#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 44-11-33

990

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Inspection

Department of the Treasury

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

and ending A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change SEAL FUTURE FOUNDATION, INC. Name change 46-0565393 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 32 THIRD AVENUE 393 (646)883-8733termin-ated 2,849,946. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10003 H(a) Is this a group return Applica-F Name and address of principal officer: PAUL THOMA ∫Yes │X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.SEALFF.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 2012 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE NAVY SEALS A Activities & Governance FOUNDATION THAT SUPPORTS THEIR WELL-BEING, EDUCATION, AND CAREER TO oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 14 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 1200 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 2,301,082 1,717,630. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 237. 437. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,349,818. 643,661. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,651,337. 2,361,528. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 55,305 155,869. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 744,217. 1,132,125. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,134,447. 1,933,779. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,221,773. -860,245. 1,933,969. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,717,368. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 2,289,159. 1,409,526. Total assets (Part X, line 16) 48,293. 19,170. 21 Total liabilities (Part X, line 26) 2,269,989. 361,233. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PAUL THOMA, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if self-employed TARA EASTWOOD TARA EASTWOOD 11/15/23 P00539129 Paid BOWMAN & COMPANY, LLP Firm's EIN 94-1481988 Preparer Firm's name Use Only Firm's address 10100 TRINITY PARKWAY, STE 310 Phone no. (209)473-1040 STOCKTON, CA 95219 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	Check if Cahadula Cooptains a response ou note to any line in this Dart III	
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: THE MISSION OF THE SEAL FUTURE FOUNDATION IS TO PROVIDE NAVY S	SEAT.C A
	FOUNDATION THAT SUPPORTS THEIR WELL-BEING, EDUCATION, AND CARE	
	CONTINUE A LIFE OF SERVICE WITHIN THEIR COMMUNITIES.	ien io
	CONTINUE A BIFE OF BERVICE WITHIN THEIR COMMONITIES:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Tes LIL INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		Tes LIL NO
4	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	•
	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.  (Code: ) (Expenses \$ 2,862,375 • including grants of \$ 155,869 • ) (Revenue \$	
4a	(Code: ) (Expenses \$ 2,862,375 including grants of \$ 155,869 ) (Revenue \$ DURING THE REPORTING YEAR, THE ORGANIZATION PROVIDED ITS FOUR	DTT.T.ARS
	OF PROGRAMS AND SERVICES (CAREER, EDUCATION, HEALTH, AND COMMU	
	1,503 NEW SEALS FOR TOTAL OF 4,096 SEALS SERVED SINCE INCEPTION	
	ORGANIZATION EXPERIENCED IN 100% TRANSITION SUCCESS RATE.	<u>/14 • 11111</u>
	OKOMITATION DATERIESCED IN 1000 IMMODITION DOCCEDS KATE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
75	(Code:) (Expenses #	,
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$}	)
4e	Total program service expenses 2,862,375.	
		Form <b>990</b> (2022)

# Part 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		х
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>-</u> _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

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Pai	rt IV Checklist of Required Schedules (continued)				
				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	L:	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	nt			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				1
	Schedule J	L:	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 organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt below to tax-exempt below the organization have a tax-exempt below the organizatio	he			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				1
	Schedule K. If "No," go to line 25a	2	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	2	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2	24d		
25 a	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	2	25a		X
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				1
	Schedule L, Part I	2	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 contributor, or 35%				1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	L:	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% contributor or employee thereof.	rolled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	L	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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	2	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	2	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				1
	"Yes," complete Schedule L, Part IV	2	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	L:	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				1
	contributions? If "Yes," complete Schedule M	·····	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	L:	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				1
	Schedule N, Part II	L:	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	L:	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				1
	Part V, line 1		34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_	35a		Х
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		<u> </u>
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	L	36		X
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	L	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O	<u></u>	38	X	Щ.
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	······		Щ
				Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	30			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	<u></u>	1c	X	

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# Form 990 (2022) SEAL FUTURE FOUNDATION, INC. Part 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 return	2a 14							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	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 A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
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?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37				
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_		v				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
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 to file Form 2000	•	70		Х				
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		21				
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	•	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7f		X				
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		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						
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 contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a		100	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.		_	000	(0000)				

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Part 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 on Schedule O. See instructions.

