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Retroactive Reinstakement

Department of the Tronsum Internal Revenue Serves Positive Process Positive Process
Committee Comm
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President Palar President
CORAL GABLES FL 33134 New a und address of process offer Acquirate porting Piles and address of process offer Acquirate porting RICHARD SNOW 355 ALHAMBRA CIRCLE ROOM 1100
Approximation porting Page and allocate of proximation of the property of th
According bording RICHARD SNOW 355 ALHAMBRA CIRCLE ROOM 1100 H(b) in this a group return to indept state Yes CORAL GABLES FL 33134 FINE Telephone FL 33134 FINE TELEPHON FL 33134
355 ALHAMBRA CIRCLE ROOM 1100 CORAL GABLES FL 33134 1 Tex-except station
CORAL GABLES FI 33134 Tex-except status X 501(x)
Weeler Will Group are part Management
Total number of volunteers (columnate of volunteers (columnate of volunteers) Total number of volunteers (columnate of recognisity) Total number of volunteers (columnate of volunteers) Total number of volunte
See Schedule C C C C C C C C C
See Schedule RECEIVED MAR 16 2021 RECEIVED Check this box Politice organization discontinued its operations or disposed of more 1 to 45% of the high particular of the government body (Part VI, line 1a N
MAR 16 2021 Check this box I I I the organization discontinued its operation or disposed of more 1 to 25% of its half assets. Number of voting merican of the governed tody (Part VI, line 1a N
** Number of voting merican of the gays and body (Part V), line 1a (V)
** Number of voting merican of the gays and body (Part V), line 1a (V)
** Number of voting merican of the gays and body (Part V), line 1a (V)
5 Total number of volunteers (estimate if necessary)
8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7a Total unrelated business revenue from Part VIII, column (C), and (2 OCDEN 117 2a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b Net unrelated business tauable income from Form 990-T, line 34 75 Mar Year Current Year
8 Completenes and grants (Part VIII) for 1h) 8 794 178 4 433
9 Program service revenue (Part VIII, line 2g) 1, 084, 087 852, 10 Investment inscense (Part VIII, column (A), lines 1.4, and 7d)
10 threshrund instance (Part VIII, column (A), fines 1, 4, and 7d)
11 Other revenue (Parl VIII, edumn (A), lines 5, 8d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Parl VIII, column (A), line 12) 9, 878, 265 5, 285,
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX. column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), 199, 023 140,
15 Salaries of the Company of the
17 Care coperacs (Part OK, column (A), times 11e-11d, 11f-24e) 649, 260 680,
18 Total expenses, Add times 13-17 (must equal Part IX, column (A), line 25) 848, 283 820,
1 ue less expenses Subtract line 18 from tine 12 9, 029, 982 4, 465,
8 20 Total assets (Part X, line 16) Reginate at Carrier Tear of East of Year 8 20 Total assets (Part X, line 16) 18,169,744 22,530,
21 Total liabilities (Part X. line 26) 30,011 26,
22 Net assets or fund between Subusci line 21 from line 20 18, 139, 733 22, 504,
[Partifil Signature Block
Under penalties of perjury, I declare that I have populated this value, including accompanying schedules and statements, and to the bast of my troubuspe and ball, true, correct, and complete. Declaration of popular (other transformation of which prepare has any brownings.
1 15/2 / Value -
Sign Square of officer Date 12 2
Here Jay/L./Wade PRESIDENT 8/3.2
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Jay L Wade PRESIDENT S S S S S S S S S

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rm 990 (2017) THE INTERNATIONAL SEAKEEPERS	58-2385869	Page 2
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to a	ny line in this Part III	., X
Briefly describe the organization's mission:		
See Schedule O		
		, ,
FI 19 1447 44 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Did the organization undertake any significant program services during the ye	ar which were not listed on the	
prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O		
Did the organization cease conducting, or make significant changes in how it of	conducts, any program	
services?	conductor, any program	Yes X No
If "Yes," describe these changes on Schedule O		🗀 🕬 🖽
	these lessest are grown convents on managered b	
Describe the organization's program service accomplishments for each of its t		
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report	rt the amount of grants and allocations to other	'S ,
the total expenses, and revenue, if any, for each program service reported		
SEAKEEPERS OVER THREE YEARS, WITH A PUI OVER. THE CHARTERING PROGRAM EASES THE KEEPING DONATED VESSELS AND FACILITATES WORLD'S OCEANS AND OFFER RESEARCH PLAT	BURDEN OF SIGNIFICANT S SEAKEEPERS' MISSION !	TO PRESERVE T
Code (Code (CHTS ARE PRIVATELY OWNING ACCESS TO THE OCEAN CH AND ARTISTIC INSPIRATIVILEGED KIDS TO FACILING, YACHTS ARE THE PLACEMENT OF THREE CASE	N FOR RESEARC ATION FROM LITATING ATFORM TO PEGORIES:
***** (* ****** * **** * ***** * *******		
	-	
(Code:) (Expenses \$ 130,917 including grants of EPECIAL EVENT EXPENSES	S	154,673)
		,

The state of the s		
		,
•		
Other program services (Describe in Schedule O.)		
(Expenses S 15,860 including grants of \$) (Revenue \$	
Total program service expenses ► 325, 628		

Form 990 (2017) THE INTERNATIONAL SEAKEEPERS
Part IV: Checklist of Required Schedules

58-2385869

ABOG MO

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			!
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
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	ļ	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		X
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,			
	Part III	5		X
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.			ŀ
	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,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	i		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	*		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ł		
	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
e	Did the organization report an amount for other liabilities 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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ
	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		٠.	ŀ
	If "Yes," complete Schedule G, Part III	19	L	X
		For	n 990	(2017)

Page 4 Part IV Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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 X 26 disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity or family member of any of these persons? If "Yos," complete Schedule L. Part III 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." X 32 complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schodule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pert II, III, 34 X or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

