Form	99	0	Return	of Organi	zation Exempt	From In	come	Tav			OMB No. 1545-0047
FOIII			Neturi	l ol olganiz			COM				2019
(Rev.	January	(2020)			(1) of the Internal Reve				dation		
Depart	ment of t	he Treasury			y numbers on this for	-		-			Open to Public
Interna	Revenu	le Service	► Go to w	ww.irs.gov/Forn	1990 for instructions a	and the lates	st inforn	nation.			Inspection
_			year, or tax year begin			, 2019, a	and endi				, 20
_	heck if a	pplicable:	C Name of organization	AL Future Fo	oundation Inc				D Empl	-	tification number
	ddress c	-	Doing business as				1				565393
	ame cha	-	Number and street (or P.	O. box if mail is not deli	vered to street address)		Room/sui		E Telep	hone num	
	itial retur		111 E 14th St					393)883-8733
v		n/terminated	City or town, state or pro		or foreign postal code				G Gross	s receipts	
	mended		New York, NY 1					11(-)	\$		1,041,946 ates? Yes X No
	opiicatioi	n pending	F Name and address of pri	ncipal officer:				H(a) Is this a gi H(b) Are all si			
	av ovom	pt status: X 50	1(c)(3) 501(c) () < (insert no.)	4947(a)(1) or 5	527				es include st. (see ins	
	ebsite		ealff.org) (insert no.))21		H(c) Group			
				ociation Other	•	Year of formati	ion [.] 201		-	al domicil	
Par		Summary							tate of log	di donnen	
	T		the organization's miss	on or most signific	cant activities: The	mission	of th	e SEAL I	Futur	e Fou	ndation is
		-	Navy SEALs a f	•							
Activities & Governance			life of servic					<u>,</u> ,			
rnai						-					
ove	2	Check this box	if the organization	discontinued its o	perations or disposed of	of more than	25% of i	ts net asset	S.		
Ğ	3	Number of votir	ng members of the gove	rning body (Part \	/I, line 1a)				3		8
ŝ	4	Number of inde	pendent voting member	s of the governing	body (Part VI, line 1b)				4		8
vitie	5	Total number of	individuals employed ir	calendar year 20	19 (Part V, line 2a)				5		2
Acti	6	Total number of	volunteers (estimate if	necessary)					6		1,000
-	7a	Total unrelated	business revenue from		7a		0				
	b	Net unrelated b	usiness taxable income	from Form 990-T,	, line 39				7b		0
								Prior Year			Current Year
	8	Contributions an	nd grants (Part VIII, line	1h)			•	253	,834		534,623
Revenue	9		n service revenue (Part VIII, line 2g)								0
evel			me (Part VIII, column (A					369			2,640
м,	11		Part VIII, column (A), lir					361,668			390,878
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 615,8 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 410,3									928,141
	13							410	,387		628,354
		-	or for members (Part I)		· ·		·				0
S			compensation, employee				·	196	,039		187,065
Sus			ndraising fees (Part IX, o		-						0
Expenses			g expenses (Part IX, co			0					
		•	(Part IX, column (A), lin						,824		180,121
	18 19		Add lines 13-17 (must xpenses. Subtract line						,250		995,540
. 0	19	Revenue less e	xpenses. Subtract line	To nonnine 12 .					,379)		(67,399)
ts of	20	Total assots (P	art X, line 16)					nning of Curre	,365		End of Year 405,489
Asse	21		Part X, line 26)						, 305		34,960
Net Assets or Fund Balances			ind balances. Subtract						,928		370,529
Par		Signature			• • • • • • • • • • • • • • • • • • • •		-	157	, , , 20		570,525
Under	penaltie	es of perjury, I declare	e that I have examined this retu				of my know	wledge and beli	ef, it is		
true, o	orrect, a	ind complete. Declara	ation of preparer (other than off	cer) is based on all info	rmation of which preparer has	any knowledge.					
		Paul P	olakowski III								
Sigr	ו ו	Signature of	officer						Dat	te	
Here	•	Paul P	olakowski III,	President a	nd Treasurer						
		Type or print	t name and title								
		Print/Type prepare	er's name	Preparer's signature		Date		Check if P			
Paid		GEOFF PLO	URDE	GEOFF PLOUR	DE	11-07-20	21	self-emp	oloyed	P01	L615007
-	barer		Accounte	d Fore Inc			F	ïrm's EIN 🕨			
Use	Only	Firm's address	► 3268 Gov	ernor Dr St	e 306		P	hone no.			
				o CA 92122					858-	246-6	
_			um with the preparer sh								Yes X No
For P	Viay the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)										

Form	n 990 (2019) SEAL Future Foundation Inc 46-	-0565393	Page 2
Pa	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly descr be the organization's mission:		
	The mission of the SEAL Future Foundation is to provide Navy SEALs a foundation		
	their well-being, education and career to continue a life of service within thei	r communit	ties.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. Yes 🗴	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	. Yes <u>x</u>	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 2000 service and $2000 serv$		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	the total expenses, and revenue, it any, for each program service reported.		
4a	(Code:) (Expenses \$ 658,776 including grants of \$) (Revenue \$)
	During the reporting year, the organization provided its programs and services t	:o 209 new	SEALs,
	for a total of 561 served since inception. The organization experienced an 100%	transition	n
	success rate and provided health support services to 151 SEALs, fully establishe	d 24 Forwa	ard
	Operating Bases across the country to facilitate community and employment opport	unities to	o
	transitioning SEALs and provided scholarship funds to 18 SEALs.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
			_
4d	Other program services (Describe on Schedule O.)		
Ac.	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses 658,776	Eorm 0	00 (2010)