Section A. Governing Body and Management   Yes   No		Check if Schedule O contains a response or note to any line in this Part VI				X
there are material differences in working nyths among members of the governing body, or the governing body of the governing body deligated broad authority is an executive committee or similar coverning body, or the governing body of the governing body?  In the g	Sec	tion A. Governing Body and Management				
If there are material differences in voting rights among members of the governing body of the poverning body degree throat sutherly to an excustive committee or similar committee, explain on Schedule 0.  b. Enter the number of voting members included on line 1a, above, who are independent.  control of the control of officers, freectors, trustee, or key employee to a management company or other person?  de the organization make any significant changes to its governing documents since the prior Form 900 was filled?  4			1 1	-	Yes	No
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 10 10 5 Enter the number of voting members included on line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
b Enter the number of voting members included on line 1a, above, who are independent.    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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4		If there are material differences in voting rights among members of the governing body, or if the governing				
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of efficers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of efficers, directors, trustees, or key employees to a management company or other person?  3		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
officer, director, tustee, or key employee?  Joint the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Joint the organization make any significant changes to its governing documents since the prior Form 990 was filled?  Joint the organization have members as to the prior of the organization's assette?  Joint the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Joint en organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Joint en organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Joint en organization that authority to act on behalf of the governing body?  Joint en organization singling body?  Joint en organization singling address? If "Yes," provide the names and addresses on Schedule O.  Joint en organization singling address? If "Yes," provide the names and addresses on Schedule O.  Joint en organization have local chapters, branches, or affiliates?  Joint 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?  Job 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?  Job If "Yes," did the organization have a written comilier of their explaination and branches to ensure their operat	b	Enter the number of voting members included on line 1a, above, who are independent	1b	6		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officiers, directors, trustees, or key employees to a management company or other person?  3	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
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on Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on 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 X  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 organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed CA, NJ, NH, NY, SC  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.  X Own website Another's website Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records  THE ORGANIZATION - (646)883-8733						
13				12c	Х	
14 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on 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?  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 organization's exempt status with respect to such arrangements?  Section C. Disclosure  15a X  15a X  15a X  15b X  16a X  16a X  16a X  16a X  16a X  16b X  16a X  16b X  16a	13				Х	
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<ul> <li>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.         <ul> <li>X Own website</li></ul></li></ul>	17	List the states with which a copy of this Form 990 is required to be filed CA, NJ, NH, NY, S	SC			
for public inspection. Indicate how you made these available. Check all that apply.  X Own website				3)s only	) avail	able
X Own website Another's website Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (646)883-8733				. ,		
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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 THE ORGANIZATION - (646)883-8733	19		,	nd fina	ncial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (646)883-8733			1 -7, -	_		
THE ORGANIZATION - (646)883-8733	20		ooks and records			
			-			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

