns. All other organizations must complete column (A)

3000	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
	Grants and other assistance to domestic organizations		CAPUTISCS	gundrar expenses	dxportsus						
•	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic		·····	<del></del>	<del></del>						
-	individuals See Part IV, line 22										
3	Grants and other assistance to foreign			<del></del>							
•	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16			}							
4	Benefits paid to or for members			<del></del>							
5	Compensation of current officers, directors,										
•	trustees, and key employees										
6	Compensation not included above, to disqualified										
•	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	199,023		199,023							
8	Pension plan accruals and contributions (include				<del></del>						
•	section 401(k) and 403(b) employer contributions)	ļ		į							
9	Other employee benefits				<del></del>						
10	Payroll taxes										
11	Fees for services (non-employees).				<del></del>						
а	Management										
b	Legal		<del></del>	<del></del>	<del></del>						
c	Accounting	4,500	· <del></del>	4,500							
ď	Lobbying	<del></del>			<del></del>						
е	Professional fundraising services. See Part IV, line 17				<del> </del>						
f	Investment management fees										
9	Other (If line 11g amount exceeds 10% of line 25 column										
	(A) amount, list line 11g expenses on Schedule O)	172,029	172,029								
12	Advertising and promotion	3,522		3,522							
13	Office expenses										
14	Information technology										
15	Royalties	<u> </u>									
16	Occupancy	9,322		9,322	<del></del>						
17	Travel										
18	Payments of travel or entertainment expenses		ļ	(							
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	<u> </u>									
20	Interest	<b> </b>									
21	Payments to affiliates	<u> </u>									
22	Depreciation, depletion, and amortization	<del></del>									
23	Insurance	<del>   </del>									
24	Other expenses, Itemize expenses not covered	[	}	]							
	above (List miscellaneous expenses in line 24e. If		l								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	Į	ţ								
_	CONSULTING	191,531		191,531							
a b	BOAT SHOWS	106,323		106,323							
C	PROGRAMMING	38,281	38,281	200,323	<del></del>						
d	GROUP HEALTH INSURANCE	32,555	30,201	32,555	<del></del>						
e	All other expenses	91,197		91,197							
25	Total functional expenses. Add lines 1 through 24e	848,283	210,310	637,973	0						
26	Joint costs. Complete this line only if the										
	organization reported in column (B) joint costs from a combined educational campaign and		į								
	fundraising solicitation. Check here	1	Ţ	1							
	following SOP 98-2 (ASC 958-720)	<u> </u>									
DAA	· - · - · - · - · - · - · - · - · - · -			<del></del>	Form 990 (2016)						

Part )				
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
11	Cash—non-interest bearing	90,349	1	19,10
2	Savings and temporary cash investments		2	69
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	798,192	4	1,226,48
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees	į į		
ł	Complete Part II of Schedule L	<b>\</b>	5	
6	Loans and other receivables from other disqualified persons (as defined under section			
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	}		
ł	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	}		
, [	organizations (see instructions). Complete Part II of Schedule L	}	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			·
	other basis. Complete Part VI of Schedule D 10a 16, 923, 466			
Ь	Less: accumulated depreciation 10b	8,790,000	10c	16,923,46
11	Investments—publicly traded securities		11	<del></del>
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV line 11	1,323,970	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,002,511	16	18,169,74
17	Accounts payable and accrued expenses	291	17	30,01
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	}		
1	parties, and other liabilities not included on lines 17-24). Complete Part X	<u> </u>		
1	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	291	26	30,01
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		ł	
	complete lines 27 through 29, and lines 33 and 34.		)	
27	Unrestricted net assets	11,002,220		18,139,80
28	Temporarily restricted net assets	<b>]</b>	_28	
29	,	ļ	29	<del></del>
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	j l	[	
	complete lines 30 through 34.	ļ	ļ	
30	Capital stock or trust principal, or current funds		30	
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or equipment fund	ļ	31	
32		11 000 000	32	10 120 00
33	Total net assets or fund balances	11,002,220	33	18,139,80
34	Total liabilities and net assets/fund balances	11,002,511	34	18,169,81