Forn	990 (2019) SEAL Future Foundation Inc 46-0565	393	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			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	-	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		v
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	. <u> </u>		x
-	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,	-		
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
44	or in 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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional \ldots		x	v
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>			x x
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	i-+d		~
	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
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?			
	If "Yes," complete Schedule G, Part III.			x
20 a				x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	<u> </u>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
			1	<u> </u>

Form	990 (2019) SEAL Future Foundation Inc 46-05653	93	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			I
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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 L	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contr butor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contr butions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part IL	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	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.	38	x	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form	990 (2019) SEAL Future Foundation Inc 46-05653	393	F	Page 5
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deduct ble as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contr butions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) SEAL Future Foundation Inc 46-05	65393	F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "No	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ctions.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
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	8		
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
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?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	x
6 7-	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		
L	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,	76		
0	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		8a	x	
b	Each committee with authority to act on behalf of the governing body?		x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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 rise to conflicts? .	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
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			
	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, descr be 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			
	with a taxable entity during the year?	16a	_	х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed California, New York Section 6104 requires an exercise to make its Forma 1022 (4024 or 1024 A if explicitly) 000, and 000 T (Section 501(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
10	X Own website Image: Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if as how) the ergenization made its governing desuments conflict of intersect policy.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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 Paul Polakowski III (646)883-8733, 111 E 14th St, New York, NY 10003			
	TARE FOR ANOMERT TIT (010/000-0/00) III B IICH BC, NEW IOIK, NI 10000			

Form 990 (2019	B) SEAL Future Foundation Inc	46-0565393	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	compensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	nis table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the	
organization's t	ax 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	any related organizat		прсп			ny cun	CIII			
		(C)								
(A)	(B)	(do. 1			sition	nan one		(D)	(E)	(F)
Name and title	Average					s both ar	ı	Reportable	Reportable	Estimated amount
	hours	offic	er and	a dir	ector	/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or d	Inst	Officer	Key	emp	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	lirect	itutio	cer	em	bloye	mer			related organizations
	organizations	lor tor	onal		Key employee	e con				
	below	Individual trustee or director	Institutional trustee		ee	Ipen				
	dotted line)	U.	ee			Highest compensated employee				
						<u>a</u>				
(1) Jonathan_Wilson	40.00									
Chairman and CEO		х		x				122,500	0	0
(2) Denise Bottiglieri	<u>1.00</u>									
Director		х						0	0	0
(3) Brian Martelli	1.00									
Director		х						0	0	0
(4) Bradford Peters	<u>1.0</u> 0									
Vice Chair		х						0	0	0
(5) Steve Moreno	<u>1.0</u> 0									
Director		х						0	0	0
(6) Phil_Johnston	1.00									
Director		х						0	0	0
(7) Paul Polakowski III	40.00									
President and Treasurer				x				0	0	0
(8) Anne Marie Phelps	40.00									
Secretary				x				0	0	0
(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										
										F ame 200 (0040)

	990 (2019) SEAL Future Found										056539	93	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar		_	est Co	omp	ensated Employe	es (continue	d)			
	(A) Name and title	(C) Position (do not check more than one Average hours per week						n Reportable) compensation from the		(E) Reportable compensation from related organizations	nn d	Estima com		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		orgar	om the lization a organiz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		•••	•••	•••	•••		• •						
d	Total (add lines 1b and 1c)							-	122,500		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of				1
3	Did the organization list any former officer, direc	ctor, trustee,	key en	nploy	/ee, (or h	ighest	t con	npensated		Γ		Yes	No
	employee on line 1a? If "Yes," complete Schedu										••••	3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	nan \$150,000)? If "Y	′es,"	com	plet	te Sch	edul	le J for such					
5	<i>individual</i>										••••	4		x
	for services rendered to the organization? If "Yes			-			-					5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										vear.			
	(A)								(B)		<u></u>	(C)		
	Name and business addres	55							Description of servic	es	Co	mpensa	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-				ed a	above) wh	0					

Form 9	90 (20	19) SEAL	Future Found	lati	on Inc			46-05653	93 Page 9
Part	VIII	Statement of Rev	venue						
		Check if Schedule O co	ontains a response	or no	ote to any line in this	Part VIII			[
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
(0	b		_	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		1c					
ษัย	d			1d					
iifts ır Al	е	Government grants (contr		1e					
s, G mila	f	All other contributions, gif	-						
ion: Sil		and similar amounts not in	-	1f	534,623				
ibut	q		-		551/025				
d O	9	lines 1a-1f		1g	\$				
a C	h		L			534,623			
	+			••	Business Code	5517025			
	2a								
ice	b								
erv iue	c								
Program Service Revenue	d								
grai Re	e								
o.	-	All other program service	revenue						
_		Total. Add lines 2a-2f .							
	3	Investment income (includi other similar amounts) .				280			280
	4	Income from investment of			F	200			200
	5	Royalties			F				
			(i) Real		(ii) Personal				
	6a	Gross rents							
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)			•				
		, , , , , , , , , , , , , , , , , , ,	(i) Securities		(ii) Other				
	/a	Gross amount from sales of assets	()						
	h	other than inventory Less: cost or other basis	7a		2,360				
nue		and sales expenses	7b						
eni	c	Gain or (loss)			2,360				
Other Reve		Net gain or (loss)				2,360			2,360
ler	8a	Gross income from fundra	ising						
ŧ		events (not including \$							
		of contributions reported o	n line						
		1c). See Part IV, line 18		8a	504,683				
	b	Less: direct expenses .		8b	113,805				
	c	Net income or (loss) from	fundraising events			390,878			390,878
	9a	Gross income from gaming	g						
		activities, See Part IV, line	19	9a					
	b	Less: direct expenses .		9b					
	С	Net income or (loss) from	gaming activities	<u></u>	ト				
	10a	Gross sales of inventory, I	ess						
		returns and allowances .		10a					
		Less: cost of goods sold		10b					
	C	Net income or (loss) from	sales of inventory	<u></u>	►				
<i>'</i> 0					Business Code				
Miscellanous Revenue	11a								
eni /eni	b								
isce Rev	c d	All other revenue							
Σ		Total. Add lines 11a-11d							
		Total revenue. See instru				928,141	0	0	393.518

