EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SEAL FUTURE FOUNDATION, INC. Name change 46-0565393 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 32 THIRD AVENUE 393 (646)883-87334,841,902. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10003 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAUL THOMA for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ((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 Other 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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,717,630. 2,247,404. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 237. -120. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 643,661. 1,366,830. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 $\overline{2,361,528}$ 3,614,114. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 155,869. 67,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,132,125. 1,262,870. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,933,779. 1,915,082. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,221,773. 3,245,152. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -860,245. 368,962. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,409,526. 1,940,869 Total assets (Part X, line 16) 48,293. 158,765 21 Total liabilities (Part X, line 26) 三年 361,233. 782,104 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 09/18/24 P00539129 TARA EASTWOOD TARA EASTWOOD self-employed Paid BOWMAN & COMPANY, LLP Firm's name Firm's EIN 94-1481988 Preparer 10100 TRINITY PARKWAY, STE 310 Use Only Firm's address Phone no. (209)473-1040 STOCKTON, CA 95219 May the IRS discuss this return with the preparer shown above? See instructions X Yes

| Pa | rt III Statement of Program Service Accomplishments | |
|----|--|----------|
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | THE MISSION OF THE SEAL FUTURE FOUNDATION IS TO PROVIDE NAVY SEALS A | |
| | FOUNDATION THAT SUPPORTS THEIR WELL-BEING, EDUCATION, AND CAREER TO | |
| | CONTINUE A LIFE OF SERVICE WITHIN THEIR COMMUNITIES. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes | X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | |) |
| | DURING THE REPORTING YEAR, THE ORGANIZATION PROVIDED ITS FOUR PILLARS | |
| | OF PROGRAMS AND SERVICES (CAREER, EDUCATION, HEALTH, AND COMMUNITY) TO | <u> </u> |
| | 938 NEW SEALS FOR TOTAL OF 5,034 SEALS SERVED SINCE INCEPTION. THE | |
| | ORGANIZATION EXPERIENCED IN 100% TRANSITION SUCCESS RATE. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | , |
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| 4d | Other program services (Describe on Schedule O.) | |
| 4u | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 2,241,905. | |
| | Form 99 | 0 (2023) |

SEAL FUTURE FOUNDATION, INC.

Form 990 (2023) SEAL FUTURE FOUNDATION, INC. 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 | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 1 |
| ′ | | 7 | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | - | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | ₩ |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | 3,7 |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| _ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | † |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 110 | | |
| 13 | | 15 | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | | 1 |
| 10 | | 46 | | x |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | _~ |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | ا مر ا | v | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 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 |
| 20a | 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? | 20b | | _ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

Form 990 (2023) SEAL FUTURE FOUNDATION, INC.

Part 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 | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L, Part I | 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% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See 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? <i>If</i> | | | |
| _ | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | 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 | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | | 38 | X | |
| Pai | Note: All Form 990 filers are required to complete Schedule O To 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> | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| | | _ | $\Omega\Omega\Omega$ | (2022) |

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SEAL FUTURE FOUNDATION, 46-0565393 Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter:

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

Initiation fees and capital contributions included on Part VIII, line 12

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

13b

13c

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

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

14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N.

15 X

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

SEAL FUTURE FOUNDATION, INC. 46-0565393 Form 990 (2023) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure

| 17 List the states with which a copy of this Form 990 is required to be filed CA, NJ, SC, NY, PA, OH, NV, I | IL,TX,FL |
|---|----------|
|---|----------|

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 X Upon request Other (explain on Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION -(646)883-8733

32 THIRD AVENUE, 393, NEW YORK, NY 10003

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.

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.

| (A) Name and title | (B) Average hours per | box | not c | Pos heck i ss per | more rson i | than o | n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|------------------------------------|--|--------------------------------|-------------------------|-------------------------|----------------|------------------------------|--------|---|---|--|
| | week (list any hours for related organizations below line) | Individual trustee or director | In stit utional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) PAUL THOMA CEO | 40.00 | - | | X | | | | 157,500. | 0. | 0. |
| (2) JOEY FIO | 40.00 | | | | | | | 137,300. | 0. | <u> </u> |
| CHIEF HEALTH OFFICER | 40.00 | 1 | | | | x | | 141,750. | 0. | 0. |
| (3) ANTHONY PAGE | 40.00 | | | | | | | 141,750. | • | • |
| C00 | 40.00 | | | х | | | | 141,750. | 0. | 0. |
| (4) CALEB FOREMAN | 40.00 | | | | | | | | | |
| DIRECTOR OF STRATEGIC PARTNERSHIPS | | | | | | Х | | 141,750. | 0. | 0. |
| (5) JONATHAN WILSON | 40.00 | | | | | | | | | |
| CHAIRMAN (THRU 1/23) | | Х | | Х | | | | 0. | 0. | 0. |
| (6) BRADFORD PETERS | 1.00 | | | | | | | | | |
| CHAIRMAN (EFF 1/23) | | Х | | X | | | | 0. | 0. | 0. |
| (7) STEVEN MORENO | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) PHIL JOHNSTON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) CHRIS ANTHONY | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) DENISE BOTTIGIERI, PHD | 1.00 | l | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) JOHN MCMAHON | 1.00 | | | | | | | | | _ |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) STENN PARTON | 1.00 | l | | | | | | | | • |
| DIRECTOR (EFF 10/23) | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) CHRIS FREUH, PHD | 1.00 | ٠, | | | | | | | _ | _ |
| DIRECTOR (EFF 04/23) | 1 00 | X | | | | | | 0. | 0. | 0. |
| (14) PHIL WALPOL | 1.00 | ٠, | | | | | | | _ | 0 |
| DIRECTOR (EFF 10/23) | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | • | • | • | | | | | • | | Form 990 (2022) |

| Form 990 (2023) SEAL FUTU | JRE FOUN | IDA | TI | ON | , | IN | С. | | 46-05 | 6539 | 3 i | ⊃age 8 |
|---|---|--------------------------------|-----------------------|---------|-----------------|--|-----------|--|--|----------|--|---|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) | | | | | | | | | | | | |
| (A) Name and title | | | | | | Highest compensated should be a specific than the specific that th | an | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensatior from related organizations (W-2/1099-MIS 1099-NEC) | s co | (F) Estima amoun othe ompens from t organiza and rela organiza | t of r ation he ation ated |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | ± 0 | | | | | | |
| | | • | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| to tal from continuation sheets to Part VII d Total (add lines 1b and 1c) Total number of individuals (including but no | , Section A | | | | · · · · · · · · | | | 582,750. 0. 582,750. | 000 of rapartable | 0. | | 0. 0. |
| compensation from the organization | or inflited to the | 056 | liste | u ab | ove, |) WIII | 0 16 | ceived more mair \$100, | 000 of reportable | | Yes | 4 No |
| Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su | <i>uch individual</i> m of reportabl | e co | mpe | ensat | tion | and | oth | ner compensation from the | ne organization | | 3 | X |
| and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com Section B. Independent Contractors | ccrue comper | satio | on fr | om a | any | unre | late | ed organization or individ | lual for services | | | Х |
| Complete this table for your five highest cor | • | - | | | | | | | · · · · · · · · · · · · · · · · · · · | ensation | from | |
| the organization. Report compensation for t (A) Name and business | | | NE | | 1111 0 | or wit | .1 1111 1 | (B) Description of s | | Com | (C) pensati | on |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total number of independent contractors (ir \$100,000 of compensation from the organization) | ŭ | ot lin | nited | d to t | thos 0 | | ted | above) who received mo | ore than | For | m 990 | (2023) |

332008 12-21-23

11570918 758669 69666

| | | | Check if Schedule O contains | s a response o | or note to any lin | e in this Part VIII | | | |
|--|----|---|--|-----------------|--------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| ω ω | - | _ | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | | | | | |
| ij g | | | Membership dues | | 432,701. | | | | |
| fts, Ar | | | Fundraising events | | 452,701. | | | | |
| ig ig | | | Related organizations | | | | | | |
| ns, Sim | | | Government grants (contributions | | | | | | |
| utio er (| | Ť | All other contributions, gifts, grants, a | | 1 014 702 | | | | |
| 현된 | | | similar amounts not included above | | 1,814,703. | | | | |
| ont od (| | _ | Noncash contributions included in lines 1a-1 | f 1g \$ | 39,871. | 0 04= 404 | | | |
| <u>0 g</u> | | h | Total. Add lines 1a-1f | | | 2,247,404. | | | |
| | | | | | Business Code | | | | |
| e S | 2 | а | | | | | | | _ |
| e Ķ | | b | | | | | | | |
| S | | С | | | | | | | |
| am | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| P | | f | All other program service revenue | ∍ | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including div | | | | | | |
| | | | | | | 219. | | | 219. |
| | 4 | | Income from investment of tax-ex | | | | | | |
| | 5 | | Royalties | | | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | | | | i) Securities | (ii) Other | | | | |
| | • | а | assets other than inventory 7a | ., | (.,, 5 | | | | |
| | | h | Less: cost or other basis | | | | | | |
| Φ | | D | | | 339. | | | | |
| ğ | | | and sales expenses 7b | | -339. | | | | |
| her Revenue | | | Gain or (loss) 7c | | | -339. | | | -339. |
| Ä | | | Net gain or (loss) | | | -339. | | | -339. |
| | 8 | а | Gross income from fundraising event | · · | | | | | |
| Ò | | | including \$ 432,70 | | | | | | |
| | | | contributions reported on line 1c) | · I | 2 502 202 | | | | |
| | | | Part IV, line 18 | | | | | | |
| | | | Less: direct expenses | | 1,209,453. | 1 202 020 | | | 1202020 |
| | | | Net income or (loss) from fundrais | | | 1,382,830. | | | 1382830. |
| | 9 | а | Gross income from gaming activi | | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gaming | | | | | | |
| | 10 | а | Gross sales of inventory, less retu | | | | | | |
| | | | and allowances | | | | | | |
| | | b | Less: cost of goods sold | 10b | 17,996. | | | | |
| | | С | Net income or (loss) from sales or | finventory | | -16,000. | | | -16,000. |
| ွှ | | | | | Business Code | | | | |
| ë o | 11 | а | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | |
| e e | | С | | | | | | | |
| Alsc B | | d | All other revenue | | | | | | |
| _ | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 3,614,114. | 0. | 0. | 1366710. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 67,200. 67,200. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 299,250. 225,225. 58,275. 15,750. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 865,812. 395,086. 217,771. 252,955. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 97,808. 52,317. 23,317. 22,174. 10 Payroll taxes Fees for services (nonemployees): Management 2,956. 2,956. Legal 30,395. 30,395. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 147,539. 79,004. 68,535. column (A), amount, list line 11g expenses on Sch O.) $93,5\overline{23}$ 93,523. Advertising and promotion 12 122,054. 122,054. Office expenses 13 30,222. 30,222. Information technology 14 15 Royalties 8,133. 8,133. 16 Occupancy 47,708. 47,708. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 1,793. 1,793. Depreciation, depletion, and amortization 22 1,062. 12,432. 10,584. 786. 23 Other expenses. Itemize expenses not covered 24 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.) 1,413,159. 1,413,159. SUPPORT SERVICES 5,168. BAD DEBT EXPENSE 5,168. С d All other expenses 3,245,152. 2,241,905. 637,879. 365,368. Total functional expenses. Add lines 1 through 24e 25 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)