-om	1 990 (2016) THE INTERNATIONAL SEAKEEPERS 58-2385869			Pag	ge 12
Pa	rt XI ` Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,8	78,2	<u> 265</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		48,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	9,02	29,	982
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,00	02,3	<u> 220</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	20,03	32,3	202
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_ [		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		<sup>-</sup>		
	Schedule O			1 1	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis		) !	. 1	l
b	Were the organization's financial statements audited by an independent accountant?		2ь		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	• •			
	separate basis, consolidated basis, or both:				i
	Separate basis Consolidated basis Both consolidated and separate basis		1	1 1	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			. 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		
			Fon	ո <b>99</b> 0	(2016)

#### 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public

Inspection

OMB No 1545-0047

Name of the organization

THE INTERNATIONAL SEAKEEPERS SOCIETY INC

58-2385869

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instructio	ns.			
The	orga	nization is not	a private foundation because	e it is. (For lines 1 through 12, c	heck only	y one box	)				
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(	1)(A)(i).				
2	П	A school des	cribed in section 170(b)(1)(	ed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )							
3	П	A hospital or	a cooperative hospital servi-	ce organization described in sec	tion 170	(b)(1)(A)	iii).				
4	П	·-		•			•	ospital's name			
·		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:									
	$\Box$	•		s a college or university award		od by o a	overnmental unit described in	•• ••			
J		_		of a college or university owned	or operac	eu by a g	overnmental unit described in				
_		,	b)(1)(A)(iv). (Complete Part	•	47						
6	H		•	overnmental unit described in s							
7	لـا	•	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II)	om a gove	ernmenta	l unit or from the general public	•			
8		A community	trust described in section 1	I70(b)(1)(A)(vi). (Complete Part	H)						
9	$\sqcap$	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operat	ed in con	unction with a land-grant colle	ge			
		or university university:	or a non-land grant college of	of agriculture (see instructions)	Enter the	name, ci	ty, and state of the college or				
10	X	An organization receipts from support from	activities related to its exen gross investment income ar	1) more than 33 1/3% of its support functions—subject to certain of unrelated business taxable in 0, 1975 See section 509(a)(2).	exceptio come (le:	ns, and () ss section	2) no more than 33 1/3% of its a 511 tax) from businesses	oss			
11	$\Box$			exclusively to test for public safe			•				
	Н	•	•	•	•						
12	Ш	-	•	exclusively for the benefit of, to cations described in section 50!	•						
				nat describes the type of suppor				•			
	а	<b>—</b>		erated, supervised, or controlled			·	-			
	a			ver to regularly appoint or elect				ng .			
		• •		omplete Part IV, Sections A a		or the di	rectors or trustees or the				
	h			pervised or controlled in connec		ite eunno	rted organization(s), by having				
				ting organization vested in the s			• • • •				
			T	Part IV, Sections A and C.	omo pon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oomoo or manage me capper.	-			
	c		• •	supporting organization operated	l in conne	ction with	and functionally integrated w	ith			
	•			tructions) You must complete				,			
	d	Type III r	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	n with its supported organization	n(s)			
			· · · · · · · · · · · · · · · · · · ·	e organization generally must sa			• • • • • • • • • • • • • • • • • • • •				
		requirem	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.				
	е	Check th	is box if the organization rec	eived a written determination fro	m the IR	S that it is	s a Type I, Type II, Type III				
		functiona	illy integrated, or Type III no	n-functionally integrated support	ing organ	ızatıon					
	f	Enter the nur	mber of supported organizati	ons				L			
	g	Provide the fo	ollowing information about the	e supported organization(s).							
(1	) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Amount of monetary	(vi) Amount of			
	or	ganization	ļ	(described on lines 1-10	1	rı doverurd	support (see	other support (see			
				abovo (see instructions))		ment?	instructions)	instructions)			
			<del> </del>		Yes	No					
(A)		į			ĺ	]					
						<b> </b>		<del></del>			
(B)					ì	}					
					<b></b> _						
(C)					1	)	1				
					<b>-</b>	ļ					
(O)		İ			1	}					
					<u></u>	ļ		L			
(E)					1						
					ļ	ļ					
		i			ł	(					

Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 5	Total. Add lines 1 through 3  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.						
	tion B. Total Support			<del></del>			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4 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						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop here						▶ □
<u>Sec</u>	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2016 (line 6		•	nn (f))		14	<u>%</u>
15	Public support percentage from 2015 Sche		•			15	<u> </u>
16a	33 1/3% support test—2016. If the organi				33 1/3% or more,	check this	. —
_	box and stop here. The organization quali	· · · · · · · · · · · · · · · · · · ·	•	• •	5 00 4 1004		▶⊔
D	33 1/3% support test—2015. If the organization				15 IS 33 1/3% of m	ore, cneck	. □
17a	this box and stop here. The organization of 10%-facts-and-circumstances test—201	•			is or 16h and line	14 ie	
	10% or more, and if the organization meet	_					
	Part VI how the organization meets the "fa				•		
	organization			<b>3</b>	, , , , , , , , , , , , , , , , , , , ,	<b>,</b>	▶ □
b	10%-facts-and-circumstances test—201	5. If the organizat	ion did not check :	box on line 13, 16	Sa, 16b, or 17a, an	d line	ب .
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstance:	" test, check this b	ox and stop here		
	Explain in Part VI how the organization me supported organization				•		▶ □
18	Private foundation. If the organization did	I not check a box	on line 13, 16a, 16	ib, 17a, or 17b, che	eck this box and se	e	
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Section 509(a)(2) Part III ' (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (a) 2012 Calendar year (or fiscal year beginning in) (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") 2,496,949 49,114 9,435,273 8,794,178 20,775,514 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 195,540 234.375 4.769 1.084.087 1,518,771 organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 698,591 2,065,538 1,366,947 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 982,080 4,059,436 9,440,042 9,878,265 24,359,823 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) 24,359,823 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 6 9,878,265 24,359,823 4,059,436 982,080 9,440,042 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, 4,059,436 982,080 9,440,042 9,878,265 24,359,823 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 **▶** i Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 100.00% 15 15 16 Public support percentage from 2015 Schedule A, Part III, line 15 100.00% Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 33 1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line X 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and ь

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20

Schedule A (Form 990 or 990-EZ) 2016

#### Part IV 'Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and complete Part V.)

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

supporting organizations)? If "Yes." answer 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Sched	ule A (Form 990 of 990-EZ) 2016 THE INTERNATIONAL SEARCEPERS 38-2383	003		Page 5
<u>Pa</u>	rt IV Supporting Organizations (continued)	<del></del>	<del></del>	
44	Like the experience pagented a gift or contribution from any of the fallowing pagency.	Γ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	ļ
а	below, the governing body of a supported organization?	11a	1	1
<b>.</b>	A family member of a person described in (a) above?	11b	<b></b> -	<b></b> -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	<del></del>	<del> </del>
	tion B. Type I Supporting Organizations	116	L	<b></b>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	[	l	Į
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- ( -	ĺ	[
	controlled the organization's activities. If the organization had more than one supported organization,			į
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		į
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		ĺ	ſ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated.	- (		{
	supervised, or controlled the supporting organization	2	1	1
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	j		}
	or management of the supporting organization was vested in the same persons that controlled or managed	j		}
	the supported organization(s)	1	<u> </u>	<u></u>
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Į.	l
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ	l	ļ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ļ	ł
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			[
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			[
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b></b> -
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
Sect	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  The organization satisfied the Activities Test. Complete line 2 below.	ns)		
a b				
c		(ructions)		
·	The digunation supported a governmental entity. Describe in Fair 47 now you supported a government entity (see inst	ruciiorisj.		
2	Activities Test, Answer (a) and (b) below.	1	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	- 1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ļ
	how the organization was responsive to those supported organizations, and how the organization determined	- 1		
	that these activities constituted substantially all of its activities	2a		}
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	[ ]		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1 1		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Voc." describe in Part VI the role aloued by the emerication in this record	1 25		