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	628,354	628,354		
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	172,483		172,483	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	632		632	
10	Payroll taxes	13,950		13,950	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11,780		11,780	
С	Accounting	38,751		38,751	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	45,200		45,200	
12	Advertising and promotion	30,422	30,422		
13	Office expenses	33,830		33,830	
14	Information technology				
15	Royalties				
16	Occupancy	6,573		6,573	
17	Travel	9,119		9,119	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,173		1,173	
23	Insurance	3,273		3,273	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	995,540	658,776	336,764	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 \blacktriangleright if				
	following SOP 98-2 (ASC 958-720)				

Part	t X	Balance Sheet			
		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	59,104	1	184,635
	2	Savings and temporary cash investments	241,924	2	60,018
	3	Pledges and grants receivable, net	10,100	3	40,100
	4	Accounts receivable, net	10,100	4	40,100
	5	Loans and other receivables from any current or former officer, director,			
	Ŭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use	143,531	8	81,085
Assets	9	Prepaid expenses and deferred charges	404	9	10,475
•	10a	Land, buildings, and equipment: cost or other	101		107175
	100	basis. Complete Part VI of Schedule D 10a 26,179			
	b	Less: accumulated depreciation	6,250	10c	5,077
	11	Investments - publicly traded securities	07250	11	2,297
	12	Investments - other securities. See Part IV, line 11		12	27237
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intang ble assets		14	
	15	Other assets. See Part IV, line 11	1,052	15	21,802
	16	Total assets. Add lines 1 through 15 (must equal line 33)	462,365	16	405,489
	17	Accounts payable and accrued expenses	24,437	17	34,960
	18	Grants payable	21,10,	18	51,500
	19			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 any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		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	24,437	26	34,960
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	437,928	27	370,529
ala	28	Net assets with donor restrictions		28	
d B		Organizations that do not follow FASB ASC 958, check here 🛛 🕨 🗌			
'n		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let /	32	Total net assets or fund balances	437,928	32	370,529
2	33	Total liabilities and net assets/fund balances	462,365	33	405,489
EEA					Form 990 (2019)

46-0565393

Page 11

SEAL Future Foundation Inc

Form 990 (2019)

Form	990 (2019) SEAL Future Foundation Inc	46-056539	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		928,	,141
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		995,	,540
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(67,	,399)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		437,	,928
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 on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		370,	,529
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons bility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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 OMB Circular A-133?		3a		x
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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2019)

SCHEDU	JLE A
--------	-------

			1 6	Public Char	ity Status and E)ublia (Sunna	-1	OMB No. 1545-0047
SC	HEC	DULE A			ity Status and F				st. 2019
(For	m 99	0 or 990-EZ)	Complete if the organ	omplete 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.					
		of the Treasury		 Go to www.irs.gov/Form990 for instructions and the latest information 					Open to Public Inspection
		enue Service		Go to www.irs.go		ions and	ine idlesi	Employer identifica	•
		-	dation Ing						
	rt I		ndation Inc for Public Charity	Status (All o	rganizations must co	omolete	this nart	<u>46-056539</u>	
					s 1 through 12, check onl				
1	uiya ∏		•	•	urches described in sect	•	,		
2	П				Schedule E (Form 990 c	• • •			
2	П		•		n described in section 1	,	,		
4		•		•	on with a hospital describ			(1)(A)(iii) Enter the	
-			earch organization opene, city, and state:		ni with a hospital describ	eu in Sect			
5				afit of a college or u	university owned or operation	ated by a c	overnment	al unit described in	
3	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		•		,	unit described in section	170/h\/1)			
6 7	x	-		0	t of its support from a gov			n the general public	
'	21	0	ection 170(b)(1)(A)(vi	•		/emmentai		n the general public	
8			trust described in secti		•				
9					ion 170(b)(1)(A)(ix) ope	rated in co		with a land grant callo	a 0
9		•	•		see instructions). Enter the		•	•	ye
		university:	a norrand-grain cone	ge of agriculture (e name, ci	y, and stat	e of the college of	
10			on that normally receive	c: (1) more than 33	3 1/3% of its support from	contributi	one momb	orship foos and gross	
10		-	-		subject to certain exception				
				•	isiness taxable income (le		·		
							,	IOIII DUSIIIESSES	
11			•		section 509(a)(2). (Com		,		
11		•	•	•	test for public safety. Se			correction the purpose	2
12		•	•	•	the benefit of, to perform				
				-	bed in section 509(a)(1)				. ,
	•		•		ne type of supporting orga				•
	а				vised, or controlled by its		•		ng
			• ()		y appoint or elect a major	ity of the d	inectors of	trustees of the	
	b			•	IV, Sections A and B.	ith ito ouron	ortod orga	nization(a) by boying	
	D			•	ontrolled in connection wi		-	.,	
			on(s). You must com		•			nanage the supported	
	~		• •		anization operated in cor	anaction w	ith and fur	actionally integrated w	iith
	С	_ ,		11 0 0	u must complete Part I			, ,	101,
	d		0 ()(,	•				n(c)
	u				g organization operated i				JT(S)
					generally must satisfy a d :e Part IV, Sections A ar			and an allentiveness	
	е		, ,	•	determination from the IF				
	e		0		ntegrated supporting orga		a Type I,	гуре II, туре III	
	f			-					
			llowing information abo			• • • • •	• • • • •		••••
	g	i) Name of supported		(ii) E N	(iii) Type of organization	(iv) is the e	rappization	(u) Amount of monotony	(vi) Amount of
	(I) Name of supporter	u organization		(described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	other support (see
					above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
						162	NO		
(A)									
(B)									
(C)									
(D)									