CHIEF HEALTH OFFICER	(A)	(B)	Ī		((	C)	•		(D)	(E)	(F)
Table   Tabl	Name and title	hours per	box	not c , unle	heck ss pe	more rson i	than is bot	h an	compensation	compensation	amount of
CEO		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the organization and related
CHIEF HEALTH OFFICER					Х				145,000.	0.	0.
CEO (THRU 9/22)	(2) JOEY FIO	40.00									
CEO (THRU 9/22)	CHIEF HEALTH OFFICER						Х		126,250.	0.	0.
(4) ANTHONY PAGE     40.00     X     117,500.     0.     0       (5) JOEL BEAM     40.00     X     61,932.     0.     0       COO (THRU 6/22)     X     61,932.     0.     0       (6) JONATHAN WILSON     40.00     X     X     18,750.     0.     0       CHAIRMAN     X     X     18,750.     0.     0       QUENCTOR (THRU 12/22)     X     0.     0.     0.     0       (8) BRADFORD PETERS     1.00     X     0.     0.     0       (9) STEVEN MORENO     1.00     X     0.     0.     0       QUENCTOR     X     0.     0.     0       (10) PHIL JOHNSTON     1.00     0.     0.     0       DIRECTOR     X     0.     0.     0       (11) CHRIS ANTHONY     1.00     0.     0.     0       DIRECTOR     X     0.     0.     0       (12) DENISE BOTTIGIERI, PHD     1.00     0.     0.     0       (13) GUY HART     1.00     0.     0.     0.     0       DIRECTOR (THRU 7/22)     X     0.     0.     0.       (14) JOHN MCMAHON     1.00     0.     0.     0.     0.	(3) TY BATHURST	40.00								_	_
COO	-				X				120,417.	0.	0.
COO (THRU 6/22)		40.00							44		
X		40.00			X				117,500.	0.	0.
CEAIRMAN		40.00	-		,,				61 022	0	_
CHAIRMAN		40.00			X.				61,932.	0.	0.
Column   C		40.00			\ <sub>V</sub>				10 750	^	_
DIRECTOR (THRU 12/22)		1 00	^		^				10,730.	0.	0.
STEVEN MORENO		1.00	v						0	0	0
DIRECTOR   X		1.00	^						0.	0.	•
O		1.00	x						0.	0.	0.
DIRECTOR   X		1.00								•	
DIRECTOR   X			x						0.	0.	0.
DIRECTOR   X   0. 0. 0.   0	(10) PHIL JOHNSTON	1.00							-		
Column	DIRECTOR		Х						0.	0.	0.
(12) DENISE BOTTIGIERI, PHD       1.00         DIRECTOR       X         (13) GUY HART       1.00         DIRECTOR (THRU 7/22)       X         (14) JOHN MCMAHON       1.00	(11) CHRIS ANTHONY	1.00									
DIRECTOR X 0. 0. 0  (13) GUY HART 1.00 X 0. 0. 0  DIRECTOR (THRU 7/22) X 0. 0. 0  (14) JOHN MCMAHON 1.00	DIRECTOR		Х						0.	0.	0.
(13) GUY HART  DIRECTOR (THRU 7/22)  (14) JOHN MCMAHON  1.00  X  0. 0	(12) DENISE BOTTIGIERI, PHD	1.00									
DIRECTOR (THRU 7/22) X 0. 0. 0  (14) JOHN MCMAHON 1.00	DIRECTOR		Х						0.	0.	0.
(14) JOHN MCMAHON 1.00	(13) GUY HART	1.00									
	DIRECTOR (THRU 7/22)		X						0.	0.	0.
DIRECTOR X 0. 0. 0	(14) JOHN MCMAHON	1.00							_	_	_
	DIRECTOR		Х						0.	0.	0.
			-								

Section A. Officers, Directors, Trus		picy	ees,			gne	St C	inperisated Employe	es (continueu)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average		not cl		more	than o		Reportable	Reportable			
	hours per week					is both or/trus		compensation	compensation		ount c	of
	(list any	$\vdash$					,	from	from related		other	.:
	hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/		oensat om the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)		anizatio	
	organizations	truste	al trus		99/	mpeu		1099-NEC)	1000 1420)		l relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	sst co oyee	ы				nizatio	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former					
		1										
		П										
		1										
		$\Box$				П						
		1										
		$\Box$				Н						
		H										
		$\vdash$										
		H				$\vdash$						
		$\vdash\vdash$	-			Н						
		Ш				Ш						
		.										
								500 040				
1b Subtotal								589,849.	0.			0.
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)		<u></u>						589,849.	0.			0.
2 Total number of individuals (including but r	ot limited to th	ıose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			
compensation from the organization												4
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	um of reportab											
and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	or such individual		4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsati	on f	rom	any	unr	elat					
rendered to the organization? If "Yes," com					-					5		Х
Section B. Independent Contractors	•											
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of compens	ation fr	rom	
the organization. Report compensation for											•	
(A)				-5			Ī	(B)	,	(C	)	
Name and business	address	NC	NE	C				Description of s	ervices (	Comper		1
							1					
							$\dashv$					
							$\dashv$					
							+					
							$\dashv$					
O Tatalasanah (1)	to a larger of the state of the			-1 •				Labarra V. J	41			
2 Total number of independent contractors (	-	ot III	nite	d to		_	ted	apove) wno received m	ore than			
\$100,000 of compensation from the organi	zation					<u> </u>				Form \$	200	
										Earm (	AUII (A	man)