chedule A (Form 990 or 990-EZ) 2016 THE INTERNATIONAL SEAREEPE	KS_	<u> </u>	869 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on the	Nov 20, 1	970 (explain in Part VI).Se	e
instructions. All other Type III non-functionally integrated supporting organizations m	ust compl	lete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	1	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1	ì	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	_L		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).	İ	Į.	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	<b>,</b>	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		······································
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate	d Type III	supporting organization (s	ee
instructions)			

	e A (Form 990 or 990-EZ) 2016 THE INTERNATIONAL		58-2385	869 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Secti	on D - Distributions	<del></del>		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity	. <del></del>		
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			ļ
	instructions			
3_	Excess distributions carryover, if any, to 2016.			
<u>a</u>				<u> </u>
b				 
С	From 2013			<u></u>
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
СС	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result		}	
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			

e Excess from 2016

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)
•	
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•	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 16

Open to Public Inspection

Vame	of the organization		Employer identification number
T	HE INTERNATIONAL SEAKEEPERS		
S	OCIETY INC		58-2385869
Pa	ort I Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on F		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	<u> </u>
•	funds are the organization's property, subject to the organization's excl		☐ Yes ☐ No
6			,, , , , , , , , , , , , , , , , , , , ,
•	only for chantable purposes and not for the benefit of the donor or donor	• •	
	conferring impermissible private benefit?	advisor, or for any other purpose	☐ Yes ☐ No
Pa	art II Conservation Easements.		
•	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
·	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically im	portant land area
	Protection of natural habitat	Preservation of a certified histor	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	nuation contribution in the form of a cons	servation
•	easement on the last day of the tax year.	valor community in the torn or a cons	Held at the End of the Tax Year
а			2a
_			2b
b		udod io (o)	26
C			20
d		oo, and not on a	20
•	historic structure listed in the National Register	transport or to resident distribution or one	<del></del>
3	Number of conservation easements modified, transferred, released, ex	unguished, or terminated by the organiz	ation during the
	tax year		
4	Number of states where property subject to conservation easement is I	' ' '	
5	Does the organization have a written policy regarding the periodic mon	toring, inspection, nanoling or	☐ Yes ☐ No
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	i violations, and enforcing conservation	easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation ease	ements during the year
	Some and a second secon	the second section 470/by/41/D	73
ō	Does each conservation easement reported on line 2(d) above satisfy t	ne requirements of section 170(n)(4)(b)	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem	•	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	organization's imancial statements that	describes the
	art III Organizations Maintaining Collections of Art,	Historical Transuras, or Other	Cimilar Accets
F 6	Complete if the organization answered "Yes" on F	Form 990 Part IV line 8	Similar Assets.
4 -			I halaasa ahaat
18	If the organization elected, as permitted under SFAS 116 (ASC 958), n	•	
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its financi		
Þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to	·	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
			<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. <b>▶</b> \$
b	Assets included in Form 990. Part X		<b>▶</b> s