X

13c

X

Enter the amount of reserves on hand

b

DAA

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form	990 (2017) THE INTERNATIONAL SEAKEEPERS 58-2385869			age 6
Pa	ITIVIS Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	ra "	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI		.,	\Box
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in linc 1a, above, who are independent 1b 2			şl -
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			-
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_	X	<u></u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	L
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Co	de)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		'
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		18.7	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- 14
	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	. d. ∵.	٠,	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			*
	organization's exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ICHARD SNOW 255 ARAGON AVE THIRTEENTH FLOOR		۰ -	
C	DRAL GABLES FL 33134 305	-44	8 – 7	7089

Form 990 (201	7) THE INTERNATIONAL SEAKEEPERS	58-2385869	Pa	ge '
Rant VII	Compensation of Officers, Directors, Trustees	, Key Employees, Highest	Compensated Employees,	an
	Independent Contractors Check if Schedule O contains a response or note	to any line in this Part VII		П
Section A.	Officers, Directors, Trustees, Key Employees, and Higher			
4 a Camalata th	un table for all passage and word to be listed. Daned assessed	ing for the polonder was anding wi	th or within the	

- 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.

Thours for related organizations below dotted line) CHAIRMAN O.00 X OTHER PHYSICS OF PROPESTOR (W-2/1099-MISC) OTHER PHYSICS OF PHYSICS OF PROPESTOR (W-2/1099-MISC) OTHER PHYSICS OF PHYSICS OF PHYSICS OF PROPESTOR (W-2/1099-MISC) OTHER PHYSICS OF	lated
(1)MICHAEL MOORE 8.00 CHAIRMAN 0.00 X 0 0 (2) JAY WADE 1.00 VICE CHAIRMAN 0.00 X 0	
(2) JAY WADE	
VICE CHAIRMAN 1.00	0
VICE CHAIRMAN 0.00 X 0	
	0
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
(4) CHARLES PORTER	
OFFICER 0.00 X 0 0	0
(5) FRANK WLASEK 0.50	
OFFICER 0.00 X 0	0
0.00 x 103,039 0	
(7) PRESIDENT	
(8)	
(9)	
(10)	-
(11)	

	(A) Name and litle	Name and title Average hours per do not check more than one week box, unless person is both an efficier and a director/trustee) Name and title Average Position Reportable compensation compensation from related officer and a director/trustee) The description of the compensation of the director/trustee of the director of the direc		(F) Estimated amount of other compensation from the							
		related organizations below datted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N-2 ross-mise)	organization and related organizations
c 1	Sub-total Total from continuation should be should	eets to Part VII			1 A			* * *	16000		
2	Total number of individuals (ii eportable compensation from	ncluding but not			o tho	se li	sted	abo	ove) who received more th	an \$100,000 of	
4 F	Old the organization list any famployee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization line of the organization famplo in the organization line or services rendered to the organization.	"complete Sche ie 1a, is the sum inizations greate	of r tha	epor sn \$1	o <i>r su</i> Itable I 50,0	ch in e co 0007 isati	ndivid mper on fr	dual nsat /es, om a	ion and other compensation complete Schedule J for	on from the such	Yes No X X 4 X X 5 X X
Section	n B. Independent Contract Complete this table for your fi	tors								re than \$100,000 of	
	compensation from the organ	ization Report of (A) I business address	com	pens	altor	n for	the	cale	ndar year ending with or w	vithin the organization's ta (B) phon of services	x year. (C) Compensation
	Notite dit.	ו מינות מינו							Descri	public of Services	Comparishadin
							<u>-</u>	-			
								\vdash			
	otal number of independent eceived more than \$100,000									0	000

\$ * b \$	ai r	Check if Schedule	O co	ntains	a respons	e or note to any li	ine in this Part VII	I	П
into the second		Section and State Section 1985				(A) Total revenue	(B) Related or exempt ในกับไม่นัก revenue	(C) Unrelated business . เยงษาเมษ	(D) Revenue oxcluded from tax under sections 512-514
Grants	1a	Federated campaigns	1a		15,179	(6.00)	1 (1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	7.70 0000 000007	
		Membership dues	1b		13,259	100	1000686		N 386 - 13
₹	C	Fundraising events	1c					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Gifts	d	Related organizations	1d					Salahan Salaha	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sins	е	Government grants (contributions)	1e						
iğ e	f	All other contributions, gifts, grants, and similar amounts not included above.	l l			Ser and the series of the seri	18 C		
EQ.			_1f_		404,875			12 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
000	9	Noncash contributions included in lines 1	a-1f :	\$ _. 4,	259,000	1 ' ' '			
Program Service Revenue Contributions,	1	Total. Add lines 1a-1f	<u> </u>		Busn. Code	4,433,313	28	8.33 \$2.45 \$7.4 \$2.3 \$2.4 \$2.5 \$2.5 \$2.5 \$2.5 \$2.5 \$2.5 \$2.5 \$2.5	97 S
Ven	2a	YACHT CHARTER			Busn. Code	652,377	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,8934 N 2 - 3
S.	ь	••	•	-		154,673			
Ķ.	c		•	•		21,500			
Ser	d	•• • • •	• • •	•		17,975			
æ	e	•	ME			6,095			
гоg	f	All other program service revi	enue						
<u>a</u>		Total. Add lines 2a-2f			<u> </u>	852,620	KARONE JUNEAN		3880 (1.1. P.25.),
	3	Investment income (including	divide	nds, intei	rest,	ĺ			
	١.	and other similar amounts)			•				
	4	Income from investment of ta	x-exem	npt bond	proceeds				
	5	Royalties		475.0	<u> </u>	1001 - 1000 M	13 000 000 000 000 000 000 000 000 000 0	7 SV 257 /2 7 . 7	
	6a	Gross sonts (i) Real		(11) 1	Personal				
	h	Gross rents Less, rental exps.							
	6	Rental inc or (loss)							
	ď	Net rental income or (loss)			<u> </u>		ELLUS CENTY] \$ '\$\rightarrow \
	7a	Gross amount from (i) Securities	····	(ii)	Olher	C 103	11/18/18/18/19		33771.76
		sales of assets other than inventory			··· · · · · · · · · · · · · · · · ·	and a sweeten was to be			A Comment
	ь	Less cost or other				eres Villa	**************************************	\$\$\$\$\$ \$\$\$ \$5	
		basis & sales exps							
	С	Gain or (loss)				3 5 7 7 7 3 3 3 5 5	48.20 MENTED	MARKER LAND	
	d	Net gain or (loss)	٠,		<u>,, </u>				
ne	8a	Gross income from fundraising evi	ents				Section of the second		Marking Salah S
evenue		(not including \$						1 60	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
œ		of contributions reported on line 10	;)						
Other		See Part IV, line 18	a			44,	1. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
5		Less direct expenses	ַ]d :-::-:-			proceed the st		77 4 Back	in in the College si
		Net income or (loss) from fund Gross income from gaming activiti		events		Y _ Y . ** 275666.00 w/o : .	144.00 CO.	10.25	Camara Co
	Ja	See Part IV, line 19	a					THE STATE OF	
	ь	Less: direct expenses	b				boring Charles		
		Net income or (loss) from gan	ים - na ac	tivities		, , ,		W. M. M. M. M. A. M. C. A.	
		Gross sales of inventory, less				STORY MANAGEMENT OF STATE	A.M.O. M.C.D. (19)	J. 1. V. 58	NG8652 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		returns and allowances	a					2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less. cost of goods sold	ь						
	С	Net income or (loss) from sale	s of in	ventory	>				
		Miscellaneous Revenue			Busn. Code	Dir - Riki			
	11a				<u> </u>				
	b	•		,					
1	ď	All other revenue	•						
	e	Total. Add lines 11a-11d	•						<u>, </u>
ļ		Total revenue. See instruction	ns			5,285,933	852,620	0	0
						,~05,555	332,020		