					OUNDATIO	N, INC.		46-0565	393 Page <b>9</b>
Pa	rt \	/III	Statement of Revenue	•					
			Check if Schedule O contains	s a response	or note to any lin				<u></u>
						(A)	(B)	(C)	( <b>D)</b> Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	
							- Tantonon Toronas		sections 512 - 514
nts nts	1	а	Federated campaigns	1a	15,100.				
ara our			Membership dues						
s, G			Fundraising events		629,465.				
ar /			Related organizations						
s, ( mil			Government grants (contributions						
ion Si			All other contributions, gifts, grants, a						
but			similar amounts not included above		1,073,065.				
Contributions, Gifts, Grants and Other Similar Amounts		q	Noncash contributions included in lines 1a-	· — —					
Col			Total. Add lines 1a-1f			1,717,630.			
					Business Code	, ,			
ø	2	а							
vic (	_	b							
Sel		c							
Program Service Revenue		d							
gra Re		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including div						
	Ŭ					237.			237.
	other similar amounts)  4 Income from investment of tax-exempt bond proc  5 Royalties								
	٠		Tioyanies	(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(7	(.,,				
	٠		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			, ,		L				
	7			) Securities	(ii) Other				
	•	u	assets other than inventory <b>7a</b>	,	(.,				
		h	Less: cost or other basis						
e			and sales expenses						
evenue		_	Gain or (loss) 7c						
Rev			Net gain or (loss)		ı				
	Ω		Gross income from fundraising event		1				
Other	Ü	<b>u</b>	including \$ 629,46						
			contributions reported on line 1c						
			Part IV, line 18	I .	1,130,668.				
		h	Less: direct expenses						
			Net income or (loss) from fundrais			651,700.			651,700.
	9		Gross income from gaming activi			, -			, -
	-		Part IV, line 19	I .					
		h	Less: direct expenses						
			Net income or (loss) from gaming		•				
	10		Gross sales of inventory, less retu		1				
		u	and allowances		1,411.				
		h	Less: cost of goods sold		_				
			Net income or (loss) from sales or			-8,039.			-8,039.
_			The mount of these from sales of	iniversitely	Business Code	3,003.			2,000.
Miscellaneous Revenue	11	2			200000 0000				
nne	••	b							
ella		C						<del> </del>	
lsc Re			All other revenue					1	
Σ			Total Add lines 112.11d						

232009 12-13-22

643,898. Form **990** (2022)

2,361,528.

**12 Total revenue**. See instructions

# Part IX Statement of Functional Expenses

Section	501(c)(3) and 5	501(c)(4) organiz	ations must complete	all columns. All o	other organizations musi	t complete column (A).