Schedule D (Fe	orm 990) 2016	THE INTE	RNATIONAL	SEAKE	EPERS		<u>58-2</u>	<u> 3858</u>	69			Page 2
Part III	Organizatio	ons Maintainin	g Collections	of Art, H	istorical T	reasures,	or Othe	r Simi	lar As	sets	(continue	
		acquisition, access										
a 🗍 Publ	ic exhibition		d [	Loan or	exchange pro	grams						
b Scho	olarly research		e	Other	•	•						
c Pres	ervation for futur	re generations	_			••		•				
		the organization's o	collections and exp	lain how the	y further the	organization'	s exempt	purpose	in Part	l		
XIII		-				_						
5 During th	ne year, did the d	organization solicit	or receive donation	ns of art, his	itorical treasu	ires, or other	sımılar					
assets to	be sold to raise	funds rather than	to be maintained a	s part of the	e organizatioi	n's collection'	?				Yes	No
Part IV	Escrow and	d Custodial Ar	rangements.									
	Complete if 990, Part X,	the organizatio , line 21.	n answered "Ye	es" on Fo	rm 990, Pa	art IV, line !	9, or rep	orted a	an am	ount o	on Form	
1a is the or		ent, trustee, custo	dian or other interm	nediary for o	contributions	or other asse	ts not					
	on Form 990, P										Yes	No
b If "Yes,"	explain the arrar	ngement in Part XII	II and complete the	following to	able:		•,•					
											Amount	
c Beginnin	g balance								1c			
d Additions	s during the year	r							1d			
e Distribut	ions during the y	ear ear							1e			
f Ending t	palance								11			
2a Did the d	organization inclu	ude an amount on	Form 990, Part X, I	line 21, for e	escrow or cus	stodial accour	nt liability?	ı			Yes	☐ No
b If "Yes"	explain the arrar	ngement in Part XII	I Check here if the	e explanatio	n has been p	rovided on P	art XIII					
Part V	Endowmen	nt Funds.										
	Complete if	the organization	n answered "Yo	es" on Fo	<u>rm 990, Pa</u>	art IV, line	10	,				
		1	(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Tr	ree yoars	back	(e) Four ye	ars back
1a Beginnin	ng of year balanc	же. , <u>,</u>				<u> </u>					<u> </u>	
b Contribu	tions .		<del></del>			<u> </u>					<u> </u>	
c Net inve	stment earnings,	, gains, and		-				l			ł	
losses		1				<u> </u>					<u> </u>	
d Grants o	r scholarships										<u> </u>	
e Other ex	penditures for fa	icilities and		ŀ		}		1			1	
program	s					<b></b>					<u> </u>	
f Administ	trative expenses	,				<b></b>		<b></b> _			<u> </u>	
•	ear balance	<b>l</b>				<u></u>		L			L	
2 Provide	the estimated pe	ercentage of the cu	rrent year end bala	ince (line 1ç	j, column (a)	held as.						
a Board de	esignated or qua	si-endowment	, <b>%</b>									
	ent endowment I											
	anly restricted en	•	. %									
•	•	s 2a, 2b, and 2c sh	•									
		nds not in the poss	ession of the orgar	nization that	are held and	l administered	d for the				<del></del>	<del></del>
organiza	•											es No
	lated organizatio		•								3a(i)	
• •	ed organizations						•				3a(ii)	<del></del>
		the related organia									3b	L
		intended uses of th		ndowment f	unds.							
Part VI		dings, and Equ		" a. F.	rm 000 D	and 1\/ 15mm	110 0	· Fe===	000	D-4 \	/ lin- 40	
		the organizatio								ran 7 T		
	Description of pro	openy	(a) Cost or oth		(b) Cost or			Accumulate apreciation	σ		(d) Book value	ne
4- 14			- Luiseaun	,	(ott	···/				+		
1a Land		•	}				ļ			╂		
b Buildings										+		
	ld improvements	<b>?</b>								┼		
d Equipme	ent		16 02	3,466						+	16,923	AGE
e Other	e 1a through 1e	. (Column (d) must			nn /R) line 1		L <del></del>				16,923	
	anough ic.	ובטווו נטן ווווטוטיטען.	Squarr Onn 330, F	41. A. WIUI	···· (D), IIIIC 1	vv.j					-0,363	1,400