Form 990 (2017) THE INTERNATIONAL SEAKEEPERS | Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res			complete column (A)	X
	The state of the s	(A)	(B)	(C)	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Analysis of a	
	and domestic governments. See Part IV, line 21			1 4 1 4 4	
2	Grants and other assistance to domestic				, B
	individuals See Part IV, line 22			4 1 1 1 1	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			*,	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u>}.</u>	, ,
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)(8)	112 22		140 604	
7	Other salaries and wages	140,624		140,624	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	20,491		20,491	
C	Accounting	7,900		7,900	
d	Lobbying		AMARI TERUTOR SO TO THE		
е	Professional fundralsing services See Part IV, line	17			
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column	400 004	450 004	0 200	
	(A) amount, list line 11g expenses on Schedule O.)	188,321	179,931	8,390	
	Advertising and promotion	1,114		1,114	
13	Office expenses				
14	Information technology				******
15	Royalties	10,610		10,610	
16	Occupancy	10,810		10,010	
17 18	Travel				
10	Payments of travel or entertainment expense	1			
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expanses, Itemize expanses not covered	b ,		All Charles to the set of the set	T
	above (List miscellaneous expenses in line 24e. If		ا المورو	ياري المالية والمالية	
	line 24e amount exceeds 10% of line 25, column	ا	r men n n n	4 4	والمستيران فالمام الوافر
	(A) amount, list line 24e expenses on Schedule O.)	1 2 4 10		ر د سره محاري سمور حسال	
a '		130,917	130,917		
b	CONSULTING	113,068	45,228	67,840	
c	STAFF EXPENSES	94,997	87,500	7,497	
d	FLORIDA FEES	26,940		26,940	
е	All other expenses	85,743	32,656	53,087	
25	Total functional expenses Add lines 1 through 24e	820,725	476,232	344,493	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)'				000

Į-P	art				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	19,107	1	206,515
	2	Savings and temporary cash investments	691	2	760
	3	Pledges and grants receivable, net		3	1
	4	Apparents repaired to the second	1,226,480	_	1,140,935
	5	Loans and other receivables from current and former officers, directors,	THE POST OF THE PO	, ,	1,110,333
	•	trustees, key employees, and highest compensated employees.		ľ	1 1 1 1 1
	ľ	Complete Cost II of Cabadala I		5	
	6	The second of th	च्या , च्या र श्वास्त्रा स्ट्रांट प्राप्त स्ट्रांस्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास	5	A CONTRACT OF
	ľ	Loans and other receivables from other disqualified persons (as defined under section	1 (b) 1 (b) 1 (c)	1 . 2	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers an			## "# "
	ļ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	<u> </u>	<u>سَا</u> ــــا	·
Assets	۱_	organizations (see instructions), Complete Part II of Schedule L		6	
SS	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		, ^.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		other basis Complete Part VI of Schedule D 10a 21,182,466		سننسا	
	b	Less accumulated depreciation 10b	16,923,466	10c	21,182,466
	11	Investments—publicly traded securities		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,169,744	16	22,530,676
	17	Accounts payable and accrued expenses	30,011	17	26,631
	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	
S	22	Loans and other payables to current and former officers, directors,	<u> </u>	,	
Liabilities	l	trustees, key employees, highest compensated employees, and			
ab.		disqualified persons, Complete Part II of Schedule L		22	
ت	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			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	30.011	26	26,631
		Organizations that follow SFAS 117 (ASC 958), check here ▶X and		şarıt, ,	
es		complete lines 27 through 29, and lines 33 and 34.		Spare	
ä	27	Unrestricted net assets	21,113,837	27	22,503,945
Bal	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and	#	,	4 1 4, 3
ŏ		complete lines 30 through 34.	1.		in the second
ets	30	Control stock so tweet selections are selected as	·	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund			
Net Assets				31	
ž	32	Retained earnings, endowment, accumulated income, or other funds	21 112 027	32	22 502 045
	33	Total net assets or fund balances	21,113,837	33	22,503,945
	34	Total liabilities and net assets/fund balances	21,143,848	34	22,530,576