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|--|--------------|---------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or i | note to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 400,416. | 1 | 556,356. | | |
| | 2 | Savings and temporary cash investments | | 946,073. | 2 | 1,290,889. | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | | 4 | 30,400 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of the | nese persor | ns | | 5 | |
| | 6 | Loans and other receivables from other disqu | | | | | |
| | | under section 4958(f)(1)), and persons describ | oed in secti | on 4958(c)(3)(B) | | 6 | |
| _Σ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 34,457. | 8 | 5,522 |
| ۲ | 9 | B | | | 24,117. | 9 | 55,921 |
| | 10a | Land, buildings, and equipment: cost or othe | r | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 23,189. | | | |
| | b | Less: accumulated depreciation | | 21,408. | 3,913. | 10c | 1,781 |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, lin | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, lir | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 550. | 15 | 0 . |
| | 16 | Total assets. Add lines 1 through 15 (must e | | I | 1,409,526. | 16 | 1,940,869 |
| | 17 | Accounts payable and accrued expenses | | | 48,293. | 17 | 158,765 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Comple | Schedule D | | 21 | | |
| ရွ | 22 | Loans and other payables to any current or for | ormer office | r, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, su | bstantial co | ntributor, or 35% | | | |
| abi | | controlled entity or family member of any of the | nese persoi | ns | | 22 | |
| ▔│ | 23 | Secured mortgages and notes payable to unr | elated third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ted third pa | urties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | payables to | related third | | | |
| | | parties, and other liabilities not included on lin | nes 17-24). | Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | • | | | 48,293. | 26 | 158,765 |
| . | | Organizations that follow FASB ASC 958, or | heck here | X | | | |
| š | | and complete lines 27, 28, 32, and 33. | | | 1 261 222 | | 4 545 464 |
| <u>la</u> | 27 | Net assets without donor restrictions | | | 1,361,233. | 27 | 1,517,104 |
| Ba | 28 | Net assets with donor restrictions | | 28 | 265,000 | | |
| 띩 | | Organizations that do not follow FASB ASC | 2 958, chec | k here | | | |
| 드 | | and complete lines 29 through 33. | | | | | |
| 30 | 29 | Capital stock or trust principal, or current fun | | | 29 | | |
| sse | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 1 264 222 | 31 | 1 500 101 |
| Š | 32 | Total net assets or fund balances | | | 1,361,233. | 32 | 1,782,104. |
| | 33 | Total liabilities and net assets/fund balances | | | 1,409,526. | 33 | 1,940,869 |

| 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 | 3,61 | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,24 | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 36 1,36 | | <u>62.</u> | | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | 5 | 1,9 | 09. | | | | |
| 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 | 1,78 | 2,1 | 04. | | | | |
| 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 | Ο. | | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | <u> </u> | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | | |
| | consolidated basis, or both: | | | | | | | | |
| | X 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 | audit, | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | | | | | |
| За | 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? | | . 3a | | X | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | | |
| | | | Form | 990 | (2023) | | | | |

332012 12-21-23

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

Employer identification number

| | | SEAL | FUTURE FO | UNDATION, INC | C. | | | 4 | 6-05653 | 93 | | |
|-------|-------|---|---------------------------------------|--|-------------------------------------|------------------|---------------------------------------|--------------|-----------------|-------------|--|--|
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions | | | | | |
| The α | organ | ization is not a private found | | | | | | | | | | |
| 1 | | A church, convention of ch | • | • | • | , | IVAVi). | | | | | |
| 2 | Ħ | | | | | | . ///(-/- | | | | | |
| 3 | H | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, | | | | | | | | | | |
| 4 | | · · | ation operated in cor | ijunction with a nospital | described | iii secilo | 11 170(b)(1)(A)(| III). LIILEI | tile Hospital s | name, | | |
| _ | | city, and state: An organization operated for the henefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 7 | X | An organization that norma | | ntial part of its support fr | om a gove | ernmental i | unit or from the | general p | oublic describ | ed in | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Part | t II.) | | | | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | ınction with a la | and-grant | college | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of th | ne college | or | | | |
| | | university: | | | | | | | | | | |
| 10 | | An organization that norma | Ily receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns, membership | fees, and | d gross receip | ts from | | |
| | | activities related to its exen | | | | | | | | | | |
| | | income and unrelated busin | | • | | | | | - | | | |
| | | See section 509(a)(2). (Co | | (1000 000tion on tax) inc | in buoinec | occ acqui | red by the orga | inization a | artor durie do, | 1070. | | |
| 11 | | An organization organized a | • | volv to tost for public sat | foty Soo | coction F(| 00(2)(4) | | | | | |
| 12 | | • | · · | • | • | | | v out the | nurnasas of a | no or | | |
| 12 | ш | An organization organized | · · | · · · | • | | | • | - | | | |
| | | 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. | | | | | | | | | | |
| | | ¬ | * * | | | - | | - | | | | |
| а | | | · · · · · · · · · · · · · · · · · · · | | • | - | | | | | | |
| | | the supported organization | | | majority o | of the direc | tors or trustees | s of the su | ipporting | | | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | | | |
| b | | | anization supervised | or controlled in connect | ion with it | s supporte | ed organization | (s), by hav | ring | | | |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manage | e the supp | oorted | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | |
| С | | | grated. A supporting | g organization operated | in connect | tion with, a | and functionally | integrate | d with, | | | |
| | | its supported organization | n(s) (see instructions) | . You must complete I | Part IV, Se | ections A, | D, and E. | | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection w | ith its supporte | ed organiz | zation(s) | | | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and a | an attentiv | eness | | | |
| | | requirement (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | | | | |
| е | | Check this box if the orga | anization received a v | vritten determination from | m the IRS | that it is a | Type I, Type II. | Type III | | | | |
| | | functionally integrated, or | | | | | , , , , , , , , , , , , , , , , , , , | , ,, | | | | |
| f | Fnte | er the number of supported o | | , 5 | 5 5 | | | | | | | |
| | | vide the following information | • | d organization(s). | | | | | | | | |
| | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed | (v) Amount of r | nonetary | (vi) Amount | of other | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ins | tructions) | support (see in | structions) | | |
| | | | | above (see instructions)) | 100 | 110 | | | | | | |
| | | | | | | | | | | | | |
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Schedule A (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. 46-0565393 Page 2

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

| 3 | |
|--|--|
| (Complete only if you checked the box on line 5, 7, or 8 of Part | or if the organization failed to qualify under Part III. If the organization |
| fails to qualify under the tests listed below, please complete Par | t III.) |

| Sec | ction A. Public Support | | • | - | | | |
|------|--|-----------------------|----------------------|-----------------------|-------------------------------|---------------------|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | 7, | , , | .,, | . , | , , = = = = | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. |
| 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 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 7771679. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | 54. | 237. | 219. | 510. |
| 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 | Total support. Add lines 7 through 10 | | | | | | 7796150. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 50 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2023 (li | | • | .,, | | 14 | 99.69 % |
| | Public support percentage from 2022 | | | | | 15 | 99.58 % |
| 16a | 33 1/3% support test - 2023. If the o | | | | | | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2022. If the o | • | | • | | • | |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | tion | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the orga | anization did not c | heck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop her | r e. Explain in Part ' | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the orga | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | stances test, chec | k this box and st | op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | llifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | n did not check a b | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | <u> </u> |
| | | | | | | Schedule A | (Form 990) 2023 |

INC. 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 | elow, please comp | Diete Fait II.) | | | | |
|----------|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (1) | (12) | (2) = = 1 | (-7 | (5) = 5 = 5 | χ, |
| 2 | Gross receipts from admissions, merchandise sold or services performed, 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 business 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 | | | | | | |
| 78 | 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.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | (-, : - | (-, | (-) | (-, | (-, | (-, |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | 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 | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | <u> </u> | | 1 | 1 | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | · · | | • | • | . , . , | · — |
| <u> </u> | check this box and stop here | a Cummant Da | | | | | |
| | ction C. Computation of Publi | | | | | T .= T | |
| | Public support percentage for 2023 (I | , ,,, | • | column (f)) | | 15 | <u>%</u> |
| | Public support percentage from 2022 ction D. Computation of Inves | | | | | 16 | % |
| | • | | | ing 10 galuma (f) | | 17 | 0/ |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | | 7 is not |
| 198 | a 33 1/3% support tests - 2023. If the | | | | | - 4.5 | |
| k | more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the | organization did r | not check a box or | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | anization qualifies | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | 1 7 |

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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 No | |
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| Par | int IV Supporting Organizations (continued) | | | |
|------|---|------------------|------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | |
| С | 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 | | |
| Sect | 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 office | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | e 1 | | |
| | 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, | 2 | | |
| Sect | supervised, or controlled the supporting organization. | | | |
| | on or type it supporting organizations | | Vaa | NI. |
| 4 | Ways a majority of the avantitation's divertors by twistons during the tay year along a majority of the divertors | | Yes | No |
| | 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 | | | |
| Sact | the supported organization(s). ction D. All Type III Supporting Organizations | 1 | | |
| Jeci | Ction D. All Type III Supporting Organizations | | | l |
| | | | Yes | No |
| | 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 | | |
| | 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 | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | ction E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc | tions). | | |
| а | <u> </u> | | | |
| b | | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity | (see instruction | ıs). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

| Pa | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | g |
|------|---|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on I | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | | |
| 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 | | |
| c | 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 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | ed Type III supporting orga | nization (see |

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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 Advised organization answered "Yes" on Form 990, Part IV, line | | nds or Acc | ounts. 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 w | riting that the assets held in donor | advised funds | |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other pur | oose conferring | 9 |
| | impermissible private benefit? | ······· | | Yes No |
| Pai | rt II Conservation Easements. Complete if the organization | anization answered "Yes" on Form | 990, Part IV, lir | ne 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (for example, recreati | ion or education) Preservat | ion of a historic | cally important land area |
| | Protection of natural habitat | Preservat | ion of a certifie | ed historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the | form of a cons | ervation easement on the last |
| | day of the tax year. | | Г | Held at the End of the Tax Year |
| а | Total number of conservation easements | | Г | 2a |
| b | | | | 2b |
| С | Number of conservation easements on a certified historic structure. | | | 2c |
| | Number of conservation easements included on line 2c acquir | | | |
| | on a historic structure listed in the National Register | • • • | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | | tion during the tax |
| | year | | , , | · · |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the period | | ig of | |
| | violations, and enforcement of the conservation easements it I | holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | | |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ing of violations, and enforcing con | servation ease | ments during the year |
| | | | | |
| 8 | Does each conservation easement reported on line 2d above s | satisfy the requirements of section | 170(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footnot | ote to the organization's financial st | atements that | describes the |
| | organization's accounting for conservation easements. | | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, o | r Other Sin | nilar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statem | ent and baland | ce sheet works |
| | of art, historical treasures, or other similar assets held for publ | lic exhibition, education, or research | n in furtherance | e of public |
| | service, provide in Part XIII the text of the footnote to its finance | cial statements that describes these | e items. | |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, to report in its revenue statement | and balance s | heet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research ir | n furtherance o | f public service, |
| | provide the following amounts relating to these items. | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | (m) 4 | | | • |
| 2 | If the organization received or held works of art, historical trea | | | ovide |
| | the following amounts required to be reported under FASB AS | | - · · | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 2023 |