<u>n-</u>	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	155,869.	155,869.		
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	265,417.	217,907.	36,097.	11,413
6	Compensation not included above to disqualified	,	,	,	,
٠	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40E0(s)(2)(D)				
7	Other salaries and wages	779,514.	618,037.	120,643.	40,834
8	Pension plan accruals and contributions (include	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	020,007	220,0101	20,00
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	87,194.	69,755.	13,079.	4,360
10 11	Fees for services (nonemployees):	07,1040	05,755.	10,010	=,500
	· · · · ·				
a	Management	3,732.	2,985.	560.	187
b	Legal	83,223.	2,505.	83,223.	107
С	Accounting	03,223.		03,223.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	15 204	12 225	2 204	765
	column (A), amount, list line 11g expenses on Sch O.)	15,294. 31,956.	12,235. 25,565.	2,294.	765 1,598
12	Advertising and promotion	103,811.		15,572.	5,191
13	Office expenses	-	83,048.		479
14	Information technology	9,585.	7,668.	1,438.	4/5
15	Royalties	16 200	12 110	2 460	0.00
16	Occupancy	16,399.	13,119.	2,460.	820
17	Travel	60,200.	48,160.	9,030.	3,010
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	1 (50	1 205	0.40	
22	Depreciation, depletion, and amortization	1,659.	1,327.	249.	83
23	Insurance	6,100.	4,880.	915.	305
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	SUPPORT SERVICES	1,601,820.	1,601,820.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,221,773.	2,862,375.	290,353.	69,045
<u></u> 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 if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			283,545.	1	400,416
	2	Savings and temporary cash investments			1,940,245.	2	946,073
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr	ibed in se	ction 4958(c)(3)(B)		6	
13	7	Notes and loans receivable, net		[		7	
Assets	8	Inventories for sale or use			57,474.	8	34,457
Ĭ	9	Prepaid expenses and deferred charges			3,118.	9	24,117
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		29,168.			
	b	Less: accumulated depreciation			4,227.	10c	3,913
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li	_		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	550.	15	550		
	16	Total assets. Add lines 1 through 15 (must e			2,289,159.	16	1,409,526
	17	Accounts payable and accrued expenses	19,170.	17	48,293		
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Ş	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ap		controlled entity or family member of any of t	hese per	sons		22	
3	23	Secured mortgages and notes payable to un	related th	nird parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24	I). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			19,170.	26	48,293
<b>'</b> ^		Organizations that follow FASB ASC 958,	check he	re X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			2,269,989.	27	1,361,233
g	28	Net assets with donor restrictions				28	
ב		Organizations that do not follow FASB AS					
Ĭ		and complete lines 29 through 33.					
o S	29	Capital stock or trust principal, or current fur			29		
ser	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,269,989.	32	1,361,233
_	33	Total liabilities and net assets/fund balances			2,289,159.	33	1,409,526

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		2,36					
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,22					
3	Revenue less expenses. Subtract line 2 from line 1	3		-86					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,26	<u>9,9</u>	89.			
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities								
7	Investment expenses	7							
8	Prior period adjustments	8		<b>-4</b>	8,5	11.			
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	-	L,36	1,2	33.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,						
	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 responsibility for oversight of the	e audi	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aı	udit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b					
	-				$\overline{\Omega}$	/ <b>.</b>			

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SEAL FUTURE FOUNDATION, INC.

Employer identification number

46-0565393 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	` ,	` ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	253,834.	534,623.	970,940.	2,301,082.	1,717,630.	5,778,109.
2	Tax revenues levied for the organ-						
	ization'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	253,834.	534,623.	970,940.	2,301,082.	1,717,630.	5,778,109.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5,778,109.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	253,834.	(b) 2019 534,623.	970,940.	2,301,082.	1,717,630.	5,778,109.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				54.	237.	291.
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.)		5.		23,956.		23,961.
11	<b>Total support.</b> Add lines 7 through 10						5,802,361.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ				1		
	Public support percentage for 2022 (I				r	14	99.58 %
	Public support percentage from 2021				_	15	99.44 %
16a	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the fact					/I how the organiz	ation
	meets the facts-and-circumstances to	· ·	•				
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, <b>,</b>	,				
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•	•	•	•
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	. ,		` '		, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital			1			
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
-	check this box and stop here	•		,			,
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes N	
1	
'	
2	
3a	
Sa	
3b	
3c	
4a	
4b	
4c	
5a	
5b 5c	
6	
7	
8	
9a	
9b	
35	
9c	
10a	
10b	

Par	rt IV   Supporting Organizations (continued)			
	, (common,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one superganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amore			
	supported organizations and what conditions or restrictions, if any, applied to such powers 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		
Sec	ction 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		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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		
3	By reason of the relationship described on line 2, above, 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			
Sac	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	twations\		
1		tructions).		
a b				
c		ntity (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	inty (See mistractio	Yes	No
a			103	140
ŭ	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.	2a		
b				
-	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.
232025 12-09-22

Sche	edule A (Form 990) 2022 SEAL FUTURE FOUNDATION	I, INC.		46-0565393 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	•
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	lov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete :	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1	2		

emergency temporary reduction (see instructions).