	m 990 (2017) THE INTERNATIONAL SEAKEEPERS 58-2385869			Pa	ge 12
Į P	art XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	······			ᆀ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,28	35,	933
2	Total expenses (must equal Part IX, column (A), line 25)	2	82	20,	725
3	Revenue less expenses. Subtract line 2 from line 1	3	4,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,11		
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	25,57	79,0	045
Pa	art 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 X Cash Accrual Other		ŗ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-	. :	
	Schedule O.		5		
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	•		1	· 1
	reviewed on a separate basis, consolidated basis, or both		'	. :	1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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			. 1	·
	Separate basis Consolidated basis Both consolidated and separate basis			i	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	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			<u>. </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMR Circular A.1332		3a	i	i
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		. Зь	l	
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2017

Open to Public

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

THE INTERNATIONAL SEAKEEPERS

Employer Identification number 58-2385869

			SOCIETI INC				50-230	2003
·P	art (l	Reas	on for Public Charity	Status (All organization	ns must	comple		
				se it is: (For lines 1 through 12				
1			·	sociation of churches describe		-		PI
2	H		·)(A)(ii). (Attach Schedule E (Fo				$\sim 9.$
	Н							ノ l
3	Н	•		ice organization described in s			* * *	- bilelia ====
4	Ш			ed in conjunction with a hospita	ii describ	ea in secti	on 170(b)(1)(A)(III). Enter tr	ne nospitai s name,
		city, and stat	•• ••••					
5	Ш	An organizat	ion operated for the benefit	of a college or university owner	d or ope	rated by a	governmental unit described	in
	_		(b)(1)(A)(iv). (Complete Pa					
6	Ш			governmental unit described in				
7	\sqcup			substantial part of its support	from a go	vernment	al unit or from the general pu	blic
		described in	section 170(b)(1)(A)(vi). (Complete Part II)				
8	Ш	A community	trust described in section	170(b)(1)(A)(vi). (Complete P	art II.)			
9		An agricultur	al research organization de	scribed in section 170(b)(1)(A	ı)(ix) ope	rated in co	injunction with a land-grant o	college
		or university	or a non-land grant college	of agriculture (see instructions) Enter t	he name, d	city, and state of the college	or
		university					.,,, ., .,	., .,
10	X			(1) more than 33 1/3% of its su				
				mpt functions—subject to certa				ıts
				nd unrelated business taxable				
			_	30, 1975 See section 509 (a)(•		
11	Н	•	•	exclusively to test for public sa	•			
12	\sqcup			exclusively for the benefit of, t				
		of one or mo	re publicly supported organ	izations described in section 5	i09(a)(1)	or section	509(a)(2). See section 50	9(a)(3).
		_		that describes the type of supp				
	а			perated, supervised, or controll				giving
				wer to regularly appoint or elec		rity of the d	lirectors or trustees of the	
		_		complete Part IV, Sections A				
	b			upervised or controlled in conn				
				rting organization vested in the	same p	ersons that	control or manage the supp	oned
			•	e Part IV, Sections A and C.		4.		
	С			supporting organization opera structions) You must comple				ed with,
	4	_		ed. A supporting organization of				ration(e)
	d			e organization generally must:				
			, -	must complete Part IV, Sect	-		· ·	Citada
	е	· ·		ceived a written determination				
	C			on-functionally integrated suppo			is a type i. type ii, type iii	
	f		mber of supported organiza	• •				
	g		• • • •	he supported organization(s).		• • • • •		••••
(1	_	e of supported	(II) EIN	(iii) Type of organization	(ly) is the	organization	(v) Amount of monetary	(vi) Amount of
,		anization	(11) 2.11	(described on lines 1-10		ur governing	support (see	other support (see
				abova (see instructions))	docu	ment?	instructions)	Instructions)
					Yos	No		
(A)								
(B)								
` '								
(C)								
ι-,								
(D)					!	1		
(-)								
(E)					 	 		
(=)						j 1		
			Les es de la	s re serve that a principal in the second in the second	1 all 1 all 1 all 1	13000 3		
			and the second of the second o	E (5 1 m)	(18) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n " " " " " " " " " " " " " " " " " " "		1