332051 09-28-23

| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other c Possevation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Exrow and Custodial Arrangements No Part IV Exrow and Custodial Arrangement No Part IV Explain the arrangement in Part XIII and complete the following table: | | rt III Organizations Maintaining Col | | | | | ner S | imila | | (contin | | age 🚄 |
|--|----------|---|---------------------|--------------|----------------|---------------------|-----------|---------------|--------------|------------------|-------------|-------|
| a Public exhibition de Check all that apply). a Public exhibition de Choinery research e Other — Preservation for tuture generations • Other interest organization is exempt purpose in Part XIII. 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization solicition? — Yes No Interest of the organization of the organization and preserved an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "Syalian the arrangement in Part XIII and complete the following table: Complete the Organization and Part Y | | • | | | | | | | | COILLI | iueu) | |
| a Public exhibition d | Ū | | , and other record | o, oncor | arry or tire r | onowing that make | o oigi ii | iioaiii t | 300 01 110 | | | |
| b Scholarly research e | а | | | , D | oan or exc | hange program | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 6 During the year, rid the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustae, custodian, or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1a Is the organization angent, trustae, custodian, or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 | | | | | | | | | | | | |
| 4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds arther than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX. line 21. 1a Is the organization the arrangement in Part XIII and complete the following table: C. Beginning balance C. Beginning balance G. Distributions during the year 1 Eq. Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Yes: No 1 Distributions during the year 2 Distributions organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Distributions organization include an amount on Form 990, Part X, line 10. 2 Distributions organization include an amount on Form 990, Part X, line 10. 3 Distributions organization organization answered "Yes" on Form 990, Part X, line 10. 4 Distributions organization organization answered (a) Proviser organization (b) Provisers back (a) Three years back (a) Four years back (b) Four years back (c) Three years back (a) Four years back (a) Four years back (a) Four years back (a) Four years back (b) Four years back (c) Three years back (a) Four years back (c) Four years back (c) Three years back (e) Four years back (c) Three years back (e) Four | | | • | , L. | Julio | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV | | | actions and explain | n how the | av further th | e organization's e | vemnt | nurno | se in Part | XIII | | |
| Lobe sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | se iiii ait. | AIII. | | |
| Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 2 Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IV? Is if Yes, "explain the arrangement in Part XIII and complete the following table: Complete Isolation Isolati | 3 | | | | | | | | | Vec | | No. |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, Per No b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete Fire | Par | | | | | | | | | | | |
| 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? | 1 311 | | | ic ii tiic (| organization | ranswered res (| 5111 011 | 111 550, | i aitiv, iii | 10 0, 01 | | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 1 Endowment Funds Complete if the organization has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Part V Endowment Funds Complete if the organization that are held and administered for the organization by: 1 Administrative expenses 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment | | • | , | diary for a | contribution | s or other assets r | not inc | luded | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount | ıu | | | | | | | | | Vec | | No |
| C Beginning balance | h | | | | | | | | | _ 1 C3 | | _ I40 |
| d Additions during the year | b | ii res, explain the arrangement iirr art Alli arr | a complete the lo | nowing to | abie. | | | | | Amoun | | |
| d Additions during the year Elicity plaince Flanding the year | _ | Poginning halanco | | | | | | 10 | | 7 | | |
| e Distributions during the year f E If | | | | | | | | | | | | |
| f Ending balance | | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | | | | | | | | | | | |
| Body Fraction Fr | | | | | | | | $\overline{}$ | | Vec | |] No |
| Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. | | • | | | | | • | | | | | _ |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four year | | | | | | | | | | | | |
| Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Term endowment y8 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 3a(ii) Sa(iii) Sa | | = | | | | | | Three \ | ears hack | (e) Four | vears | hack |
| b Contributions | 10 | _ | (a) carrerit year | (5) | nor your | (O) Two yours bus | · (u, | 111100) | ouro buon | (0) 1 001 | youro | buok |
| c Net investment earnings, gains, and losses d Grants or scholarships | | | | | | | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 20,200. 20,200. 0. 0. e Other 2,989. 1,208. 1,781. | | | | | | | + | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | _ | | | | | | + | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | + | | | | | |
| f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | е | | | | | | | | | | | |
| g End of year balance | | | | | | | + | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | | | | |
| a Board designated or quasi-endowment | | _ | | //: 4 | | <u> </u> | | | | | | |
| b Permanent endowment | | | • | , , | , column (a) |) neid as: | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements d Equipment C Other Other Other 1 2,989. 1,208. 1 1,781. | _ | | | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Related organizations. (iv) Related organizations | | | % | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iiii) Related organizations? (iiii) Related organizations? (iiii) Related organizations? (iiiii) Related organizations? (iiiiii) Related organizations? (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | С | | | | | | | | | | | |
| Organization by: Yes No (i) Unrelated organizations? 3a(i) | _ | | • | | | | | | | | | |
| (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other 2 989 1 1, 208 1 1, 781 . | За | • | ion of the organiza | ation that | are held an | id administered to | r the | | | ſ | Vaa | Na |
| (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 20,200. 20,200. 1,781. | | , | | | | | | | | - m | res | NO |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment | | | | | | | | | | | - | |
| Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (e) E | _ | | | | | | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | b | | | | | | | | | 3b | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 20,200. 20,200. 1,781. | 4 Dar | | | wment fu | ınds. | | | | | | | |
| Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 20, 200 • 20, 200 • 0 • 0 • 20, 200 • 1, 781 • 1, 781 • 1 | Fai | | | Dort IV | line 11e C | oo Farm 000 Dart | V line | . 10 | | | | |
| ta Land b Buildings c Leasehold improvements d Equipment 20,200. 20,200. 0. e Other 2,989. 1,208. 1,781. | | | 1 | i i | | T T | | | . 1 | | | |
| 1a Land b Buildings c Leasehold improvements d Equipment 20,200. 20,200. 0. e Other 2,989. 1,208. 1,781. | | Description of property | 1 ' ' | | ` ' | , , | • | | ed | (d) Boo | k valu | е |
| b Buildings C Leasehold improvements c Leasehold improvements 20,200. 20,200. 0. e Other 2,989. 1,208. 1,781. | | | ' | nent) | pasis | (orner) | uepre | ciation | | | | |
| c Leasehold improvements 20,200. 20,200. 0. d Equipment 20,989. 1,208. 1,781. | | | | | | | | | | | | |
| d Equipment 20,200. 20,200. 0. e Other 2,989. 1,208. 1,781. | b | | | | | | | | | | | |
| e Other 2,989. 1,208. 1,781. | | | | | | 0 200 | | 0 0 | | | | |
| | d | | | | | | | | | | 1 7 | |
| | | | | | | ∠ ,989. | | 1,2 | 7 Ø • | | | |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 SEAL FUTURE | FOUNDATION, | INC. | 46-0565393 Page 3 |
|---|---------------------------------------|---------------------------------------|-----------------------------|
| Part VII Investments - Other Securities | | | <u> </u> |
| Complete if the organization answered "Yes" | 1 | _ | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost of | or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| 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 of | or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> | | | |
| (8) | | <u> </u> | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| 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) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co | ./ (D)) | | |
| Part X Other Liabilities | I. (D)) | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, lir | ne 25. |
| 1. (a) Description of liability | · · · · · · · · · · · · · · · · · · · | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |

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

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 ... X

Schedule D (Form 990) 2023

(8)

| 46- | n | 5 | 6 | 5 | 3 | 9 | 3 | Page 4 |
|------------|---|---|---|---|---|---|---|--------|
| T U | v | J | v | | J | _ | | Page T |

| Pai | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | | | | |
|------------------|--|-------------|----------------|----------|---|--|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,632,110. | | |
| 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 | Recoveries of prior year grants | 2c | | | | | |
| d | Other (Describe in Part XIII.) | | | | | | |
| | Add lines 2a through 2d | | | 2e | 0. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,632,110. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| | Other (Describe in Part XIII.) | | -17,996. | | | | |
| | Add lines 4a and 4b | | | 4c | -17,996. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 3,614,114. | | |
| | t XII Reconciliation of Expenses per Audited Financial Statemen | nts With | Expenses per R | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,263,148. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | 3,203,2101 | | |
| a | Donated services and use of facilities | 2a | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| | | 2c | | | | | |
| c | Other (Describe in Part VIII.) | | 17,996. | | | | |
| | Other (Describe in Part XIII.) | | - | 20 | 17,996. | | |
| _ | Add lines 2a through 2d | | | 2e 3 | 3,245,152. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,243,1324 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | امدا | | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| | Other (Describe in Part XIII.) | 4b | | | 0 | | |
| | Add lines 4a and 4b | | | 4c | 3,245,152. | | |
| 5 D ai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information | | | 5 | 3,243,132. | | |
| | | | 101 5 11/1: 4 | · · | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | | | ; Part X | , line 2; Part XI, | | |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi | onal inforr | nation. | | | | |
| | | | | | | | |
| D 3 T | .m. v T T T T | | | | | | |
| PAI | T X, LINE 2: | | | | | | |
| | L ODGANIZATION HAG DEEN GDANTED TAY TYTNDT (| ~ m ~ m = r | 7 DV MIID TX | | T | | |
| THE | CORGANIZATION HAS BEEN GRANTED TAX-EXEMPT S | STATU | BY THE IN | TEKN | IAL | | |
| D === | TENTIE GERMAN INTERN TRA GEGETOM FOLIAN AND | an | TET 400 0 | | | | |
| <u>RE\</u> | YENUE SERVICE UNDER IRC SECTION 501(C)(3) AN | ND SEC | CTION 402 O | F TH | <u>ie</u> | | |
| | | | | | | | |
| NO' | -FOR-PROFIT CORPORATION LAW OF THE STATE OF | F. NEW | YORK. THE | ORGA | MIZATION | | |
| | | | | | | | |
| <u>IS</u> | CLASSIFIED BY THE INTERNAL REVENUE SERVICE | AS AI | OTHER-THA | N-PF | RIVATE | | |
| | | | | | | | |
| FOU | NDATION. ACCORDINGLY, NO PROVISION FOR FEDI | ERAL (| OR STATE IN | COME | TAXES IS | | |
| | | | | | | | |
| MAI | E IN THE ACCOMPANYING FINANCIAL STATEMENTS | . THE | ORGANIZATI | ON'S | FORMS | | |
| | | | | | | | |
| 990 | , RETURN OF ORGANIZATION EXEMPT FROM INCOME | E TAX | , ARE SUBJE | CT I | .0 | | |
| | | | | | | | |
| EX/ | EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. | | | | | | |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