(E)

Sche	dule A (Form 990 or 990-EZ) 2019 SEAL Futu:	re Foundati	on Inc			46-056539	3 Page 2
Pa	rt II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked th	e box on line	5, 7, or 8 of F	Part I or if the	organization	failed to qualit	fy under
	Part III. If the organization fails to						•
Sec	ction A. Public Support			· •	•	,	
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		~ ~ ~				
	membership fees received. (Do not						
	include any "unusual grants.")	139,898	219,645	179,072	253,834	534,623	1,327,072
2	Tax revenues levied for the		-	-			<u> </u>
	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	139,898	219,645	179,072	253,834	534,623	1,327,072
5	The portion of total contributions by	-	-		-	-	<u> </u>
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						741,994
6	Public support. Subtract line 5 from line 4						585,078
	ction B. Total Support	I	L	I			
_	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	139,898	219,645		253,834	534,623	1,327,072
8	Gross income from interest, dividends,		-	-	-	-	<u> </u>
	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.)	72	652			5	729
11	Total support. Add lines 7 through 10.						1,327,801
	Gross receipts from related activities, etc. (se	ee instructions)				12	<u> </u>
	First five years. If the Form 990 is for the or						(3)
	organization, check this box and stop here						
See	ction C. Computation of Public Suppor	rt Percentage	;				
	Public support percentage for 2019 (line 6, c			olumn (f))		14	44.06 %
	Public support percentage from 2018 Sched					15	80.99 %
	33 1/3% support test - 2019. If the organiza					% or more, cheo	k this
	box and stop here. The organization qualifie						
k	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu	alifies as a pub	licly supported	organization .			► 🗌
17a	10%-facts-and-circumstances test - 2019.	If the organization	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 14	is
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts					-	
	organization			-	-		
k	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization meet					-	cly
	supported organization					=	· _
18	Private foundation. If the organization did n						
-	instructions						▶ □

Sche	dule A (Form 990 or 990-EZ) 2019 SEAL Futu:	re Foundati	ion Inc			46-05653	93 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	inization failed	d to qualify un	der Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part	II.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513.						
٨	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
F	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
-	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
••	activities not included in line 10b, whether						
10	or not the business is regularly carried on Other income. Do not include gain or	<u> </u>		+			
12	•						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here	<u></u>					<u> ► [</u>
	ction C. Computation of Public Support						
15	Public support percentage for 2019 (line 8, c		•			15	%
16	Public support percentage from 2018 Sched					16	%
Se	ction D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2019 (line	e 10c, column	(f), divided by I	ine 13, column	n (f))	17	%
18	Investment income percentage from 2018 So	chedule A, Pai	t III, line 17			18	%
19a	33 1/3% support tests - 2019. If the organiz	ation did not c	heck the box o	on line 14, and	line 15 is more	than 33 1/3%,	and line
	17 is not more than 33 1/3%, check this box						_
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	-	-		-		-