				EAKEEPERS		-2385869	Page 2
P	Support Schedule for C						
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I or	if the organiza	ition failed to qu	ualify under/
_	Part III. If the organization	n fails to quali	fy under the te	ests listed belov	v, please com	plete Part III.)	
	tion A. Public Support		Υ	T			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	1 ' i i i i i i i i i i i i i i i i i i					
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	i ,	1 1 1 1 1 1 1 1 1		, P	1 1 44	
6	Public support Subtract line 5 from line 4			le se a	*		
_	tion B. Total Support	<u> </u>			/	1	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	, , , , , , , , , , , , , , , , , , ,				N. 1	
11	Total support. Add lines 7 through 10		L/	13. 4	a little and the late		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th		rst, second, third,	fourth, or fifth tax y	year as a section	501(c)(3)	. □
Sec	organization, check this box and stop he tion C. Computation of Public S		nntage.				
14	Public support percentage for 2017 (line			IMD //\)		14	%
4-	Public support percentage from 2016 Sch			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	<u> </u>
15 16a	33 1/3% support test—2017. If the orga	,		ne 13, and line 14 i	is 33 1/3% or mor		/6
100	box and stop here. The organization qua						▶ □
ь							لسائن ،
_	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—2						, ,
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the "f						
	organization			= :			▶ □
b	10%-facts-and-circumstances test—2	016. If the organiz	zation did not ched	k a box on line 13	. 16a. 16b. or 17a	, and line	
-	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization m						
				•		•	▶ □
18	Private foundation. If the organization d	lid not check a box	x on line 13, 16a,	16b, 17a, or 17b, o	check this box and	i see	
	instructions				*** ***** * *		▶ 🗍
			· · · · · · · · · · · · · · · · · · ·		9	chedule A (Form 9	90 or 990-FZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to	qualify under	the tests listed	d below, please	e complete Pa	rt II)	
Sec	tion A. Public Support						
Cafe	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	1	(•) =	1.7	```		
•	fees received. (Do not include any "unusual grants.")	2,496,949	49,114	9,435,273	8,794,178	4,433,313	25,208,827
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's fax-exempt purpose	195,540	234,375	4,769	1,084,087	852,620	2,371,391
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,366,947	698,591				2,065,538
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4,059,436	982,080	9,440,042	9,878,265	5,285,933	29,645,756
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	, was and a		17 - 17	10-		
	line 6)				<u> </u>		29,645,756
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	4,059,436	982,080	9,440,042	9,878,265	5,285,933	29,645,756
l0a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	4,059,436	982,080	9,440,042	9,878,265	5,285,933	29,645,756
14	First five years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax y	ear as a section 5	i01(c)(3)	r
	organization, check this box and stop he						. •
Sec	tion C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (line	8, column (f) divide	d by line 13, colu	mn (f))		15	100.00%
16	Public support percentage from 2016 Sch	nedule A, Part III, li	ne 15		111 1111		100.00%
Sec	tion D. Computation of Investm	ent Income P	ercentage				
17	Investment income percentage for 2017 ((line 10c, column (i) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2010						%
9a	33 1/3% support tests—2017. If the org	anization did not c	heck the box on li	ne 14, and line 15	is more than 33 1	/3%, and line	
_	17 is not more than 33 1/3%, check this b						▶ X
b	33 1/3% support tests—2016. If the org	anization did not c	heck a box on line	e 14 or line 19a, ai	nd line 16 is more	than 33 1/3%, and	
	fine 18 is not more than 33 1/3%, check to	•	•	•		=	
20	Private foundation. If the organization d	io not check a box	on line 14, 19a, c	or 19b, check this l	pox and see instru	ictions , , , , , ,	· · · · · · · · · · · · · · ·

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	ion	Α.	ΑII	Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If-"Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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)
- 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.
- 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.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10a		
10b		

	ule A (Form 990 or 990-EZ) 2017 THE INTERNATIONAL SEAKEEPERS 58-23858 of IV® Supporting Organizations (continued)	59		Page
	The Supporting Organizations (commisse)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	$\frac{h}{2} = h$, , -	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4	الملفان	<u> </u>
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	†	
	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.	11c	<u> </u>	<u> </u>
Sect	ion B. Type I Supporting Organizations		<u> </u>	<u></u>
**			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-, //	13 10	(1)
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		l.' '	1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	i	İ	i
	controlled the organization's activities. If the organization had more than one supported organization,	, ; ·	1	.]
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	- -	
2		⊢ ∸	 	
4	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		44, 44	ľ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			'
Coot	supervised, or controlled the supporting organization.	2	i	L
Sect	on C. Type II Supporting Organizations		I	
		81.	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	靴.,	,	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	r	 '	
	or management of the supporting organization was vested in the same persons that controlled or managed	سسند		
	the supported organization(s)	1	l	<u></u>
Sect	on D. All Type III Supporting Organizations			т .
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	٠, ١	<u> </u>	
	organization's lax year, (i) a written notice describing the type and amount of support provided during the prior tax	,		1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	لننسأ		
	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		, l	
	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		<u>.</u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		•	3 × 1
	significant voice in the organization's investment policies and in directing the use of the organization's	,	,	l ' '
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>	, 1 	1.4°
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uction	s)	
		ſ		
2 A	ctivities Test Answer (a) and (b) below.	(**. ***)	Yes	No,
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			J.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	$U_{i_1} \cap$, ,	,
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ř.,	١,	1,
	how the organization was responsive to those supported organizations, and how the organization determined	سأسلط		ألبعنس
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,	1,
	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, 1 1 1 1	1	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	f -	, 1	` _} ,
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	;		, '
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		lats	r
-	of its supported organizations? If "Ves." describe in Part VI the role placed by the omenization in this regard	3h		

	tule A (Form 990 or 990-EZ) 2017 THE INTERNATIONAL SEAKEEPS It V Type III Non-Functionally Integrated 509(a)(3) Supporting C	ERS	58-2385	5869 Page 6
1				I) Saa
•	instructions. All other Type III non-functionally integrated supporting organizations			-
Sec	tion A - Adjusted Net Income	masi c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3		3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CO	illection of gross income or for management, conservation, or			
	aintenance 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		
Sec	tion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1 1	, L	
ıns	structions for short tax year or assets held for part of year).	1, 2	the fire and	
	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	. ;	š	* '
	factors (explain in detail in Part VI):		٠, ، ،	
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,	1		
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount		F. 19	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	1111111111111111111111111111111111	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	the state of the state of the state of	
4	Enter greater of line 2 or line 3	4	PINDATE OF	
	Income tax imposed in prior year	5	. لا	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			*
em	nergency temporary reduction (see instructions)	6	1	

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

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Sched	ule A (Form 990 or 990-EZ) 2017		58-2385	1869 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	-
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	ourposes	·	
2	Amounts paid to perform activity that directly furthers exempt purp	poses of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes of	supported organizations		ļ
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the org	anization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017	1 ,		
	(reasonable cause required-explain in Part VI). See			İ
3	instructions			1
<u></u>	Excess distributions carryover, if any, to 2017:			
	From 2013			
	Central 2014			<u> </u>
	From 2015			<u> </u>
	From 2016			
····	Total of lines 3a through e			1
	Applied to underdistributions of prior years	-		
	Applied to 2017 distributable amount			<u> </u>
	Carryover from 2012 not applied (see instructions)	 -'		
	Remainder, Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4	Distributions for 2017 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2017 distributable amount	······································		
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, If			
	any. Subtract lines 3g and 4a from line 2 For result			1
	greater than zero, explain in Part VI. See instructions			İ
6	Remaining underdistributions for 2017 Subtract lines 3h			<u></u>
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			Ĭ
	and 4c.			i
8	Breakdown of line 7			
а	Excess from 2013			,
	Excess from 2014			, 1
	Excess from 2015			, ,
	Excess from 2016			i
	Evenes from 2017	· · ·		