-17,996.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| lame of the organization | | Employer identification number | | | | | | |
|---|---------------|---|---------|-----------------------------------|---------|---|---|--|
| SEAL FU | | 46-0565393 | | | | | | |
| Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | | |
| Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. | | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundr have con or con contribu | trol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser red in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | Yes | No | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| - Total | | | | | | | | |
| List all states in which the organizatio or licensing. | | | utions | or has been notified | it is e | exempt from reg | gistration | |
| | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

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 gro | oss income on Form 990- | EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. |
|-----------------|------|--|-------------------------|-----------------------------|--------------------------|----------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | BEL AIR | | | (add col. (a) through |
| | | | GALA | NY GALA | 12 | |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | | | | | | |
| e e | 1 | Gross receipts | 1,045,000. | 979,943. | 1,000,041. | 3,024,984. |
| اعّ | | | , | , | | , |
| | 2 | Less: Contributions | 240,300. | 71,323. | 121,078. | 432,701. |
| | | | • | , | · | • |
| | 3 | Gross income (line 1 minus line 2) | 804,700. | 908,620. | 878,963. | 2,592,283. |
| | | , | , | | • | , |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| es | | | | | | |
| eus | 6 | Rent/facility costs | 58,062. | 39,343. | 53,476. | 150,881. |
| Direct Expenses | | | | | | |
| 핗 | 7 | Food and beverages | 13,057. | 125,488. | 137,603. | 276,148. |
| | | 9 | | | | |
| _ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 327,961. | 225,013. | 229,450. | 782,424. |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | | 1,209,453. |
| | 11 | Net income summary. Subtract line 10 from lin | ne 3, column (d) | | | 1,382,830. |
| Pa | rt I | III Gaming. Complete if the organization a | answered "Yes" on Form | 990, Part IV, line 19, or r | eported more than | _ |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| _a | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| 힕 | | | (4, 295 | bingo/progressive bingo | (5) 5 11 151 9 11 11 11 | col. (a) through col. (c)) |
| Revenue | | | | | | |
| | 1 | Gross revenue | | | | |
| | | | | | | |
| တ္ထ | 2 | Cash prizes | | | | |
| SUS | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| 빙 | | | | | | |
| Ë | 4 | Rent/facility costs | | | | |
| ᅴ | | | | | | |
| - | 5 | Other direct expenses | | | | |
| | _ | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | ∟ No | L No | No | |
| | _ | Disease of the second of the s | File a discourse (all) | | | |
| | ′ | Direct expense summary. Add lines 2 through | 5 in column (a) | | | |
| | | Not coming income cummany Cultivact line 7 | from line 1 column (d) | | | |
| | 0 | Net gaming income summary. Subtract line 7 | from line 1, column (a) | | | <u> </u> |
| 9 | Ent | ter the state(s) in which the organization condu | cts gaming activities. | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No |
| | | No," explain: | | | | 1es NO |
| D | " | 110, CAPIAIII. | | | | |
| | _ | | | | | |
| 102 | | ere any of the organization's gaming licenses re | voked suspended orte | rminated during the tay v | ear? | Yes No |
| | | Yes," explain: | • | - | ou | |
| | | | | | | |
| | | | | | | |

Schedule G (Form 990) 2023

332082 09-13-23

| Sch | edule G (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. 46 | <u>-056</u> | 5539 | 3 Page 3 |
|------------|--|-------------|-----------|-----------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | No |
| 12 | | | | |
| | Indicate the percentage of gaming activity conducted in: | ام ا | ا ۔ | 0.4 |
| | The organization's facility | | 3a | <u>%</u> |
| | An outside facility | [1 | 3b | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| | 3 3 3 | | | |
| h | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | | |
| D | | | | |
| | of gaming revenue retained by the third party \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | - Traine | | | |
| | Opening responses a second sec | | | |
| | Gaming manager compensation \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| а | | | Yes | □ No |
| | retain the state gaming license? | ∟ | 165 | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ; | | |
| D - | organization's own exempt activities during the tax year \$ | | | |
| Рa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | Part III | , lines 9 | , 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| Schedule G | G (Form 990) | ${	t SEAL}$ | FUTURE | FOUNDATION, | INC. | 46-0565393 | Page 4 |
|------------|---------------------------------|-------------|-------------|-------------|------|------------|--------|
| Part IV | G (Form 990) Supplemental Infor | mation | (continued) | | | | |
| | | | (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

| SEAL FUTU | 46-0565393 | | | | | | | | | |
|---|---|------------------------------------|---------------------------------|----------------------------------|---|---------------------------------------|------------------------------------|--|--|--|
| Part I General Information on Grants a | art I General Information on Grants and Assistance | | | | | | | | | |
| - | 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | | | |
| criteria used to award the grants or assis | stance? | | formula in the state of the in- | | | | Yes X No | | | |
| 2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to | | | | | anization anawared "\ | /oo" on Form 000 Port I | W line 21 for any | | | |
| recipient that received more than 9 | | | | | anization answered | res on Form 990, Part i | v, 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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations | • | • | e line 1 table | | | | | | | |

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

| (a) Type of grant or assistance | (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 |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| CHOLARSHIPS - CERTIFICATION PROGRAMS | 13 | 47,843. | 0. | | |
| | | | | | |
| PECIAL SUPPORT GRANTS | 4 | 19,357. | 0. | | |
| | | | | | |
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| Part IV Supplemental Information. Provide the information | required in Part I, lin | e 2; Part III, column | (b); and any other ac | dditional information. | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Inspection
Employer identification number 46-0565393

OMB No. 1545-0047

SEAL FUTURE FOUNDATION, INC.

| Pa | irt I Questions Regarding Compensation | | | |
|----|--|------|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| L | | | | |
| D | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | 416 | | |
| • | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | . 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | Х | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | . 2 | Λ | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| • | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | Point 990 of other organizations | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | . 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | . 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | . 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| Ŭ | contingent on the revenues of: | | | |
| а | The organization? | 5a | | х |
| | Any related organization? | | | х |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | . 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | ١. |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | . 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2023

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

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

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

| | (B) Breakdown of W | V-2 and/or 1099-MISo compensation | C and/or 1099-NEC | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | | |
|--------------------|--------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------|------------------------------------|--------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) PAUL THOMA | (i) | 157,500. | 0. | 0. | 0. | 0. | 157,500. | 0. | |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | 1 | <u> </u> | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

| | SEAL FUTURE | FOUNDA' | TION, INC | • | 46-0 | 5653 | 393 | |
|-----|---|-------------------------------|---|---|---|----------|-----|----|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermini | _ | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (AUCTION ITEMS) | X | 2 | 39,871. | FMV | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durinç | the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | 0_ | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and wh | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review | of any nonstandard contribut | ions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | ked, | | | |
| | describe in Dort II | | | | | | | |

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

SEAL FUTURE FOUNDATION, INC.

Employer identification number 46-0565393

| SEAR FOIGHT FOUNDATION, INC. 40 0303373 |
|---|
| 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 RECUSE THEMSELVES FROM |
| DISCUSSION AND VOTING ON THESE MATTERS. NEW TRUSTEES RECEIVE INFORMATION |
| ABOUT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY UPON AGREEING TO SERVE |
| IN THIS CAPACITY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| COMPENSATION IS BASED ON REVIEW OF COMPENSATION STUDIES OF SIMILARLY |
| SITUATED ORGANIZATIONS, DISCUSSED AND APPROVED BY THE BOARD MEMBERS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REASONABLE |
| REQUEST. |
| |
| FORM 990, PART XII, LINE 2C: |
| THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR |

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

SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990) 2023

| Name of the organization | FUTURE | FOUNDATION, | INC. | Employer identification number 46-0565393 |
|--------------------------|--------|-------------|------|---|
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Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **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 filina vour 32 THIRD AVENUE, 393 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 10003 NEW YORK, NY Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 32 THIRD AVENUE, 393 - NEW YORK, NY 10003 Telephone No. (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 . 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. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 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 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. 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: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

SEAL FUTURE FOUNDATION, INC. 32 THIRD AVENUE, 393 NEW YORK, NY 10003

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500 SEAL FUTURE FOUNDATION, INC. 32 THIRD AVENUE, 393 NEW YORK, NY 10003

REGISTRY OF CHARITIES AND FUNDRAISERS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

TAXABLE YEAR 2023

California Exempt Organization Annual Information Return

328941 12-26-23 **FORM**

199

| Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mi | n/dd/yyy | y) | | | |
|---|--------------|------------------|---------------|-------------|-------------|
| Corporation/Organization name | Calif | ornia corpo | ration numb | er | |
| | | | | | |
| SEAL FUTURE FOUNDATION, INC. | | <u>4143'</u> | 747 | | |
| Additional information. See instructions. | FEI | | | • | |
| | | 46-0: PMB no. | <u> 56539</u> | 3 | |
| Street address (suite or room) | | PIVIB NO. | | | |
| 32 THIRD AVENUE, NO. 393 | ate | ZIP code | | | |
| | | 1000 | 3 | | |
| Foreign country name Foreign province/state/county | .N T | Foreign po | | | |
| | | 9 | | | |
| A First return Yes X No I Did the organization have a | ny chanc | es to its o | nuidelines | | |
| B Amended return ● Yes X No not reported to the FTB? So | | | | • Yes 🔀 | No |
| C IRC Section 4947(a)(1) trust Yes X No J If exempt under R&TC Section 4947(a)(1) trust | | | | | |
| D Final information return? engaged in political activities | | | | | No |
| Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt | | | | | No 🖸 |
| Enter date: (mm/dd/yyyy) ■ If "Yes," enter the gross rec | eipts fror | m nonmei | mber sour | | |
| E Check accounting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited | d liability | company | ? | • Yes X | □No |
| F Federal return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Fol | | | | | _ |
| (4) X Other 990 series report taxable income? | | | | • Yes 🔀 | No |
| G Is this a group filing? See instructions Yes X No N Is the organization under a | | | | | _ |
| H Is this organization in a group exemption Yes X No IRS audited in a prior year? | | | | | |
| If "Yes," what is the parent's name? O Is federal Form 1023/1024 | | | | Yes 🔀 | <u>⊾</u> No |
| Date filed with IRS | | | | | |
| Part I Complete Part I unless not required to file this form. See General Information B and C. | | | | | |
| 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | | • | 1 | 2,594,49 | 8 00 |
| 2 Gross dues and assessments from members and affiliates | | | 2 | | 00 |
| 3 Gross contributions, gifts, grants, and similar amounts received S | тмт | 1 • | 3 | 2,247,40 | |
| 4 Total gross receipts for filing requirement test. Add line 1 through line 3. | | | | , , , | 100 |
| This line must be completed. If the result is less than \$50,000, see General Information B | | • İ | 4 | 4,841,90 | 2 00 |
| and 5 Cost of goods sold STMT 2 • 5 | L7,99 | | · | | |
| Revenues 6 Cost or other basis, and sales expenses of assets sold 6 | 3: | 39 00 | | | |
| 7 Total costs. Add line 5 and line 6 | | | 7 | 18,33 | |
| 8 Total gross income. Subtract line 7 from line 4 | | | 8 | 4,823,56 | |
| 9 Total expenses and disbursements. From Side 2, Part II, line 18 | | • | 9 | 4,454,60 | 5 00 |
| 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | | | 10 | 368,96 | |
| 11 Total payments | | | 11 | | 00 |
| 12 Use tax. See General Information K | | • | 12 | | 00 |
| 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | | _ [| 13 | | 00 |
| Payments 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | | ····· | 14 | | 00 |
| 15 Penalties and interest. See General Information J | | | 15 | | 00 |
| 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare | , and to the | best of my | knowledge | and belief, | 100 |
| oigii I Tail. | Date | (nowledge. | | Геlephone | |
| Here Signature of officer CEO | Date | | | гетернопе | |
| Date | Check | if | • F | PTIN | |
| Preparer's signature ► TARA EASTWOOD 09/18/24 | | ployed | □ ₽0 | 0539129 | |
| Paid Firm's name | • | | | Firm's FEIN | |
| Preparer's (or yours, if self- | | | | -1481988 | |
| Use Only employed 10100 TRINITY PARKWAY, STE 310 | | | • 1 | Telephone | |
| and address STOCKTON, CA 95219 | | | | 09)473-10 | 40 |
| May the FTB discuss this return with the preparer shown above? See instructions | <u></u> | • X | Yes | No | |