Are doo cla Dic org a Dic (b) b Dic sat org c Dic pur a Wa "Ye b Dic sup	 (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, coefficient Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete I sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete I and I supporting Organizations e all of the organization's supported organizations listed by name in the organization's governing cuments? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by uses or purpose, describe the designation. If historic and continuing relationship, explain.</i> d the organization have any supported organization that does not have an IRS determination of status der section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported granization was described in section 509(a)(1) or (2).</i> d the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer and (c) below.</i> d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the granization made the determination.</i> d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> 	omplet		N
Are doo cla Dic org a Dic (b) b Dic sat org c Dic pur a Wa "Ye b Dic sup	e all of the organization's supported organizations listed by name in the organization's governing cuments? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by uss or purpose, describe the designation. If historic and continuing relationship, explain.</i> d the organization have any supported organization that does not have an IRS determination of status der section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported ganization was described in section 509(a)(1) or (2).</i> d the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer and (c) below.</i> d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the ganization made the determination.</i> d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	2 3a	Yes	N
doo cla Dic uno org a Dic (b) b Dic sat org c Dic pur a Wa ye b Dic sup	cuments? If "No," describe in Part VI how the supported organizations are designated. If designated by ass or purpose, describe the designation. If historic and continuing relationship, explain. d the organization have any supported organization that does not have an IRS determination of status der section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported ganization was described in section 509(a)(1) or (2). d the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer and (c) below. d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the ganization made the determination. d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	2 3a		IN
doo cla Dic uno org a Dic (b) b Dic sat org c Dic pur a Wa ye b Dic sup	cuments? If "No," describe in Part VI how the supported organizations are designated. If designated by ass or purpose, describe the designation. If historic and continuing relationship, explain. d the organization have any supported organization that does not have an IRS determination of status der section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported ganization was described in section 509(a)(1) or (2). d the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer and (c) below. d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the ganization made the determination. d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	2 3a		
 Dia una org a Dia (b) b Dia sat org c Dia org c D	d the organization have any supported organization that does not have an IRS determination of status der section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported ganization was described in section 509(a)(1) or (2).</i> d the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer and (c) below.</i> d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the ganization made the determination.</i> d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	2 3a		
und org (b) b Dic sat org c Dic pur a Wa "Ye b Dic sup	der section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported ganization was described in section 509(a)(1) or (2). d the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer and (c) below. d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the ganization made the determination. d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3a		
org b Dic (b) b Dic sat org c Dic pur a Wa "Ye b Dic sup	ganization was described in section 509(a)(1) or (2). d the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer and (c) below. d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the ganization made the determination. d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3a		
 a Dic (b) b Dic sat org c Dic put a Wa "Ye b Dic sup 	d the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer and (c) below.</i> d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in</i> Part VI when and how the ganization made the determination. d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? <i>If "Yes," explain in</i> Part VI what controls the organization put in place to ensure such use.	3a		
(b) Dic sat org c Dic pur a Wa "Ye b Dic sup	and (c) below. d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the ganization made the determination.</i> d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>			
 b Dic sat org c Dic pur a Wa "Ye b Dic sup 	d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and tisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the ganization made the determination.</i> d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>			
sat org pur pur a Wa "Ye b Dic sup	tisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the ganization made the determination. If the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rooses? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b		
org Dic pur a Wa "Ye b Dic sup	ganization made the determination. If the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) Proses? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b		
c Dic pur a Wa "Ye b Dic sup	d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) rposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b		
pur a Wa "Ye b Dic sup	rposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
a Wa "Ye b Dic sup				
"Ye b Dic sup	a only supported ergenization not ergenized in the United States ("ferging supported ergenization")? If	3c		
b Dic sup	as any supported organization not organized in the United States ("foreign supported organization")? If			
sup	es," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	d the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	pported organization? If "Yes," describe in Part VI how the organization had such control and discretion	41-		
	spite being controlled or supervised by or in connection with its supported organizations.	4b		
	d the organization support any foreign supported organization that does not have an IRS determination decreasing $504(c)(2)$ and $500(c)(4)$ as (2)2 (f $II)(contraction in Rest V()) what contracts the externation$			
	der sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used			
	ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	10		
-	<i>rposes.</i> d the organization add, substitute, or remove any supported organizations during the tax year? <i>If</i> "Yes,"	4c		
	swer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	mbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	is accomplished (such as by amendment to the organizing document).	5a		
	pe I or Type II only. Was any added or substituted supported organization part of a class already			
	signated in the organization's organizing document?	5b		
	bstitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	d the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	yone 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			
ber	nefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
Dic	the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
(as	s defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	h regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	d the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
	as the organization controlled directly or indirectly at any time during the tax year by one or more			
	equalified persons as defined in section 4946 (other than foundation managers and organizations described			
	section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
	d one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	e supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
	d a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	•		
	m, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
	as the organization subject to the excess business holdings rules of section 4943 because of section			
	43(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10-		
	pporting organizations)? <i>If "Yes," answer 10b below.</i> I the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to</i>	10a		
	termine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2019 SEAL Future Foundation Inc 46-0565.	393	P	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c 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		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
controlled the organization's activities. If the organization had more than one supported organization,			
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
organizatione and what contaitone of rectification, it any, applied to each pewore during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations		N	
		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ах		
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			

	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
2	Purchasen of the relationship described in (2), did the organization's supported organizations have a	2

3	By reason of the relationship described in (2), did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
	supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3

Yes

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nization	s must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting	g organization (see
instructions).		··· ·	- ·

SEAL Future Foundation Inc

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 6

46-0565393

Schedu	lle A (Form 990 or 990-EZ) 2019 SEAL Future Foundation I		46-056	5393 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)	3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		(11)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from			
4	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ.

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

SEAL Future Foundation Inc Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contr butions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA OMB No. 1545-0047

2019

Employer identification number

46-0565393

rvice	

EEA

(a)

No.

5

(a)

No.

6

ame of organization EAL Future F	n oundation Inc	Em
	ributors (see instructions). Use duplicate copie	es of Part I if additional space is
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
_1		\$30,000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
_2		\$11,500
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3		\$15,000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
4		

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

46-0565393 space is needed.

Employer	identification	number

Person

Payroll

Person

Payroll

Person

Payroll

Person

Payroll

Person

Payroll

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

(d) Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

30,000

11,500

15,000

25,000

25,000

70,000

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d) Type of contribution

х

х

х

х

х

х

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990,), 990-EZ, or 990-PF) (2019)	

Name of organization

SEAL Future Foundation Inc

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$127,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$13,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$250,000	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$25,000	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$ <u>20,000</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$154,000	PersonImage: Complete Part II for noncash contributions.)