Schedule A (Fo	Supplemental Information. Provid III, line 12; Part IV, Section A, lines B, lines 1 and 2; Part IV, Section C,	1, 2, 3b, 3c, 4b, 4d line 1; Part IV, Se	required by Part II, c, 5a, 6, 9a, 9b, 9c, ection D, lines 2 and	11a, 11b, and 11c, Pa 3, Part IV, Section E,	rt IV, Section lines 1c, 2a, 2b
	3a and 3b; Part V, line 1; Part V, Se lines 2, 5, and 6. Also complete this				rt V, Section E,
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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 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047 Open to Publica

*Inspection risks ▶ Go to www.irs gov/Form990 for instructions and the latest information. Name of the organization Employer identification number THE INTERNATIONAL SEAKEEPERS SOCIETY INC 58-2385869 Organizations Maintaining Donor Advised Funds or Other, Similar Funds or Accounts: Part I Complete if the organization answered "Yes" on Form 990, Part.IV, line 6. (a) Donor advised funds 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | Part III] Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2017 THE IN				2385869	Page 2
	rt III					ssets (continued)
3	Using the organization's acquisition, accollection items (check all that apply).	cession, and other reco	ords, check any of the	following that are a si	gnificant use of its	
а	Public exhibition	ď∏	Loan or exchange pr	ograms		
ь	Scholarly research	е 🗍	Other	_		
c	Preservation for future generations	_				
4	Provide a description of the organization	n's collections and expl	lain how they further th	ne organization's exer	mpt purpose in Part	
	XIII.					
5	During the year, did the organization so	licit or receive donation	is of art, historical trea	sures, or other simila	r	
	assets to be sold to raise funds rather th	nan to be maintained a	s part of the organizati	ion's collection?		Yes No
Par	rtĮIV _{.,} Escrow and Custodial	•				
	Complete if the organization 990, Part X, line 21.	ation answered "Y	es" on Form 990,	Part IV, line 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee, cu	stodian or other interm	ediary for contribution	s or other assets not		
	included on Form 990, Part X?					Yes No
b i	If "Yes," explain the arrangement in Par	XIII and complete the	following table:			
						Amount
c l	Beginning balance				1c	
d /	Additions during the year				1d	
e	Distributions during the year				. 1e	
	Ending balance					·····
	Did the organization include an amount					. Yes No
Ь	If "Yes," explain the arrangement in Par	XIII Check here if the	explanation has been	provided on Part XII	<u>. </u>	
Par	t V Endowment Funds.					
	Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a (Beginning of year balance					
ь	Contributions					
C I	Net investment earnings, gains, and					
	osses				ļ	
d (Grants or scholarships					
e (Other expenditures for facilities and				i	
ı	programs					
f	Administrative expenses					
_	End of year balance		.	l	ļ	
	Provide the estimated percentage of the	•	nce (line 1g, column (a	a)) held as:		
	Board designated or quasi-endowment l	> , , %				
		%				
		%				
	The percentages on lines 2a, 2b, and 2c	•				
	Are there endowment funds not in the p	ossession of the organi	zation that are held ar	nd administered for th	е	
	organization by					Yes No
	i) unrelated organizations					3a(i)
	ii) related organizations					3a(ii)
	f "Yes" on line 3a(ii), are the related org			,,		3b
	Describe in Part XIII the intended uses of		dowment funds			
Par	t VI Land, Buildings, and E		7 - 000	D = 4 15 4 1 44 =	0 5 000 1	D-4 V P 40
	Complete if the organiza	· ·				
	Description of property	(a) Cost or other	1		Accumulated	(d) Book value
		(investment) (oth	<u></u>	epreciation	
4	ano	1	l	The William of the Party of the	经标题型间模技术	
1a l	Decidation and		1			
b E	Buildings					
b E	_easehold improvements					
b E c l	,	21,182	166			21,182,466

Part VII	Investments—Other Securities.	n Form 000 Bart IV	line 11h See Form 990 Part V line 12
	Complete if the organization answered "Yes" o	T	
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of year market value
(1) Financial of			
(2) Closely-he	eld equity interests		
(3) Other			
(A)	***************************************		
(B)	**** *** ** ***** * ***** ** * * * * * *	·	
(C)	111f f(1)11 100 00 00 00000 0 1 1 0 000 00 0 00 0		
(D)	# 11110 (#		
••	*** ** ** * * * * * * * * * * * * * * *		
, (E)	** ****** ****** ***** * **** * * * * *		
(F)	**** *		
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Rart VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of year market value
(1)			
(2)			
(3)			
(4)			
(5)		-	
(6)			
(7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)			<u> </u>
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11e or 11f. See Form 990, Part X,
	line 25		
1	(a) Description of liability	(b) Book value	And the state of t
(1) Federal i	ncome taxes		
(2)			↑
(3)			
(4)			1
(5)			┪ʹ
			┥,
(6)		 	-
(7)			⊣ . [*]
(8)			<u>,</u>
(9)			<u> </u>
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	L	lt.
2 Liability for	uncertain tax positions. In Part XIII, provide the text of the for	stoote to the organization	n's financial statements that reports the