Schedule D (F	orm 990) 2016 THE INTERNATIONAL SEA	KEEPERS	58-2385869	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11b. See Form 990, Part X, lin	ie 12
· · ·	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	<u></u>	Cost or end-of-year market valu	0
(1) Financial o	lerivatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A) <sub>_</sub>				
(B)				
(C)				
(D)				
(Ę)				
, (F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
<del></del>	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11c. See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market valu	e
(1)				
(2)	·	<u> </u>		
(3)				· · · · · · · · · · · · · · · · · · ·
(4)		<u> </u>		
(5)				
(6)				
(7)	<del></del>			
(8)				
(9)				<del> </del>
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV,	<u>line 11d See Form 990, Part X, lin</u>	e 15.
	(a) Description		(b) I	Book value
(1)				<del></del>
(2)		<del></del>		
(3)				
(4)		<del></del>	· · · · · · · · · · · · · · · · · · ·	
(5)		··-	<del> </del>	
(6)				
(7)				
(8)		<del></del>	<del></del>	
(9)	- (h)			<del></del>
	n (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.		<u> </u>	
Part X		Form 000 Post IV	line 11e or 11f See Form 000 Dec	- V
	Complete if the organization answered "Yes" on	roim 990, Part IV,	line Tie of Til. See Form 990, Pai	ι. Α,
	line 25.	(h) Book water	<del></del>	
1. Fadasal	<del></del>	(b) Book value		
	income taxes		{	
(2)		<del>+</del>	{	
(3)	<del> </del>	<del> </del>		
(4)		+		
(5)		+		
(6)	<del></del>	<del> </del>		
(7)		<del></del>		
(8)		<del> </del>		
(9)	(h) must must farm 000 Part V and (D) Har 001 Pa	<del></del>	→	
	1 (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
	uncertain tax positions. In Part XIII, provide the text of the foo			г

Schedule D (Fe	orm 990) 2016 THE 1	NTERNATI	ONAL SEAF	<b>EEPERS</b>		58-2385	869	Page 4
Part XI	Reconciliation of Re	evenue per Au	idited Financ	ial Stateme	nts With R	evenue per	Return.	
	Complete if the organ	nization answe	red "Yes" on F	orm 990, Pa	art IV, line 1	2a.		
1 Total rev	enue, gains, and other supp	oort per audited fin	ancial statement	s			1	
2 Amounts	included on line 1 but not o	on Form 990, Part	VIII, line 12				1 1	
a Net unre	alized gains (losses) on invi	estments			2a		_	
b Donated	services and use of facilitie	s	,		2b			
	ies of prior year grants	,		•	2c			
d Other (D	escribe in Part XIII)	••	. ,		2d			
	s 2a through 2d		••••				2e	
	line 2e from line 1				,, ,,, ,,, ,		3	
4 Amounts	s included on Form 990, Par	t VIII, line 12, but	not on line 1"		1 1		1 1	
	ent expenses not included o			-	4a			
	escribe in Part XIII.)				4b			
	s 4a and 4b						4c	
	enue Add lines 3 and 4c. (					· · · · · · · · · · · · · · · · · · ·	. 5	<del></del>
Part XII	Reconciliation of Ex						er Return.	
	Complete if the organ			orm 990, Pa	art IV, line 1	12a.		
	penses and losses per audit						. 11	
	s included on line 1 but not o						1 1	
	services and use of facilitie				2a			
b Pnor yea	ar adjustments 👝 👑				2b	<del></del>		
c Other los	sses				2c			
	escribe in Part XIII)				2d			
							2e	<del></del>
					4 · · · · · · ·		. 3	
	s included on Form 990, Par				1.1		1 1	
	ent expenses not included o	n Form 990, Part	VIII, line 7b		4a		<u></u> -}	
•	escribe in Part XIII.)				4b	<del></del>	<del> </del>	
	s 4a and 4b						4c	
	penses. Add lines 3 and 4c.		Form 990, Part I.	iine 18) .	<del></del>	<del></del>	5	<del></del>
Part XIII	Supplemental Informations required for Part I		Ded III Imaa 1a	4. D N/	lines the sent	25. D-414 15	4 Dad V 1	<del></del>
	scriptions required for Part I s 2d and 4b, and Part XII, lir						4, Part X. line	
i, Pall Al, lilles	5 20 and 40, and Fait An, III	ies 20 and 40 Als	o complete this p	art to provide a	iny additional i	mormation.		
	1.1		• • •		//////	•	• •	•
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	orm 990) 2016 THE INTERNATIONAL	SEAKEEPERS	58-2385869	Page 5
Part XIII	Supplemental Information (continued)			
•			• • • • • • • • • • • • • • • • • • • •	
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/torm990. Internal Revenue Service