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

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

3

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 4

5

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

	line 1; Pa	ırt IV, Secti D, lines 5, 6	on D, li	nes 2 and 3	3; Part IV	, Section E, lines	s 1c, 2a, 2	2b, 3a, a	and 3b; Part	V, line 1; Part V, Section B, line for any additional information	ne 1e; Part V,
SCHEDU	JLE A,	PART	II,	LINE	10,	EXPLANA'	TION	FOR	OTHER	INCOME:	
OTHER	INCOM	E									
2019 2	AMOUNT	: \$	5.								
INCOM	E FROM	SALE	OF	INVEN'	TORY						
2021 2	AMOUNT	: \$	23,	956.							

# Schedule B (Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

**2022** 

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

SEAL FUTURE FOUNDATION. INC.

46-0565393

	10 0303333				
Organization type (chec	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
• •	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a contributor, du	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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV,	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 filing requirements of Schedule B (Form 990).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# SEAL FUTURE FOUNDATION, INC.

46-0565393

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 157,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and 2n ++	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$2,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# SEAL FUTURE FOUNDATION, INC.

46-0565393

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$61,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$61,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$46,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# SEAL FUTURE FOUNDATION, INC.

46-0565393

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date received				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

**Employer identification number** 

Name of organization

46-0565393 SEAL FUTURE FOUNDATION, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

SEAL FUTURE FOUNDATION, INC.

**Employer identification number** 46-0565393

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	. , ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
•	7 thount of expenses mounted in monitoring, mopeoung, hand	and of violations, and officioning contact v	and reasonner adming the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	Ç	
Pai		f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in t	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
b	Assets included in Form 990, Part X		

232051 09-01-22

Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

24,644

e Other

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

26,179.

2,989.