SEAL FUTURE FOUNDATION, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| 328951 | 12-26-23 |
|--------|----------|

| | | 1 | Gross sales or receipts from all bu | usiness activities. See instru | ctions | • | 1 | 2,594,279 00 |
|----------|-----------------|----------|--|--------------------------------|----------------------------------|----------------------------|----------|--------------|
| | | 2 | Interest | | | | 2 | 219 00 |
| | | 3 | Dividends | | | | 3 | 00 |
| Rece | ipts | 4 | 0 | | | _ | 4 | 00 |
| from | | 5 | Gross royalties | | | • | 5 | 00 |
| Othe | r | 6 | Gross amount received from sale | of assets (See instructions) | STA | ATEMENT 3 • | 6 | 0 00 |
| Sour | ces | 7 | | | | | 7 | 00 |
| | | 8 | Total gross sales or receipts from | | | | 8 | 2,594,498 00 |
| | | 9 | Contributions, gifts, grants, and s | milar amounts paid | STA | ATEMENT 4 • | 9 | 67,200 00 |
| | | 10 | Disbursements to or for members | | CDD CD3 | | 10 | 200 250 |
| | | 11 | Compensation of officers, director | s, and trustees | SEE STA | TEMENT 5 • | 11 | 299,250 00 |
| F | | 12 | Other salaries and wages | | | | 12 | 865,812 00 |
| - | nses | 13 | Interest | | | | 13 | 97,808 00 |
| and | urse- | 14 | Taxes | | | | 14 15 | 8,133 00 |
| men | - 1 | 15 16 | Rents | netruotione) | | | 16 | 1,793 00 |
| IIIEII | 18 | 17 | Depreciation and depletion (See in Other expenses and disbursement | re | SEE STA | темент 6 | 17 | 3,114,609 00 |
| | | | Total expenses and disbursement | s Add line 9 through line 17 | 7 Enter here and on Side 1 Pa | rt I line 9 | 18 | 4,454,605 00 |
| Scł | nedul | | Balance Sheet | | taxable year | | | ble year |
| Asse | ts | | | (a) | (b) | (c) | | (d) |
| 1 | Cash | | | | 1,346,489 | | • | 1,847,245 |
| 2 | Net acc | counts | receivable | | | | • | 30,400 |
| | | | ceivable | | | | • | |
| | | | | | 34,457 | | • | 5,522 |
| 5 | Federal | and s | state government obligations | | | | • | <u> </u> |
| | | | in other bonds | | | | • | • |
| 7 | Investn | nents | in stock | | | | • | <u> </u> |
| 8 | Mortga | ge loa | ans | | | | • | <u> </u> |
| | Other ir | | | 20 160 | | 22.1 | 9 | |
| 10 | a Depr | eciab | le assets | 29,168 | | 23,1 | _ | 1 701 |
| | | | mulated depreciation | 25,255 | 3,913 | 21,40 | | 1,781 |
| 11 | Lana Othor o | | STMT 7 | | 24,667 | | 9 | FF 001 |
| 12 | Ulliel a | sseis | | | 1,409,526 | | | 1,940,869 |
| | | | et worth | | 1,405,520 | | | 1,540,005 |
| | | | yable | | 48,293 | | | 158,765 |
| | | | s, gifts, or grants payable | | | | | |
| | | | otes payable | | | | • |) |
| | | | ayable | | | | • | • |
| | | | es | | | | | |
| | | | or principal fund | | | | | |
| 20 | Paid-in c | or capit | al surplus. Attach reconciliation | | | | • | |
| 21 | Retaine | ed ear | nings or income fund | | 1,361,233 | | • | |
| | | | es and net worth | | 1,409,526 | | | 1,940,869 |
| Sch — | nedul | le M | | le if the amount on Schedul | e L, line 13, column (d), is les | s than \$50,000. | | |
| 1 | Net inc | ome p | oer books | • 368, | 962 7 Income recorded | on books this year | | |
| 2 | Federal | incor | ne tax | | not included in th | is return. Attach schedule | ; | • |
| | | | pital losses over capital gains | | 8 Deductions in this | s return not charged | | |
| | | | ecorded on books this year. | | against book inco | • | ļ | |
| | | | lule | | | | | • |
| | | | corded on books this year not | _ | 9 Total. Add line 7 a | | | |
| | | | this return. Attach schedule | | 10 Net income per re | | | 368,962 |
| <u> </u> | rotal. A | aud III | ne 1 through line 5 | 300, | 962 Subtract line 9 fro | om line 6 | | 300,902 |

| CA 199 | CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 | STATEMENT 1 |
|---|---|------------------------------------|
| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT AMOUNT |
| NPT TRANSATLANTIC - PAUL GRAHAM FOUNDATION | 120 OLD BROAD STREET, LONDON, ENGLAND, UNITED KINGDOM EC2N1AR | 500,000. |
| DONALD FORMAN | 3025 E. SAHARA AVE. LAS VEGAS, NV 89104 | 189,000. |
| JEFFREY A. HIRSCH | 1865 CARLA RIDGE BEVERLY HILLS, CA 90210 | 135,000. |
| STARDUST | 5671 N. ECHO CANYON CIRCLE PHOENIX, AZ 85018 | 120,000. |
| TONY IMBESI | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 80,000. |
| PHILLIP NAHAS | 26895 ALISO CREEK RD STE B-426 ALISO VIEJO, CA 92656 | 75,500. |
| RYAN SIMONETTI | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 60,000. |
| BEN BROSSEAU | 1078 VILLA GROVE DR PACIFIC PALISADES, CA 90272 | 55,000. |
| NICK LEOPARD | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 50,000. |
| THE CAIN FOUNDATION | 4131 SPICEWOOD SPRINGS ROAD, SUITE A-1 AUSTIN, TX 78759 | 50,000. |
| LEOR YERUSHALMI | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 40,000. |
| BRAD PETERS | 2411 SE TAILWINDS RD JUPITER, FL 33478 | 31,102. |
| REBECCA BOWMAN JENNIFER PADOVANI | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 31,000. 30,000. |
| 570918 758669 69666 | 3 | STATEMENT(S) E FOUNDATION, I 69666 |

| SEAL FUTURE FOUNDATION, I | NC. | 46-0565393 |
|----------------------------|--|------------|
| MILTON VERRET | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 30,000. |
| RICHARD GRAY | 32 THIRD AVENUE STE 393 NEW | |
| JOE MIRABILE | YORK, NY 10003 2568 BEAN RD NORRISTOWN, PA | 30,000. |
| LAND OF THE FREE | 19403 13191 CROSSROADS PARKWAY | 25,000. |
| | NORTH, SIXTH FLOOR CITY OF INDUSTRY, CA 91746 | 25,000. |
| STENN PARTON | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 21,300. |
| MICHAEL CHARLES | 32 THIRD AVENUE STE 393 NEW | |
| KOSTAS CHELIOTIS | YORK, NY 10003 12 PAPERMILL ROAD MANHASSET, | 21,000. |
| LEANNE C WILHARDT | NY 11030 443 W ALAMEDA DRIVE TEMPE, AZ | 20,000. |
| TEE IT UP FOR TROOPS | 85282 515 WEST TRAVELERS TRAIL | 20,000. |
| DWIGHT KAY | BURNSVILLE, MN 55337 46 E PENINSULA CENTER DR #382 | 20,000. |
| | PALOS VERDES ESTATES, CA 90274 | 17,500. |
| ADAM J RUTZ | 3200 PASEO VILLAGE WAY SAN DIEGO, CA 92130 | 16,000. |
| EDWARD SHIELDS | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 16,000. |
| JONATHAN FIRESTONE | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 16,000. |
| ELOY MENDEZ | 128 REEF MALL MARINA DEL REY, | |
| GAINES WEHRLE | CA 90292 PO BOX 1348 PACIFIC PALISADES, | 15,000. |
| GEOFF JENKINS | CA 90272 32 THIRD AVENUE STE 393 NEW | 15,000. |
| LEE BOWMAN | YORK, NY 10003 5434 EAST LINCOLN DRIVE. #24 | 15,000. |
| MCKINSEY & COMPANY | PARADISE VALLEY, AZ 85253 1221 SOUTH CONGRESS AVENUE, | 15,000. |
| | SUITE 200 AUSTIN, TX 78704 | 15,000. |
| RECHLER PHILANTHROPY, INC. | YORK, NY 10003 | 15,000. |
| RYAN TURNER | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 15,000. |
| GREGORY D LOWE | 5340 SETTERS WAY COLORADO SPRINGS, CO 80919 | 13,000. |
| JASON CHECK | 3375 HIGHLAND DRIVE CARLSBAD, | • |
| TESTER CONSTRUCTION GROUP | CA 92008 ONE BALA PLAZA, SUITE 618 | 13,000. |
| CHRIS ANTHONY | BALA CYNWYD, PA 19004 32 THIRD AVENUE STE 393 NEW | 11,500. |
| JOHN GRAY | YORK, NY 10003 1438 QUEENS ROAD WEST | 11,056. |
| | CHARLOTTE, NC 28207 32 THIRD AVENUE STE 393 NEW | 11,000. |
| TAUTUA REED | YORK, NY 10003 | 11,000. |
| LEO AND ANNETTE BEUS | 85008 | 10,500. |
| 4LEAF, INC. | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 10,000. |
| | | - |