Employer identification number 46-0565393

SCHE	DULE D
(Form	990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

116

OMB No. 1545-0047

		Part IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.	
Depar	rtment of the Treasury		Attach to Form 990.		Open to Public
Internal Revenue Service Form990 for instructions and the latest information.					Inspection
				Employer identification	
	L Future Four			46-056539	3
Pa		ations Maintaining Donor Advised Fu		counts.	
	Complete	e if the organization answered "Yes" or			
			(a) Donor advised funds	(b) Funds a	nd other accounts
1		nd of year			
2		of contributions to (during year)			
3	00 0	of grants from (during year)			
4		at end of year			
5	•	on inform all donors and donor advisors in w	•		
	•	anization's property, subject to the organizati	•		. 📋 Yes 📋 No
6	•	on inform all grantees, donors, and donor ad	• •		
	-	purposes and not for the benefit of the donc	or or donor advisor, or for any other purpose)	
			<u></u>		. 🔄 Yes 🔄 No
Pa		vation Easements.			
		e if the organization answered "Yes" o			
1		servation easements held by the organization			
	Preservation	of land for public use (e.g., recreation or edu	ucation)	of a historically import	ant land area
	Protection of	natural habitat	Preservation	of a certified historic s	tructure
	Preservation	of open space			
2	Complete lines 2a f	through 2d if the organization held a qualified	d conservation contr bution in the form of a	conservation	
	easement on the I	ast day of the tax year.		Held at	the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage res	tricted by conservation easements		2b	
С	Number of conser	rvation easements on a certified historic stru	cture included in (a)	2c	
d	Number of conser	rvation easements included in (c) acquired a	fter 7/25/06, and not on a		
	historic structure li	sted in the National Register		2d	
3	Number of conser	rvation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the	
	tax year 🕨				
4	Number of states	where property subject to conservation ease	ement is located >		
5	Does the organiza	ation have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements it h	nolds?		. 🗌 Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserva	ation easements during	g the year
	►				
7	Amount of expens	es incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservatior	n easements during the	e year
	▶\$			-	
8		rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h))(4)(B)(i)	
	and section 170(h				. 🗌 Yes 🗌 No
9	In Part XIII, descri	ibe how the organization reports conservation			
	balance sheet, and	d include, if applicable, the text of the footnot	te to the organization's financial statements	that describes the	
		counting for conservation easements.	ç		
Pa		izations Maintaining Collections	of Art, Historical Treasures, or	Other Similar As	ssets.
		ete if the organization answered "Yes"			
1a		elected, as permitted under FASB ASC 958		balance sheet works	
	-	easures, or other similar assets held for publ			
		n Part XIII the text of the footnote to its finar			
b		elected, as permitted under FASB ASC 958		ance sheet works of	
	•	sures, or other similar assets held for public	•		
		ing amounts relating to these items:			
	•	uded on Form 990, Part VIII, line 1		► ¢	
		ed in Form 990, Part X			
2		received or held works of art, historical trea			
2	-	required to be reported under FASB ASC §	-	jain, provide lite	
	nonowing arrounds	Toganou to be reputted under FAOD AOU S			

a Revenue included on Form 990, Part VIII, line 1

▶ \$

▶ \$

	ule D (Form 990) 2019 SEAL Future Four						46-056			age 2
Par	rt III Organizations Maintaining							Assets (c	ontin	ued)
3	Using the organization's acquisition, accession,	and other records,	check any	of the follo	owing that mal	ke signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d		or exchange p	-				
b	Scholarly research		e	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they fu	urther the o	organization's	exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	eceive donations of	art, historio	al treasur	res, or other si	milar				
	assets to be sold to raise funds rather than to b	e maintained as pa	art of the or	ganization	n's collection?.			🗌 Ye	s 🗌	No
Par	t IV Escrow and Custodial Arran									
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line S), or re	ported an an	nount on	Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contri	butions or	other assets	not				
	included on Form 990, Part X?							🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table	:						
							A	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distr butions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form	n 990, Part X, line 2	1, for escro	ow or cust	todial account l	liability?	•••••	🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	planation ha	as been pr	rovided on Par	rt XIII .				
Par	rt V Endowment Funds.									
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line 1	0.				
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years bac	k (e) Fou	r years b	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	(line 1g, co	lumn (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	ion of the organizat	ion that are	held and	administered f	for the				1
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Sche	dule R?.		• • •		3b		
4	Describe in Part XIII the intended uses of the o	0	wment fund	s.						
Par	t VI Land, Buildings, and Equipn						_	_		_
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line 1	1a. S	ee Form 990	, Part X, li	ne 1	0.
	Description of property	(a) Cost or oth		.,	or other basis	• • •	Accumulated	(d) Boo	k value	
		(investme	ent)	((other)	de	epreciation			
1a	Land	•								
b	Buildings	•								
С	Leasehold improvements									
d	Equipment		26,179				21,102		5,	077
e	Other									
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pai	rt X, colum	n (B), line	10.c.,)		►		5,	077

EEA

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total (Column (b) must equal Form 990 Part X col. (B) line 13)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)Indeposited Funds	21,802
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	21,802