Open to Public

OMB No 1545-0047

THE INTERNATIONAL SEAKEEPERS Employer identification number Name of the organization SOCIETY INC 58-2385869 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e | Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did tund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity or entity (fundraiser) fundraiser listed in organization control of contributions col (i) Yes No 1 AMP T6 CONSULTING 491,145 MAIL, PHON X 491,145 2 CAYO MARKETING MAIL PHONE x 193,897 193,897 10

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

STATE OF FLORIDA

Total

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	gross receipts	greater than \$5,000.			·
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FOUNDERS	BAL DELA MER		(add cal (a) through
a.		(event type)	(avent type)	(total number)	col (c))
Revenue	1 Gross receipts	68,964	97,900		166,864
	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)	68,964	97,900		166,864
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	23,655			23,655
Öğ	8 Entertainment	4,150			4,150
	9 Other direct expenses	26,064	3,720		29,785
	10 Direct expense summary	Add lines 4 through 9 in column (c	4)	•	57.590
	•	ubtract line 10 from line 3, column (		•	57,590 109,274
. P		plete if the organization answ	wered "Yes" on Form 990, P	art IV, line 19, or repor	ted more
	than \$15,000 c	on Form 990-EZ, line 6a			<del> </del>
e		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
venue		(a) Bingo	(b) Pull labs/instant bingo/prograssive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	(a) Bingo		(c) Other garrung	
Revenue	1 Gross revenue	(a) Bingo		(c) Other gaming	
	Gross revenue     Cash prizes	(a) Bingo		(c) Other gaming	
	2 Cash prizes	(a) Bingo		(c) Other garning	
		(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2 Cash prizes	(a) Bingo		(c) Other garning	
	Cash prizes     Noncash prizes	(a) Bingo		(c) Other garning	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo  Yes % No		Yes %	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes %	binga/prograssiva binga  Yes % No	Yes %	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes % No No Add lines 2 through 5 in column (c	binga/prograssiva binga  Yes % No	Yes %	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes %	binga/prograssiva binga  Yes % No	Yes %	
a co Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the	Yes % No No Add lines 2 through 5 in column (c	binga/prograssive binga  Yes % No  Silumn (d)	Yes %	
a co Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income sum Enter the state(s) in which the	Yes % No  Add lines 2 through 5 in column (of many. Subtract line 7 from line 1. column conducts gaming act	binga/prograssive binga  Yes % No  Silumn (d)	Yes %	cal (a) through cal (c))
a d a c Orrect Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the state organization licensed to if "No," explain:	Yes % No  Add lines 2 through 5 in column (of many. Subtract line 7 from line 1. column conducts gaming act	Yes % No  Solumn (d)  ivities. of these states?	Yes % No	cal (a) through cal (c))
a d a c Orrect Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the state organization licensed to if "No," explain: Were any of the organization	Yes % No  Add lines 2 through 5 in column (or many. Subtract line 7 from line 1. core organization conducts gaming act to conduct gaming activities in each	Yes % No  Solumn (d)  ivities. of these states?	Yes % No	col (a) through col (c))

Sche	edule G (Form 990 or 990-EZ) 2016 THE INTERNATIONAL SEAKEEPERS	58-23	85869 Page
11	Does the organization conduct gaming activities with nonmembers?		Yes
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit		
	formed to administer charitable gaming?		. Yes N
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		13a   %
b	An outside facility		13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events book	s and	<u> </u>
	records		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		<b>—</b> —
	revenue?		Yes N
р	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name Name		
	Address >	( ) (	
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶	_	
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	,	0	party party
	retain the state gaming license?		Yes N
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	s or	
	spent in the organization's own exempt activities during the tax year ▶ \$		
Par	rt IV Supplemental Information. Provide the explanations required by Part I, line		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a	ny additional infor	mation.
	See instructions		
		•	
	•		
	·		