| SEAL FUTURE FOUNDATION, | INC. | 46-0565393 |
|-------------------------|---|------------|
| BEN SAULE | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 10,000. |
| CREST INSURANCE GROUP, | 5285 E WILLIAMS CIR, SUITE 4500 TUCSON, AZ 85711 | 10,000. |
| DELOITTE | ATTN: MATT HUNTØ191 PEACHTREE STREET NORTHEAST, SUITE 2000 | 10.000 |
| | ATLANTA, GA 30303 200 SOUTH ORANGE AVENUE, SUITE | 10,000. |
| TYLER HENRITZE | 2800 ORLANDO, FL 32801 32 THIRD AVENUE STE 393 NEW | 10,000. |
| LON V SMITH FOUNDATION | YORK, NY 10003 9440 SANTA MONICA BLVD, SUITE | 10,000. |
| | 300 BEVERLY HILLS, CA 90210 32 THIRD AVENUE STE 393 NEW | 10,000. |
| | YORK, NY 10003 945 GLENHAVEN DR PACIFIC | 8,800. |
| | PALISADES, CA 90272 | 8,800. |
| | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 7,000. |
| | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 6,400. |
| ADAM BAKER | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 6,080. |
| | 8 HIDDEN VALLEY RD ROLLING HILLS ESTATES, CA 90274 | 6,000. |
| STEVE PACK | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 6,000. |
| PATRICK OWENS | 117 SPRING GARDEN STREET | |
| MR. THOMAS OLMSTEAD | PHILADELPHIA, PA 19123 4150 N. 57TH WAY PHOENIX, AZ | 5,900. |
| BILL MASTERSON | | 5,500. |
| BREANNE FALESE | YORK, NY 10003 32 THIRD AVENUE STE 393 NEW | 5,000. |
| DAN HOUCK | YORK, NY 10003 520 HAZEL DR CORONA DEL MAR, | 5,000. |
| DANIEL O'CONNOR | CA 92625 32 THIRD AVENUE STE 393 NEW | 5,000. |
| GARY MCFARLAND | YORK, NY 10003 32 THIRD AVENUE STE 393 NEW | 5,000. |
| | YORK, NY 10003 | 5,000. |
| GERALD HOLTZ | 201 ASHWOOD ROAD VILLANOVA, PA 19085 | 5,000. |
| JEFF TROBBE | 12320 MONTANA AVENUE, #205 LOS ANGELES, CA 90049 | 5,000. |
| JIM SARDO | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 5,000. |
| JOHN LEES | 9246 W RUNNING DEER TR PEORIA, AZ 85383 | 5,000. |
| MELISSA PERRY | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 5,000. |
| MELISSA WOOD-TEPPERBERG | 32 THIRD AVENUE STE 393 NEW | 5,000. |
| METRIX TRAINING, LLC | | • |
| SAPIENS | BELLINGHAM, WA 98226 32 THIRD AVENUE STE 393 NEW | 5,000. |
| | YORK, NY 10003 | 5,000. |

| SEAL FUTURE FOUNDATION, | INC. | 46-0565393 |
|-------------------------|--|------------|
| JONATHAN WILSON | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 5,000. |
| CHRIS FREUH, PHD | 32 THIRD AVENUE STE 393 NEW YORK, NY 10003 | 5,000. |
| TOTAL INCLUDED ON LINE | , | 2,115,938. |

| FORM 199 | | _ | GOODS SOLD PART I, LINE 5 | | STATEMENT 2 |
|--|------------|----|------------------------------|--------|-------------|
| COST OF GOODS SOLD | | | | | |
| 1. INVENTORY AT BEGINNIN | G OF YEAR | | | | |
| 2. MERCHANDISE PURCHASED 3. COST OF LABOR 4. MATERIALS AND SUPPLIE 5. OTHER COSTS 6. ADD LINES 1 THROUGH 5 | S | | | 17,996 | 17,996 |
| 7. INVENTORY AT END OF Y | EAR | | | | |
| 3. COST OF GOODS SOLD (L | INE 6 LESS | LI | INE 7) | | 17,996 |

| CA 199 | GROSS AM | OUNT FROM SAL | E OF | ASSETS | S | TATEMENT 3 |
|-------------------------|----------|------------------------|------|--------------|--------------------|----------------------|
| DESCRIPTION | | DA ACQU | | DATE SOLD | | THOD UIRED |
| DISPOSAL OF COMPUTERS | | 01/0 | 1/19 | 12/31/2 | 23 PUR | CHASED |
| | | COST OR OTHER BASIS | DEP: | | EXPENSE OF SALE | GROSS SALES PRICE |
| | | 5,979. | | 5,640. | 0. | 0. |
| TOTAL TO FORM 199, PAGE | 2, LN 6 | 5,979. | | | 0. | 0. |

| CA 199 | CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA | | TATEMENT 4 |
|-------------------------------------|--|--------------|------------|
| ACTIVITY CLASSIFICAT | ION: CERTIFICATION PROGRAMS | | |
| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
| UNDISCLOSED DUE TO PRIVACY CONCERNS | 32 THIRD AVENUE - NEW YORK, NY 10003 | NONE | 47,843. |
| ACTIVITY CLASSIFICAT | TOTAL FOR THIS ACTIVITY | | 47,843. |
| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
| UNDISCLOSED DUE TO PRIVACY CONCERNS | 32 THIRD AVENUE - NEW YORK, NY 10003 | NONE | 19,357. |
| | | | |
| | TOTAL FOR THIS ACTIVITY | | 19,357. |

| CA 199 COMPENSATION OF OFFICERS | , DIRECTORS AND TRUSTEES S | TATEMENT 5 |
|--|------------------------------------|--------------|
| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
| PAUL THOMA 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | CEO 40.00 | 157,500. |
| JOEY FIO 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | CHIEF HEALTH OFFICER 40.00 | 0. |
| ANTHONY PAGE 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | COO 40.00 | 141,750. |
| CALEB FOREMAN 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR OF STRATEGIC PART 40.00 | 0. |
| JONATHAN WILSON 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | CHAIRMAN (THRU 1/23) 40.00 | 0. |
| BRADFORD PETERS 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | CHAIRMAN (EFF 1/23) 1.00 | 0. |
| STEVEN MORENO 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR 1.00 | 0. |
| PHIL JOHNSTON 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR 1.00 | 0. |
| CHRIS ANTHONY 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR 1.00 | 0. |
| DENISE BOTTIGIERI, PHD 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR 1.00 | 0. |
| JOHN MCMAHON 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR 1.00 | 0. |

| SEAL FUTURE FOUNDATION, INC. STENN PARTON 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | | EFF 10/23) 00 | 46-0565393 |
|---|---------------|------------------|---|
| CHRIS FREUH, PHD 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR (| EFF 04/23) 00 | 0. |
| PHIL WALPOL 32 THIRD AVENUE, 393 NEW YORK, NY 10003 | DIRECTOR (| EFF 10/23) 00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 1 | .1 | | 299,250. |
| CA 199 | THER EXPENSES | | STATEMENT 6 |
| DESCRIPTION | | | AMOUNT |
| SUPPORT SERVICES BAD DEBT EXPENSE DIRECT EXPENSES OF FUNDRAISING EVE LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE | ENTS | | 1,413,159. 5,168. 1,209,453. 2,956. 30,395. 147,539. 93,523. 122,054. 30,222. 47,708. 12,432. |
| TOTAL TO FORM 199, PART II, LINE 1 | .7 | | 3,114,609. |
| | | | |
| CA 199 | OTHER ASSETS | | STATEMENT 7 |
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| PREPAID EXPENSES AND DEFERRED CHAR SECURITY DEPOSITS | RGES | 24,117. 550. | 55,921. 0. |
| TOTAL TO FORM 199, SCHEDULE L, LIN | JE 12 | 24,667. | 55,921. |

CALIFORNIA FORM

FEIN FORM 199 46-0565393 Attach to Form 100 or Form 100W. Corporation name California corporation number SEAL FUTURE FOUNDATION, INC. 4143747 Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-(a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 **9** Tentative deduction. Enter the **smaller** of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (a)
Description of property (b) (c) (g) Depreciation (f) Life or (h) (e) Date acquired Cost or Depreciation allowed or Additional Depreciation (mm/dd/yyyy) other basis allowable in earlier years rate for this year 29,168. 25,120 SEE STATEMENT 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 1,793 See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (e) R&TC (b) (c) (d) (f) (g) Description of property Date acquired Cost or Amortization allowed or Period or Amortization Section (mm/dd/yyyy) allowable in earlier years for this year other basis percentage (see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

| CA 3885 | | DEPRE | STATEMENT 8 | | | | |
|---------------------------|--------------------|------------------|---------------|---------------|------|-------------------|-------|
| ASSET NO./ DESCRIPTION | DATE IN SERVICE | COST OR BASIS | PRIOR DEPR | METHOD | LIFE | DEPRE- CIATION | BONUS |
| 1 COMPUTE | RS | | | | | | |
| | 01/01/19 | 5,979. | 4,444. | SL | 5.00 | 1,196. | |
| 2 SOFTWAR | E | | | | | | |
| | 05/08/12 | 20,200. | 20,200. | \mathtt{SL} | 3.00 | 0. | |
| 3 OFFICE | EQUIPMENT | | | | | | |
| | 06/25/21 | 637. | 191. | \mathtt{SL} | 5.00 | 127. | |
| 4 DESK | | | | | | | |
| | 08/02/21 | 1,007. | 285. | \mathtt{SL} | 5.00 | 201. | |
| 5 STEELWA | TER GUN SAFE | | | | | | |
| | 02/07/23 | 1,345. | | SL | 5.00 | 269. | |
| TOTAL TO FORM | 3885 | 29,168. | 25,120. | | | 1,793. | |