Sche	edule D (Form 990) 2017 THE INTERNATIONAL SEAKEEPERS	}	58-238586	59	Page 4
"Pa	rt XI] Reconciliation of Revenue per Audited Financial Staten		n Revenue per		
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1 195 19	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		, A 4	
	Net unrealized gains (losses) on investments	2a		1, 4, 1	
b	***************************************	2b		*	
C	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIII)	2d		1.3	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			<u>P</u>	
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII)	4b		-	
C E	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4		4c	
F Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5 Dot	
H. C.	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990,			er Kett	ırn.
1				1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	•• •••• • •			····
		2a		2	
b	Donated services and use of facilities	2b			
c	Prior year adjustments Other losses	2c	.	24	
d	Other (Describe in Part XIII.)			• \tag{1}	
	Add lines 2a through 2d	20		2e	
3	Subtract line 2e from line 1	******		3	
4	Subtract line 2e from line 1	l I ,		.न <u>म</u>	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b			
		· · · · · · · · · · · · · · · · · · ·		4c	
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	***********	********	5	
	rt XIII® Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV	/, lines 1b an	d 2b, Part V, line 4	: Part X.	line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide				
• •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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Schedule D (Form 990) 2017 THE INTERNATIONAL S	SEAKEEPERS	58-2385869	Page 5
Rant XIII Supplemental Information (continued)			
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yos" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public 1988

Department of the Treasury Internal Revenue Servico Name of the organization

THE INTERNATIONAL SEAKEEPERS

Employer identification number

SOCIETY INC					58-23858	369
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	f the organizato complete t	ation his p	ansv art.	vered "Yes" on For	m 990, Part IV,	line 17
1 Indicate whether the organization raised funds through	any of the follow	ing ac	tivitie	S Check all that apply		
a 🗓 Mail solicitations	e 🗌 Solicitation	n of no	n-gov	ernment grants		
b X Internet and email solicitations	F Solicitation	n of go	vernr	nent grants		
c X Phone solicitations	g 🗓 Special fu	ndrais	ıng ev	rents		
d X In-person solicitations						
2a Did the organization have a written or oral agreement vor key employees listed in Form 990, Part VII) or entity	in connection wi	th pro	fessio	nal fundraising services	s?	
b If "Yes," list the 10 highest paid individuals or entities (f compensated at least \$5,000 by the organization	undraisers) purs	uant to	agre	ements under which the	c fundraiser is to be	
(i) Namo and address of individual or entity (fundraiser)	(ii) Activity	raise custo conf	d fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
_		Yes	No			
1 AMP T6 CONSULTING		<u> </u>	x	349,790		349,790
2 CAYO MARKETING						
CAIO MARREIING			x	98,999		98,999
3		-				
4					ууг до ни	
5						
6						
7		-				
8		-				
0						
9						
10						
Total , , ,	l		▶			
List all states in which the organization is registered or registration or licensing. STATE OF FLORIDA	licensed to solici	t contr	ibutio	ns or has been notified	it is exempt from	
	,,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 				

Page 2

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

(a) December (b) Exercit (b) December (c) Other overtis		gross receipts	greater thair 40,000			
BALDELAMER (event typo) (event			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avanta
1 Gross recepts 36,145 57,650 60,877 154,672			DATESTAND	AMEDICA (C. CUD	EOIBIDEDC	
1 Gress receipts 36,145 57,650 60,877 154,672						
2 Less: Contributions 3 Gress income (line 1 minus line 2) 36,145 57,650 60,877 154,672 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 5 Noncash prizes 6 Rentifacility costs 7 Food and beverages 25,920 27,495 25,063 78,478 8 Entertainment 1,300 5,800 5,550 12,650 9 Other direct expenses 9,950 12,740 8,290 30,980 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1 Notincome summary. Subtract line 10 from line 3, column (d) 2,564 11 No. (e) Total gening (come family Complete If the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-E2, line 6a. 1 Gress revenue 1 Gress revenue 1 Gress in the column (d) 1 Gress revenue 1 Gress reve	ĕ		(event type)	(event type)	(total number)	CO. (C)/
2 Less: Contributions 3 Gress income (line 1 minus line 2) 36,145 57,650 60,877 154,672 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 5 Noncash prizes 6 Rentifacility costs 7 Food and beverages 25,920 27,495 25,063 78,478 8 Entertainment 1,300 5,800 5,550 12,650 9 Other direct expenses 9,950 12,740 8,290 30,980 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1 Notincome summary. Subtract line 10 from line 3, column (d) 2,564 11 No. (e) Total gening (come family Complete If the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-E2, line 6a. 1 Gress revenue 1 Gress revenue 1 Gress in the column (d) 1 Gress revenue 1 Gress reve	Reven	1 Gross receipts	36,145	57,650	60,877	154,672
3 Gross necember	т.	3 Lance Contributions				
Section Sect						
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 25,920 27,495 25,063 78,478 8 Ententainment 1,300 5,800 5,550 12,650 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 10 Direct expense summary. Subtract line 10 from line 3, column (d) 11 Not income summary. Subtract line 10 from line 3, column (d) 11 Not income summary. Subtract line 10 from line 3, column (d) 12,108 13,100 on Form 990-EZ, line 6a, (e) Politubetristicity (a) Tonal paming (not cox. (e) through cot (e) Tonal paming (not cox. (e) through cot (e		l ''' ' '		57 650	60 877	154 672
Source S		line 2)	36,143	37,830	00,877	134,072
Renulfacility costs		4 Cash prizes				
9 Other direct expenses 9,950 12,740 8,290 30,980 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 232,564 1 Rart [III] Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Blingo (b) Put tabetinistem (c) (e) Other gaming (d) col. (a) through col (e) Other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming col. (e) Other gaming col. (e) Other gaming (d) col. (e) Other gaming (d) col. (e) Other gaming col.		5 Noncash prizes			<u> </u>	
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9 Other direct expenses 9,950 12,740 8,290 30,980 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 232,564 1 Rart [III] Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Blingo (b) Put tabetinistem (c) (e) Other gaming (d) col. (a) through col (e) Other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming (d) col. (a) through col (e) other gaming col. (e) Other gaming col. (e) Other gaming (d) col. (e) Other gaming (d) col. (e) Other gaming col.	t Expe	7 Food and beverages	25,920	27,495	25,063	78,478
10 Direct expense summary. Add lines 4 through 9 in column (d) 32,564 11 Net income summary. Subtract line 10 from line 3, column (d) 32,564 12 Rant 11 12 13 13 14 15 15 15 15 15 15 15	Direc	8 Entertainment	1,300	5,800	5,550	12,650
11 Net income summary. Subtract line 10 from line 3, column (d)		9 Other direct expenses	9,950	12,740	8,290	30,980
11 Net income summary. Subtract line 10 from line 3, column (d)		10 Direct expense summer	y Add lines 4 through 9 in column	(d)	•	122,108
Gaming Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Blingo (b) Puli tabs/instant (c) Other gaming (d) Total gaming (add col. (a) through col (e))		11 Not income summany S	Subtract line 10 from line 3. column	(d)	• · · · · · · · · · · · · · · · · · · ·	
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1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 No	M.L.			34664 163 6111 6111 666	, , a., , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % No No No No No No No	_	11811 \$ 13,000	On rom 990-LZ, me oa.	the College of the Co		(d) Total camina (add
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities in each of these states? a Is the organization licensed to conduct gaming activities in each of these states? b If 'No," explain.	3		(a) Blingo		(c) Other gaming	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities in each of these states? a Is the organization licensed to conduct gaming activities in each of these states? b If 'No," explain.	Vel			on gorprogramme		
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	æ		1			
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor		1 Gross revenue				
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor		0.000				
5 Other direct expenses Yes	Ses	2 Cash prizes				
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5 Other direct expenses Yes	Ex	3 Noncash prizes				
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Yes	ā	1 Neribracinty Costs				
6 Volunteer labor No No No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a ls the organization licensed to conduct gaming activities in each of these states? Yes No b If 'No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain		5 Other direct expenses				
6 Volunteer labor No No No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a ls the organization licensed to conduct gaming activities in each of these states? Yes No b If 'No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain			Yes%	Yes %	U .Yes %	THE PARTY OF THE P
7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities' a Is the organization licensed to conduct gaming activities in each of these states? b If 'No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain		6 Volunteer labor	No			
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9 Enter the state(s) in which the organization conducts gaming activities a ls the organization licensed to conduct gaming activities in each of these states? b If 'No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? yes No b If "Yes," explain			,	*** (* * * * * * * * * * * * * * * * *	,	
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If 'No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? yes No b If "Yes," explain		8 Net gaming income sun	nmary. Subtract line 7 from line 1, (column (d)	, ,,,, , , , , , , b	
a Is the organization licensed to conduct gaming activities in each of these states? b If 'No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain						
a Is the organization licensed to conduct gaming activities in each of these states? b If 'No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain	9	Enter the state(s) in which to	he organization conducts gaming a	activities:		
b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No No Yes No No No No No No No N	a	Is the organization licensed	to conduct gaming activities in eac	th of these states?		Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Description: Description:			, s constant gamming transmiss in car		. 4	
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain	,	•				
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain						
b if "Yes," explain	10a	Were any of the organization	n's gaming licenses revoked susp	ended, or terminated during the ta	ax vear?	Yes No
				the te		, ,, ,,