SCHEDULE G (Form 990 or 990-EZ)	Supplemental Information  For calendar year 2016, or tax year beginning . and ending	2016	
Yame of the organization	For calendar year 2016, or tax year beginning and ending  THE INTERNATIONAL SEAKEEPERS	Employer ident	fication number
Jame of the order#58#ou	SOCIETY INC	58-238	5869
•		•••	
			* *****
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#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

THE INTERNATIONAL SEAKEEPERS SOCIETY INC

Employer identification number 58-2385869

Pa	art I Types of Property					<u> </u>				
		(a)	(b)	(c)			(d)			
	ı	Check if	Number of contributions or	Noncash contribution amounts reported on	1	Me	thod of determining			
	1	applicable	items contributed	Form 990, Part VIII, line 1g	1	noncas	sh contribution amou	ints		
1	Art Works of art									
2	Art — Historical treasures									
3	Art — Fractional interests									
4	Books and publications					<del></del>				
5	Clothing and household									
	goods			ļ	ł					
6	Cars and other vehicles									
7	Boats and planes	Х	10	8,558,740						<del></del>
8	Intellectual property									
9	Securities — Publicly traded					······································				
10	Securities - Closely held stock					<del></del>				
11	Securities Partnership, LLC,									
	or trust interests				l					
12	Securities - Miscellaneous									
13	Qualified conservation									
	contribution — Historic		1							
	structures		ı							
14	Qualified conservation									
	contribution — Other	•	ı		ŀ					
15	Real estate — Residential									
16	Real estate — Commercial						<del></del>			
17	Real estate — Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ►(									
26	Other ►(									
27	Other ▶ (									
28	Other ►(									
29	Number of Forms 8283 received by t	he organiz	ation during the tax yea	r for contributions for						
	which the organization completed Fo	rm 8283, I	Part IV, Donee Acknowl	edgement	29	L				
									Yes	No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I, lines 1	l thro	ugh				$\Box$
	28, that it must hold for at least three	years from	m the date of the initial o	contribution, and which isn't	requ	ired				į
	to be used for exempt purposes for the	he entire h	olding period?					30a		х
ь	If "Yes," describe the arrangement in	Part II.	,,	'						
31	Does the organization have a gift acc	ceptance p	olicy that requires the re	eview of any nonstandard						1
	contributions?			-				31		X
32a	Does the organization hire or use this	rd parties o	or related organizations	to solicit, process, or sell ne	oncas	sh				
	contributions?		,				i	32a		х
þ	If "Yes," describe in Part II.						l			
33	If the organization didn't report an arr	nount in co	lumn (c) for a type of pr	operty for which column (a)	is ch	necked,	į			
	describe in Part II									

chedule M (Form 9		Page 2
Part II	Supplemental Information. 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.	
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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.

2016

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Open to Public

Name of the organization THE INTERNATIONAL SEAKEEPERS Employer identification number 58-2385869 SOCIETY INC Form 990 - Organization's Mission THE INTERNATIONAL SEAKEEPERS SOCIETY PROMOTES OCEANOGRAPHOC RESEARCH, CONSERVATION AND EDUCATION THROUGH DIRECT INVOLVEMENT WITH THE YACHTING COMMUNITY. SEAKEEPERS ENABLES THE YACHTING COMMUNITY TO TAKE FULL ADVATAGE OF THEIR UNIQUE POTENTIAL TO ADVANCE MARINE SCIENCES AND TO RAISE AWARENESS ABOUT GLOBAL OCEAN ISSUES. Form 990, Part III, Line 2 YACHT CHARTERS Form 990, Part III, Line 4d - All Other Accomplishment PROGRAMMING EXPENSES Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 11g - Other Fees for Services \$ 172,029 141,657 \$ Mgt & General Program Service Fundraising YACHT RELATED 172,029 0 0

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