| Date Accepted | | |
|---------------|--|--|

TAXABLE YEAR 2023

California e-file Return Authorization for Exempt Organizations

8453-EO

| 2023 | Exempt Organizat | tions | | | | | | 043 | 3-EU |
|---|--|---|--|---|--|--|---|--|---|
| Exempt Organiza | tion name | | | | | Id | entifying nu | ımber | |
| SEAL FU | JTURE FOUNDATION, INC. | | | | | 4 | 6-05 | 65393 | |
| Part I Ele | ectronic Return Information (whole dollars | only) | | | | | | | |
| 1 Total gr | oss receipts or unrelated business taxable in | ncome (Form 199, line 4 or F | orm 109, | line 5) | | | 1 | 4,841 | .,902 |
| 2 Total gr | oss income or total tax (Form 199, line 8 or | Form 109, line 14) | | | | | 2 | 4,823 | 5,567 |
| 3 Total ex | penses and disbursements (Form 199, line | 9) | | | | | 3 | 4,454 | ,605 |
| | | | | | | | | | |
| 5 Overpa | yment (Form 109, line 24) | | | | | | 5 | | |
| Part II Se | ttle Your Account Electronically for Taxal | ole Year 2023 | | | | | | | |
| | ect Deposit of refund (Form 109 only.) | | | | | | | | |
| | ectronic funds withdrawal 7a Amount | | | ithdrawal d | | | | | |
| Part III Sc | nedule of Estimated Tax Payments for Taxable Y | • | Iment payr | | | amount ti | - | | , |
| | First Payment | Second Payment | - | Third Pay | ment | | F | ourth Paymen | t |
| 8 Amount | | | - | | | | | | |
| 9 Withdray | | and the second section is a section | | · O) | | | | | |
| | nking Information (Have you verified the ex | | g informat | ion'?) | | | | | |
| 10 Routing | | | | . г | | | | | |
| 11 Account | number eclaration of Officer | 12 | Type of a | ccount: L | Che | cking | s | avings | |
| | | ainneatad in Dant II. If I abaal. Da | -t II h C | l ala ala a 4b a | 4 4 6 2 6 2 2 | | : ::: | | de e |
| direct deposit | exempt organization's account to be settled as de refund agrees with the authorization stated on my ated payment amounts listed on Part III. line 8 fro | return. If I check Part II, box 7, | l authorizé | | | | | | |
| organization w statements be delayed, I aut Sign | return, I understand that if the Franchise Tax Boar ill remain liable for the tax liability and all applicat transmitted to the FTB by the ERO, transmitter, or horize the FTB to disclose to the ERO or interme | ole interest and penalties. I author intermediate service provider. | orize the exe orize the proce on(s) for th | empt organizessing of the | ation retu exempt o | ırn and a organiza | ccompan tion's ret | ying schedules a urn or refund is | and |
| Here F | Signature of officer | Date Title | | | | | | | |
| Part VI De | claration of Electronic Return Originator | (ERO) and Paid Preparer. | | | | | | | |
| am only an int accurately refliprovided the o 1345, 2023 Ha the exempt ory I declare that I | have reviewed the above exempt organization's remediate service provider, I understand that I ameets the data on the return.) I have obtained the organization officer with a copy of all forms and intundbook for Authorized e-file Providers. I will keep ganization return is filed, whichever is later, and I have examined the above exempt organization's and complete. I make this declaration based on all | not responsible for reviewing t ganization officer's signature or formation that I will file with the ofform FTB 8453-EO on file for t will make a copy available to the return and accompanying sched | ne exempt of form FTB FTB, and I I our years fo FTB upon I ules and sta | organization' 8453-EO bef nave followe om the due request. If I a | s return. I ore transi d all other date of th am also th | l declare, mitting th r requiren ne return ne paid p | however his return ments des or four ye reparer, u | , that form FTB to the FTB. I ha scribed in FTB P ears from the da inder penalties o | 8453-EO ve lub. ate of perjury, |
| ERO | s | Date | | Check if | | Check | 6 | ERO's PTIN | |
| ERO signa | | | | also paid preparer | | if self- employed | | 0053912 | 9 |
| | s name (or yours BOWMAN & COM | PANY, LLP | | • | | F | irm's FEIN | 94-1481 | .988 |
| | f-employed) address 10100 TRINIT STOCKTON, CA | Y PARKWAY,STE | 310 | | | - | IP code 9 | 5219 | |
| | s of perjury, I declare that I have examined the ab | | | | | - | | | wledge |
| Paid | Paid | | Date | | Check | | Poid n | reparer's PTIN | |
| Preparer | preparer's signature | | Date | | if self- employed | | l alu p | roparor 3 F IIIN | |
| Must | Firm's name (or yours | | | | - Imployed | | irm's FEIN | | |
| Sign | if self-employed) | | | | | | IIII S FEIN | | |
| g | and address | | | | | | IP code | | |
| | | | | | | | 5040 | | |
| | | | | | | | | | |

FTB 8453-EO 2023

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

| SEAL FUTURE FOUNDATION, INC. Name of Organization List all DBAs and names the organization uses or has used 32 THIRD AVENUE, NO. 393 Address (Number and Street) NEW YORK, NY 10003 City or Town, State, and ZIP Code (646)883-8733 Telephone Number INFO@SEALFF.ORG E-mail Address | State Cha | ange of address ended report ganization requests email notifications arity Registration Number $\frac{0260941}{\text{on or Organization No.}}$ mployer ID No. $\frac{46-0565393}{46-0565393}$ | | |
|---|------------------|---|--------|----|
| ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 C Make Check Payable to Departi | | | | |
| Total Revenue Fee Total Revenue Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million | · | Total Revenue Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million | | _ |
| PART A - ACTIVITIES | | | | |
| For your most recent full accounting period (beginning $\underline{01/01/20}$) Total Revenue (including noncash contributions) \$ $\underline{3,614,114}$ Noncash Contributions \$ $\underline{Program Expenses}$ \$ $\underline{2,241,905}$ | 39 Total Expe | | 0,8 | 69 |
| Note: All questions must be answered. If you answer "yes" to any of the query providing an explanation and details for each "yes" response. Please r | stions belov | v, you must attach a separate page | Yes | No |
| During this reporting period, were there any contracts, loans, leases or other f and any officer, director or trustee thereof, either directly or with an entity in w any financial interest? | inancial tran | sactions between the organization | .00 | Х |
| During this reporting period, was there any theft, embezzlement, diversion or or funds? | misuse of th | e organization's charitable property | | х |
| 3. During this reporting period, were any organization funds used to pay any per | nalty, fine or | judgment? | | х |
| 4. During this reporting period, were the services of a commercial fundraiser, fur commercial coventurer used? | ndraising cou | ınsel for charitable purposes, or | | х |
| 5. During this reporting period, did the organization receive any governmental fu | nding? | | | Х |
| 6. During this reporting period, did the organization hold a raffle for charitable pu | urposes? | | | х |
| 7. Does the organization conduct a vehicle donation program? | | | | Х |
| Did the organization conduct an independent audit and prepare audited finan- generally accepted accounting principles for this reporting period? | cial stateme | nts in accordance with | х | |
| 9. At the end of this reporting period, did the organization hold restricted net ass | sets, while re | eporting negative unrestricted net assets? | | Х |
| I declare under penalty of perjury that I have examined this report, including a and belief, the content is true, correct and complete, and I am authorized to si | | ng documents, and to the best of my knov | vledge | 9 |
| PAUL THOMA | | CEO ttle Date | | |
| Signature of Authorized Agent Printed Name | | tle Date | | |

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **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 filina vour 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) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 12 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 32 THIRD AVENUE, 393 - NEW YORK, NY 10003 Telephone No. (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 . 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. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 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 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2024)

EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SEAL FUTURE FOUNDATION, INC. Name change 46-0565393 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 32 THIRD AVENUE 393 (646)883-87334,841,902. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10003 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAUL THOMA for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ((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 Other 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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,717,630. 2,247,404. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 237. -120. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 643,661. 1,366,830. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 $\overline{2,361,528}$ 3,614,114. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 155,869. 67,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,132,125. 1,262,870. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,933,779. 1,915,082. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,221,773. 3,245,152. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -860,245. 368,962. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,409,526. 1,940,869 Total assets (Part X, line 16) 48,293. 158,765 21 Total liabilities (Part X, line 26) 三年 361,233. 782,104 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 09/18/24 P00539129 TARA EASTWOOD TARA EASTWOOD self-employed Paid BOWMAN & COMPANY, LLP Firm's name Firm's EIN 94-1481988 Preparer 10100 TRINITY PARKWAY, STE 310 Use Only Firm's address Phone no. (209)473-1040 STOCKTON, CA 95219 May the IRS discuss this return with the preparer shown above? See instructions X Yes

| Pa | t III Statement of Program Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE MISSION OF THE SEAL FUTURE FOUNDATION IS TO PROVIDE NAVY SEALS A |
| | FOUNDATION THAT SUPPORTS THEIR WELL-BEING, EDUCATION, AND CAREER TO |
| | CONTINUE A LIFE OF SERVICE WITHIN THEIR COMMUNITIES. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | 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 expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$2, 241, 905. including grants of \$67, 200.) (Revenue \$ |
| | DURING THE REPORTING YEAR, THE ORGANIZATION PROVIDED ITS FOUR PILLARS |
| | OF PROGRAMS AND SERVICES (CAREER, EDUCATION, HEALTH, AND COMMUNITY) TO |
| | 938 NEW SEALS FOR TOTAL OF 5,034 SEALS SERVED SINCE INCEPTION. THE |
| | ORGANIZATION EXPERIENCED IN 100% TRANSITION SUCCESS RATE. |
| | |
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| | |
| | |
| | |
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| | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| 4c | (Code:) (Expenses \$ |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| ·u | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 2,241,905. |
| -70 | Form 990 (202 |
| | 10111 = = (202 |

Form 990 (2023) SEAL FUTURE FOUNDATION, INC. 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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9_ | | <u> X</u> |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | ., |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| a | 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 | | | х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 19a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | ı.zu | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| 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 | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 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? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

Page 4 Form 990 (2023) Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 26 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners? 332004 12-21-23

Х Form **990** (2023) Form 990 (2023) SEAL FUTURE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | i (continued) | | | | | | | | | |
|----------|--|------|-----|------|--|--|--|--|--|--|
| 0- | Establishment and continue and the form WO Towns Well-(West and Tow Olstowards | | 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 | | | | | | | | | |
| | , | 1 | Х | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | Х | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Λ | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | |
| L | b If "Yes," enter the name of the foreign country | | | | | | | | | |
| Ь | , | | | | | | | | | |
| E.o. | nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | | |
| 5a | , , , , , , , , , , , , , , , , , , , | | | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | | |
| C 62 | | | | | | | | | | |
| 6a | | 6a | | Х | | | | | | |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - Oa | | 21 | | | | | | |
| b | | 6b | | | | | | | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | OD | | | | | | | | |
| и а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | - 21 | | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 10 | | | | | | | | |
| · | to file Form 8282? | 7c | | х | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 10 | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| 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 | | | | | | | | | |
| 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: | | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | 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 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 activities | | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | |

Form **990** (2023)