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	Column (b) must equal Form 990, Part X, col. (B) line 25) .	►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sched	ule D (Form 990) 2019 SEAL Future Foundation Inc	46-0565393	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total revenue, gains, and other support per audited financial statements	1	927,981
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	927,981
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	927,981
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	994,370
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	994,370
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	994,370
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Informatio	on Regard	ding Fund	raising or Gan	ning Act	ivities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service	•	► A	tach to Form	990 or Form				Open to Public Inspection	
Name of the organization		60 to www.n3.gov/	0////35010111		iu the latest morma		Employer ide	entification number	
SEAL Future Found	ation Inc						46-05	65393	
		s. Complete if t	he organiz	zation ans	wered "Yes" on	Form 99			
	-	t required to cor	-				·	-	
1 Indicate whether the	organization rais	sed funds through	any of the fol	lowing activit	ies. Check all that a	ipply.			
a 🗌 Mail solicitations					f non-government g				
b Internet and email	solicitations				f government grants	i			
c Phone solicitation			g ∐ \$	Special fundr	aising events				
d 📋 In-person solicitat					<i></i>				
2a Did the organization		-	-		-				
or key employees lis		· •		•	•			es No	
b If "Yes," list the 10 hi	0 1	,	indraisers) p	ursuant to ag	reements under wh	ich the fund	draiser is to b	e	
compensated at leas	t \$5,000 by the (organization.							
			(III) D: 1 ((v) Am	ount paid to		
(i) Name and address		(ii) Activity		draiser have r control of	(iv) Gross receipts	(or re	tained by)	(vi) Amount paid to (or retained by)	
or entity (fundra	iser)	(1) / 101/11		outions?	from activity		ser listed in :ol. (i)	organization	
			Yes	No					
1									
2									
3									
4									
5									
5									
6									
7									
8									
9									
10									
				1					
Total				•					
3 List all states in which	the organization	n is registered or lig	censed to sol	icit contributi	ons or has been no	tified it is e	xempt from	I	
registration or licensin	•			.e.t contributi					

Schedule G (Form 990 or 990-EZ) 2019 SEAL Future Founda	Schedule G (Form 990 or 990-EZ) 2019	SEAL	Future	Founda
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AL Future Foundation Inc

46-0565393 Page 2

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

		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2 West Coast G	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	161,812	128,817	212,860	503,489
	2	Less: Contr butions				
	3	Gross income (line 1 minus				
		line 2)	161,812	128,817	212,860	503,489
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines Net income summary. Subtract line	0 ()			
	11	503,489				
Pa	rt I	II Gaming. Complete if the c \$15,000 on Form 990-EZ,	•	Yes" on Form 990, Part	IV, line 19, or reported n	nore than
		\$15,000 OII FOIIII 990-EZ,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) hrough col. (c))
Rev		2				
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	└ Yes % └ No	Yes % No 1	
	7	Direct expense summary. Add lines	2 through 5 in column (d)		· · · · · · · · · •	
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)		
9		nter the state(s) in which the organization the organization licensed to conduct of				Yes 🗌 No
a b		INTE Records to 1	gaming activities in each of			
~		· •				
		ere any of the organization's gaming		-	e tax year?	Yes 🗌 No
D D	. 11	"Yes," explain:				

(Form 990) Governments, and Individuals in the United States 2019 Department of the Treasury > Attach to Form 990. Open to Public	SCHEDULE I	I	Gra	nts and Other	Assistance to	o Organization	S,	I	OMB No. 1545-0047
December of the Theory of the Tory Statistics for 990. Open to Public inspection Theory I have the Tory Statistics of the Statistic information. Despection Part I Concern Information on Grants and Assistance 46-056533 Part I Concern Information on Grants and Assistance If yee and the organization analysis the the monut of the United States. Open to Public instruction Part I Concern Information on Grants and Assistance If yee and the organization analysis the the monut of the united States. If yee and the organization analysis the the organization analysis of the organization and the organization and the organization and the organization analysis of the organization and the organization analysis of the organization and the organization and the or			Gover	mments, and I	ndividuals in	the United Sta	tes		2019
Interview Image of the sparsation Image of the sparsation Image of the sparsation SPAL Perfuture Perfuture Cendpower identification Cendpower iden			Complete	if the organization an	swered "Yes" on Fo Attach to Form 990.	rm 990, Part IV, line 21	or 22.	0	pen to Public
SEAL Puture Foundation Ind General Information on Grants and Assistance 44-0565393 Part Constraint Information on Grants and Assistance Image: Constraint of the answered in the answered integrants or assistance, and integrants or assistance in the selection offent used to award the grants or assistance in the grant constraint of the organization answered 'Yes' on Form 990. Image: Constraint of Constraints of Constra	Internal Revenue Service					latest information.			
Part I General Information on Grants and Assistance 1 Does the organization mainten the income to be grants or assistance, and it is selection criteria used to avail the grant or assistance. The grants and Sasistance. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of more than \$5,000. Part II can be duplicated if	Name of the organization							Employer identification	number
1 Opes the organization maintain reacrist to substantiate the amount of the garate or assistance, and the selection ortenia used to avaistance. The garate or assistance, and the selection contentianus of a wassistance. Image: Content and Contentiantiate the amount of the garate or assistance. The garate or assistance are contentiantiate the analytic or ganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 9900, the organization answered "Yes" on Form 9900, the organization and the selection of the analytic organization and Domestic Governments. Complete if additional papers is needed. 1 Other Assistance to Domestic Organizations and Domestic Governments. Complete if additional papers is needed. (0) Amount of non- (0)			Onemie and Accie					46-0565393	
The selection ordied used to award the grants or assistance Image: Constraint of the selection ordination in the United States. Image: Constraint of the selection ordination of the selection or operation or operation or operation of the selection ordination of the selection or operation of the selection						and the fact that are started as			
2 Describe in Part IV the organization's procedures for monoting the use of grant function in the United States. United States. United States. Part IV, line 21, for any recipient that received more than S5,000, Part II can be duplicated if additional space is needed. (a) Answered ductes of organization of (fi piplicable) (a) Answered ductes of organization of organization. (b) Purpose of grant of cash assistance (b) Anterest of valuation of cash assistance (c) Answered values.	-			-	-				
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form 990. Part V, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Description of recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Purpose of grant or complete if the organization answered to received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Purpose of grant or complete if the organization answered to received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Purpose of grant or complete if the organization answered to received more than \$5,000. Part II can be duplicated if additional space is needed. (a) (b) ElN (c) RC section (d) Part II can be duplicated if additional space is needed. (b) Purpose of grant or complete if the organization answered to received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Purpose of grant or complete if the organization answered to received more than \$5,000. Part II can be duplicated if additional space is needed. (a) IIII (IIII (IIIII (IIIIII		•							
Part IV, line 21, for any recipiont that received more than 55,000. Part II can be duplicated if additional space is needed. 1 (a) hame and address of opanization or government. (b) EIN (c) PC cesses (c						ts. Complete if the	organization answered	"Yes" on Form 990)
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(10)								
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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Descrip ion of noncash assistance
Scholarships - Certification					
1 Programs					
2 Scholarships - Degree Programs					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, li	ne 2; Part III, colum	n (b); and any other add	itional information.