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part'In

Noncash Contributions

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

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

Attach to Form 990

2017 Open To Public Employer Identification number

OMB No 1545-0047

Name of the organization

THE INTERNATIONAL SEAKEEPERS SOCIETY INC

58-2385869

, B	art I 1 Types of Property							
		(a)	(b)	(c)	(d)			
		Check If	Number of contributions or	Noncash contribution	Method of determini	ing		
		applicable	items contributed	amounts reported on Form 990 Part VIII, line 1g	noncash contribution ar	nounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications		こっていていない。 子の間にできる					
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes	x	4	4.259.000	APPRAISAL			
8	intellectual property			0,000,000				
9	Securities — Publicly traded				· . •			
10	Securities — Closely held stock	·						
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			 		
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				•			
25	Other ►(0				
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by	the organ	zation during the tax ye	ar for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknow	ledgement	29			
							Yes	
30a	During the year, did the organization	n receive t	by contribution any prop	erty reported in Part I, line	s 1 through	於關		#
	28, that it must hold for at least three						2.0	
	to be used for exempt purposes for	the entire	holding period?			30a		X
b	If "Yes," describe the arrangement in	n Part II.	, •	, , , , , , , , , , , , , , , , , , , ,				湯紙
31	Does the organization have a gift ac	ceptance	policy that requires the	review of any nonstandard	t			趨
	contributions?					31		X
32a	contributions? Does the organization here or use the	ird parties	or related organizations	to solicit, process, or sell	noncash			
	contributions?					32a		X
b	If "Yes," describe in Part II.						F	
33	If the organization didn't report an ai	mount in c	column (c) for a type of p	roperty for which column	(a) is checked,		o to	11 6
	describe in Part II.					17.5%	建筑	372

Schedule M (Form		Page 4
Part III	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whethe 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)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2017

OMB No 1545-0047

Name of the organization THE INTERNATIONAL SEAKEEPERS Employer identification number SOCIETY INC 58-2385869 Form 990 - Organization's Mission THE INTERNATIONAL SEAKEEPERS SOCIETY PROMOTES OCEANOGRAPHIC RESEARCH, CONSERVATION AND EDUCATION THROUGH DIRECT INVOLVEMENT WITH THE YACHTING COMMUNITY. SEAKEEPERS ENABLES THE YACHTING COMMUNITY TO TAKE FULL ADVANTAGE 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 Description Mgt & General Program Service Fundraising YACHT RELATED 491,100 \$ 155,365 \$60,096 FEES AND MEMBERSHIPS 8,390 \$ 0 recentario de la companya de la companya de la companya de la companya de la companya de la companya de la comp

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Schedule O (Form 990 or 990-EZ) (20,17) Name of the organization	Page 2
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