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 (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market valued (including name of security)  (j) Financial derivatives  (g) Closely held equity interests  (g) Other (including name of security)  (h)  (ii)  (iii)  (iii)  (iv)	Schedule D (Form 990) 2022 SEAL FUTURE Part VIII Investments - Other Securities.	FOUNDATION,	INC. 46	-0565393 <sub>Page</sub> 3
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (18) (19) (19) (19) (19) (19) (19) (19) (19		on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(2) Closely held equify interests (3) Other (A) (B) (C) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D			-	d-of-year market value
(2) Closely held equity interests	(1) Financial derivatives			
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (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) 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 (c) Book value (d) Col. (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  (c) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description of 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 (c) (a) (b) Federal income taxes (d) (e) (f) Federal income taxes (e) (f) Federal income taxes (f) (h) Book value (g) (h) Federal income taxes	(2) Closely held equity interests			
(B) (C) (D) (D) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(3) Other			
(C) (D) (E) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)			
(b) (c) (c) (c) (c) (d) (d) must equal Form 990, Part X, col. (8) line 12.)    Part VIII   Investments - Program Related.				
(E) (F) (G) (H) Total. (Col. (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 (d) (d) (e) (e) (f) (g) (g) (g) (g) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part XI 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 (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
F   Clot   Clo				
(6) (H) Total. (Col. (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)   (6)   (7)     (8)   (9)   (9)     Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)    Part IX   Other Assets.   (a) Description   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (d)     (1)   (2)   (3)   (4)   (5)   (6)   (7)   (7)   (8)   (7)   (8)   (9)   (9)   (1)				
(#) Total. (Col. (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) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (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) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
Total. (Col. (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)   (6)   (7)     (6)   (7)   (8)   (9)     (8)   (9)   (10)   (10) 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)     (2)   (3)   (4)   (4)   (5)   (6)     (6)   (7)   (7)   (8)   (9)     (7)   (8)   (9)   (10) must equal Form 990, Part X, col. (B) line 15.)     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.   (a) Description   (b) Book value (1)   (5)   (6)   (7)   (7)   (8)   (9)   (7)   (9)   (9)   (10) must equal Form 990, Part X, col. (B) line 15.)     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.   (a) Description of liability   (b) Book value (1)   Federal income taxes (2)   (3)   (4)   (4)   (4)   (5)   (6)   (6)   (6)   (7)   (7)   (7)   (7)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (	· ` '			
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)	. ,			
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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(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. (Col. (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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)    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) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   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 (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)    Part IX				d-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)	(1)			
(4) (5) (6) (7) (8) (9) Total. (Col. (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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
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(6) (7) (8) (9) Total. (Col. (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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)	(4)			
(7) (8) (9) Total. (Col. (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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)	(5)			
(8) (9) Total. (Col. (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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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  (b) Book value  (c) Get and the form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) Get and the form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) Get and the form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) Get and the form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25.  (a) Get and the form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25.  (a) Get and the form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book value	(6)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX   Other Assets.	(7)			
Total. (Col. (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)         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)           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) Federal income taxes         (2)           (3)         (4)	(8)			
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)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes  (2)  (3)  (4)				
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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes  (2)  (3)  (4)		on Form 000 Dort IV line	alld Con Form 000 Port V line 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)			e 11d. See Form 990, Part X, line 15.	(b) Book value
[2] [3] [4] [5] [6] [7] [8] [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)		<del>Jescription</del>		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) Federal income taxes (2) (3) (4)				
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) Federal income taxes (2) (3) (4)				
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) Federal income taxes  (2)  (3)  (4)		÷ 15.)		
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)	Part X Other Liabilities.			
(1) Federal income taxes (2) (3) (4)		on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4)	1. (a) Description of liability			(b) Book value
(3) (4)				
(4)				
(5)				
(6) (7)				

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...

Schedule D (Form 990) 2022

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	rt XI Reconciliation of Revenue per Audi	ted Financial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited fir	nancial statements	1	
2	Amounts included on line 1 but not on Form 990, Part	VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but r			
а	Investment expenses not included on Form 990, Part	VIII, line 7b <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Fo		5	
Pa	rt XII Reconciliation of Expenses per Aud	lited Financial Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" or			
1	Total expenses and losses per audited financial staten		1	
2	Amounts included on line 1 but not on Form 990, Part	IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but no	ot on line 1:		
4	Amounts moldaed off form 330, fait IX, line 23, but it			
4 a	Investment expenses not included on Form 990, Part			
a b	Investment expenses not included on Form 990, Part of Other (Describe in Part XIII.)			
a b	Investment expenses not included on Form 990, Part Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>	4b		
a b c 5	Investment expenses not included on Form 990, Part Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal F	4b		
a b c 5	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form XIII   Supplemental Information.	Form 990, Part I, line 18.)	5	
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form XIII   Supplemental Information.	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part On Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Formation.)  Int XIII Supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) ; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	XI,

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### **SCHEDULE G** (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number Name of the organization SEAL FUTURE FOUNDATION, INC. 46-0565393 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