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. OMB No. 1545-0047
2019
Open to Public

Inspection

Employer identification number

46-0565393

SEAL Future Foundation Inc

01. Amended return information

Original return erroneously omitted Schedule G information on fundraising events

02. Form 990 governing body review (Part VI, line 11)

Trustees of the organization receive and review a copy of the Form 990 and all

accompanying federal and state schedules prior to filing of the return

03. Conflict of interest policy compliance (Part VI, line 12c)

Perceived, potential, and true conflicts of interest are discussed among trustees as they

occur. Conflicted parties recuse themselves from discussion and voting on these matters.

New trustees receive information about the organization's conflict of interest policy upon

agreeing to serve in this capacity

04. CEO, executive director, top management comp (Part VI, line 15a)

Compensation is discussed among trustees and is based on review of compensation studies of

similarly situated organizations

05. Other officer or key employee compensation (Part VI, line 15b

Compensation is discussed among trustees and is based on review of compensation studies of

similarly situated organizations

06. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available to the general public upon reasonable request.

07. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Adjustment for rounding

Form	4562
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Depreciation and Amortization

(Including Information on Listed Property)

i onn		(Including Information on Listed Property)					2019			
Depart	► Attach to your tax return.						Attachment			
	Revenue Service (99)	► G	o to www.irs.go	ov/Form4562 f				mation.	_	Sequence No. 179
```	s) shown on return				Business or	r activity to which	this form relates		Identif	ying number
	Future Four					<u>1990 - 1</u>	-		46-	0565393
Par		-	e Certain Pro							
		•	listed property,							
1	Maximum amount								1	
2	Total cost of section								2	
3	Threshold cost of s					,			3	
4	Reduction in limita								4	
5	Dollar limitation for	•					•		_	
~	separately, see ins								5	
6		(a) Description of pr	roperty		(b) Cost (t	ousiness use only	(c) Ele	cted cost		
7	Listed property. Er	tor the emount f	rom line 20			7				
7 8	Total elected cost								8	
о 9	Tentative deduction		1 2		( )/				0 9	
									10	
10	Carryover of disall Business income li		,						11	
11	Section 179 expen			```		,			12	
12 13	Carryover of disall					n line .i	13		12	
	: Don't use Part II			,			13			
Par			n Allowance			viation (D	on't include l	isted proper	V Se	e instructions )
14	Special depreciation				-				ly. 00	
17	during the tax year				• •	• • •			14	
15	Property subject to								15	
16	Other depreciation	()(	,						16	1,173
			on (Don't inc						10	1,1/3
I ui		o Doprociali			ection A		10110.7			
17	MACRS deduction	s for assets plac	ed in service in t						17	
18	If you are electing	•		, 0	0					
	asset accounts, ch	0 1 7	•••••	0	•		0			
	,		Placed in Servi						ion S	vstem
	(a) Classification of p		(b) Month and year placed in service	(c) Basis for de (business/inves only-see instr	preciation tment use	(d) Recovery period	(e) Convention	(f) Method		Depreciation deduction
19a	3-year property				40110110)					
<u>b</u>	5-year property									
 C	7-year property									
d	10-year property									
 e	15-year property									
f	20-year property									
g	25-year property					25 yrs.		S/L		
	Residential rental					27.5 yrs.	MM	S/L		
	property					27.5 yrs.	MM	S/L		
i	Nonresidential real	1				39 yrs.	MM	S/L		
•	property						MM	S/L		
		C - Assets Pla	ced in Service	During 201	9 Tax Ye	ar Using t			tion S	vstem
20a	Class life			<u></u>				S/L		<b>J C C C</b>
<u></u> b	12-year					12 yrs.		S/L		
 C	30-year					30 yrs.	MM	S/L	1	
d	40-year					40 yrs.	MM	S/L	1	
		ary (See instr	uctions.)	1		1.0 ,10.			1	
21	Listed property. E							21		
22	Total. Add amoun			17, lines 19 an	d 20 in co	lumn (a), an	d line 21. Ente			
	here and on the ap		•							1,173
23	For assets shown		-							

23

OMB No. 1545-0172