		of fundraising event contributions and gr				nts greater than \$5,000.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events			
				PHOENIX GOLF		(add col. (a) through			
			NOBU	EVENT	18	col. <b>(c)</b> )			
ē			(event type)	(event type)	(total number)	(,/			
Revenue	1	Gross receipts	364,790.	270,341.	1,125,002.	1,760,133.			
_	2	Less: Contributions	34,000.	28,663.	566,802.	629,465.			
	3	Gross income (line 1 minus line 2)	330,790.	241,678.	558,200.	1,130,668.			
	4	Cash prizes	1,500.	1,596.	16,061.	19,157.			
m	5	Noncash prizes	55.	12,938.	11,010.	24,003.			
pense	6	Rent/facility costs	35,340.	9,104.	28,124.	72,568.			
Direct Expenses	7	Food and beverages	50,734.	7,334.	20,064.	78,132.			
	8	Entertainment							
	9	Other direct expenses	22 112	12,653.	242,337.	285,108.			
	_	Direct expense summary. Add lines 4 through	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		478,968.			
		Net income summary. Subtract line 10 from li				651,700.			
Pa	rt l	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.							
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add			
Revenue				biligo/progressive biligo	., ,	col. (a) through col. (c))			
Ве	_	0							
	_	Gross revenue							
"	2	Cash prizes							
ses	_	Cash ph/200							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor		No No	No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
۵	En	ter the state(s) in which the organization condu	icte gaming activities:						
	a Is the organization licensed to conduct gaming activities in each of these states?								
	<b>b</b> If "No," explain:								
		ere any of the organization's gaming licenses re			year?	Yes No			
b	If "	Yes," explain:							

Schedule G (Form 990) 2022

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Sch	nedule G (Form 990) 2022 SEAL FUTURE FOUNDATION, INC. 46-0	05653	93 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		s No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	TE	S III NO
		13a	04
	a The organization's facility		<u>%</u> %
	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>Y</b> e	s No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
•	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Ye	s L No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines	s 9, 9b, 10b,
	· · · · · · · · · · · · · · · · · · ·		

Schedule G	G (Form 990)	SEAL FUTURE	FOUNDATION,	INC.	46-0565393 Page 4
Part IV	Supplemental In	SEAL FUTURE formation (continued)			
		· ·			
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#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Open to Public py/Form990 for the latest information. Inspection

Department of the Treasury Internal Revenue Service

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

Name o	me of the organization  Employer identification numb							
	SEAL FUTURE FOUNDATION, INC.					46-0565393		
	Part I General Information on Grants and Assistance							
	Does the organization maintain records				-			
0	criteria used to award the grants or assi	stance?						Yes X No
2 D	Describe in Part IV the organization's pro-					:ti	/a.a.ll. a.a. Faure 000. Davi	N/ line Of for any
Parti	recipient that received more than					anization answered	res on Form 990, Par	Try, line 21, for any
1 (	a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) a Enter total number of other organization							

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(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS - CERTIFICATION PROGRAMS	18	54,167.	0.		
SPECIAL SUPPORT GRANTS	24	101,702.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

## SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

SEAL FUTURE FOUNDATION, INC.

Employer identification number 46-0565393

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTINUE A LIFE OF SERVICE WITHIN THEIR COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE MEMBERS OF THE BOARD RECEIVE AND REVIEW A COPY OF THE FORM 990 AND ALL ACCOMPANYING FEDERAL AND STATE SCHEDULES PRIOR TO THE FILING OF THESE RETURNS.

FORM 990, PART VI, SECTION B, LINE 12C:

PERCEIVED, POTENTIAL AND TRUE CONFLICTS OF INTEREST ARE DISCUSSED AMONG
TRUSTEES AS THEY OCCUR. CONFLICTED PARTIES RESCUE 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.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DISCUSSED AMONG THE BOARD MEMBERS AND IS BASED ON REVIEW OF COMPENSATION STUDIES OF SIMILARLY SITUATED ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REASONABLE REQUEST.

FORM 990, PART XII - ADDITIONAL INFORMATION

THE ORGANIZATION HAS ENGAGED AN INDEPENDENT ACCOUNTANT TO PERFORM AN

AUDIT OF THE FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED DECEMBER

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 46-0565393 SEAL FUTURE FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 32 THIRD AVENUE, 393 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10003 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 THE ORGANIZATION The books are in the care of ► 32 THIRD AVENUE, 393 - NEW YORK, NY 10003 Telephone No.  $\blacktriangleright$  (646)883-8733 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🧾 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.