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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | |
|----------|--|--|---------|-----------------|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 9 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | | | | | | | | |
| b | | | | | | | | |
| 2 | | of the governing body at the end of the tax year ghts among members of the governing body, or if the governing body or under the direct supervision employees to a management company or other person? 3 avant changes to its governing documents since the prior Form 990 was filed? 4 uring the year of a significant diversion of the organization's assets? 5 cant changes to its governing documents since the prior Form 990 was filed? 4 uring the year of a significant diversion of the organization's assets? 5 can be decided, and the power to elect or appoint one or 7 are organization reserved to (or subject to approval by) members, stockholders, or by? 9 comment the meetings held or written actions undertaken during the year by the following: 8 a X 8 b X 10 b A | | | | | | |
| _ | | 2 | | х | | | | |
| 3 | there are material differences in vetting rights among members of the governing body at the end of the tax year there are material differences in vetting rights among members of the governing body, or if the governing body, or if the governing body didelegated transpared uthority to an executive committee or similar committees, explain on Schedule 0. 19 19 10 10 10 10 10 10 10 10 | | | | | | | |
| · | | 3 | | x | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | 5 | | | | | | | |
| 7a | ther the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing down with the provided and increase in voting rights among members of the governing down or independent of the provided and provided any officer, director, trustee, or key employee have a family relationship or a business relationship with any other floor, directors, trustee, or key employees are a family relationship or a business relationship with any other floor, directors, trustee, or key employees to a management during performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? 3 the organization nake any significant changes to its governing documents since the prior Form 990 was filed? 4 the organization become aware during the year of a significant diversion of the organization's assests? 5 the organization have members or stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? 7 any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or sense other than the governing body? 7 the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: see governing body? 8 and the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: see governing body? 8 and the organization is a significant provided to approve the provided to appr | | | | | | | |
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| b | | 76 | | v | | | | |
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| b | | OD | | | | | | |
| 9 | | | | v | | | | |
| Sec | | 9 | | 21 | | | | |
| 000 | tion B. I shows (This Section B requests information about policies not required by the internal Revenue Gode.) | | Vaa | Na | | | | |
| 100 | Did the organization have local chapters, branches, or affiliates? | 100 | 162 | | | | | |
| | | IUa | | - 21 | | | | |
| D | | 10h | | | | | | |
| 112 | | | x | | | | | |
| | | - Tiu | | | | | | |
| 12a | | 122 | x | | | | | |
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| | | 120 | | | | | | |
| · | , | 120 | x | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | • | 14 | 21 | | | | | |
| 13 | duy delegated troad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent Inter the number of voting members included on line 1a, above, who are independent Inter the number of voting members included on line 1a, above, who are independent Inter the number of voting members or the control over management duties customarily performed by or under the direct supervision In officers, directors, trustees, or key employees to a management company or other person? In officers, directors, trustees, or key employees to a management company or other person? In officers, directors, trustees, or key employees to a management company or other person? In other organization back on members or stockholders? In other organization become aware during the year of a significant diversion of the organization's assets? In other organization back on embers or stockholders, or other persons who had the power to elect or appoint one or once members of the governing body? In our any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? In our any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? In our any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? In our any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or the governing body? In our any governance decisions of the organization sealers of the governing body? In our any governance decisions of the organization and actives as or schedule O governance organization and actives as organization and actives and approval by leave thing the form? In our provides or governance organization and actives and approval by independent ers | | | | | | | |
| _ | Did any officer, director, trustee, or key employee? 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Did the organization contemporanously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 The powerning body? 9 Did the organization or the propagation of the governing body? 10 The governing body? 10 The governing body? 11 The governing body? 12 The governing body? 13 Did the organization and the governing body? 14 The governing body? 15 The powerning body? 16 The governing body? 17 The governing body? 18 The governing body? 19 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? 10 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? 10 Did the organization have victure conflict of interest policy? If "Yes," did the organization the organization than the organization than the organization than the organization than the organization or the deliberation | | x | | | | | |
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| | JE THIRD AVENUE, JJJ, NEW TORK, NI 10005 | | | | | | | |

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.

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.

| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|------------------------------------|------------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|------------------|----------------------------------|-----------------------|
| Name and title | Average | (do | not c | Pos | ition |) than o | nne | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | Ler ar | lu a u | recto | Tritus | lee) | from | from related | other |
| | (list any hours for | directo | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | 3e or (| stee | | | nsated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | nal tru | | oyee | om pe | | 1099-NEC) | , | and related |
| | below | Individual trustee or director | Institutional trustee | Jec | Key employee | Highest compensated employee | Former | | | organizations |
| | line) | lndi | lust | Officer | Key | High | Forr | | | |
| (1) PAUL THOMA | 40.00 | 1 | | | | | | | | |
| CEO | | | | Х | | | | 157,500. | 0. | 0. |
| (2) JOEY FIO | 40.00 | 1 | | | | | | | | _ |
| CHIEF HEALTH OFFICER | | | | | | Х | | 141,750. | 0. | 0. |
| (3) ANTHONY PAGE | 40.00 | 1 | | | | | | | _ | _ |
| <u>coo</u> | | | | Х | | | | 141,750. | 0. | 0. |
| (4) CALEB FOREMAN | 40.00 | | | | | | | | | |
| DIRECTOR OF STRATEGIC PARTNERSHIPS | | | | | | Х | | 141,750. | 0. | 0. |
| (5) JONATHAN WILSON | 40.00 | 1 | | | | | | | | _ |
| CHAIRMAN (THRU 1/23) | | Х | | Х | | | | 0. | 0. | 0. |
| (6) BRADFORD PETERS | 1.00 | 1 | | | | | | | _ | _ |
| CHAIRMAN (EFF 1/23) | | Х | | Х | | | | 0. | 0. | 0. |
| (7) STEVEN MORENO | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) PHIL JOHNSTON | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) CHRIS ANTHONY | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) DENISE BOTTIGIERI, PHD | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) JOHN MCMAHON | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) STENN PARTON | 1.00 | 1 | | | | | | | | |
| DIRECTOR (EFF 10/23) | | Х | | | | | | 0. | 0. | 0. |
| (13) CHRIS FREUH, PHD | 1.00 | 1 | | | | | | | | |
| DIRECTOR (EFF 04/23) | | Х | | | | | | 0. | 0. | 0. |
| (14) PHIL WALPOL | 1.00 | ļ | | | | | | | | |
| DIRECTOR (EFF 10/23) | | Х | | | | | | 0. | 0. | 0. |
| | | 1 | | | | | | | | |
| | | <u> </u> | _ | | _ | | | | | |
| | | - | | | | | | | | |
| | 1 | <u> </u> | _ | | _ | | | | | |
| | | 1 | | | | | | | | |
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332007 12-21-23 Form **990** (2023)

| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | gnes | it Co | | , | $\overline{}$ | (=) | |
|---|--|--------------------------------|-----------------------|--------------|--------------|---------------------------------|-----------|----------------------------|---------------------------------------|---------------|-------------------|------|
| (A) | (B) (C) Average Position | | | | | | | (D) | (E) | | (F) | |
| Name and title | hours per Position (do not check more than one box, unless person is both an | | | | | | | Reportable | Reportable | | Estimate | |
| | week | | | | | s both or/trus | | compensation | compensation | 1 | amount | от |
| | (list any | _ | | | | | | from the | from related organizations | | other compensa | tion |
| | hours for | direct | | | | _ | | organization | (W-2/1099-MIS | | from th | |
| | related | e or 0 | tee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | <i>"</i> | organizat | |
| | organizations | ruste | ll trus | | ee (ee | mpen | | 1099-NEC) | 1000 NEO) | | and relat | |
| | below | Individual trustee or director | ution | _ | oldu | st co | ъ | | | | organizati | |
| | line) | Indivi | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | Ü | |
| | | | | | | | | | | \neg | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | \neg | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 582,750. | | 0. | | 0. |
| c Total from continuation sheets to Part V | I, Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 582,750. | | 0. | | 0. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) 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 | кеу е | empl | oye | e, or | hig | hest compensated emp | loyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | Х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | Jf | or such individual | | | 4 X | |
| 5 Did any person listed on line 1a receive or a | accrue comper | ısati | on fr | om | any | unre | elate | ed organization or individ | dual for services | | | |
| rendered to the organization? If "Yes." con | plete Schedule | e J f | or su | ıch <u>ı</u> | oers | on . | | | | <u></u> | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | = | - | | | | | | | · · · · · · · · · · · · · · · · · · · | ensat | ion from | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | thin T | | ear. | | | |
| (A) | | | | _ | | | | (B) | | _ | (C) | _ |
| Name and business | address | N | ONE | <u> </u> | | | _ | Description of s | ervices | | ompensatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but p | ot lin | niter | t to | thos | e lie | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organi | | J. 111 | | | (| | .54 | 22010, WIIO 1000IVOG III | | | | |
| 4.00,000 or compensation from the organi | | | | | | | | | | _ | | |

| Form 990 (2023) SEAL FUTURE FOUNDATION Part VIII Statement of Revenue | | | | | OUNDATION | , INC. | | 46-0565 | 393 Page 9 | |
|---|----------|--------|--|------------------|-----------|---------------------|-----------------------|-------------------|-------------------|--------------------------------------|
| Pa | τ ν | 111 | _ | | | | | | | |
| | | | Check if Schedule O contain | ns a respoi | nse (| or note to any line | in this Part VIII (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| ņν | 1 : | — а | Federated campaigns | 1a | | | | | | |
| ant | | | Membership dues | | | | | | | |
| £ 6 | | | Fundraising events | | | 432,701. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations | | | | | | | |
| s, G mila | | | Government grants (contribution | | | | | | | |
| ion | 1 | f | All other contributions, gifts, grants | , and | | | | | | |
| but | | | similar amounts not included above | : 1f | | 1,814,703. | | | | |
| d O | , | g | Noncash contributions included in lines 1a | -1f 1g \$ | | 39,871. | | | | |
| S u | | h | Total. Add lines 1a-1f | | | | 2,247,404. | | | |
| | | | | | | Business Code | | | | |
| ce | 2 : | а | | | | | | | | |
| ervi Je | ı | b | | | _ | | | | | |
| n Si | • | С | | | _ | | | | | |
| jran Rev | • | d | | | _ | | | | | |
| Program Service Revenue | | e | | | _ | | | | | |
| ш. | ' | | All other program service reven | | | | | | | |
| | 3 | g | Total. Add lines 2a-2f | | | | | | | |
| | 3 | | | • | | · · | 219. | | | 219. |
| | 4 | | Income from investment of tax- | | | roceeds | | | | |
| | 5 6 a | | Royalties | · · | - | | | | | |
| | | | Thoyanas | (i) Real | | (ii) Personal | | | | |
| | | а | Gross rents 6a | | | | | | | |
| | | | Less: rental expenses 6b | | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | | |
| | | | Net westelling and (1997) | | | | | | | |
| | | | Gross amount from sales of | (i) Securiti | | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | | | |
| | - 1 | b | Less: cost or other basis | | | | | | | |
| ne | | | and sales expenses | | | 339. | | | | |
| venue | , | С | Gain or (loss) 7c | | | -339. | | | | |
| Re | | d | Net gain or (loss) | | . <u></u> | | -339. | | | -339. |
| Other Re | 8 8 | а | Gross income from fundraising eve | - | | | | | | |
| ₽ | | | including \$ 432, | | | | | | | |
| | | | contributions reported on line 1 | , | | | | | | |
| | | | Part IV, line 18 | | 8a | | | | | |
| | | | Less: direct expenses | | 8b | 1,209,453. | 1 200 020 | | | 1200020 |
| | | | Net income or (loss) from fundr | - | ts_ | | 1,382,830. | | | 1382830. |
| | 9 ; | а | Gross income from gaming act | | | | | | | |
| | | | Part IV, line 19 | | 9a | | | | | |
| | | | Less: direct expenses | | 9b | | | | | |
| | | | Net income or (loss) from gamir Gross sales of inventory, less re | - | · | | | | | |
| | 10 | a | | | 100 | 1,996. | | | | |
| | | h | and allowances | | 10a | | | | | |
| | | | Net income or (loss) from sales | | | · · · | -16,000. | | | -16,000. |
| | | | Thet income of (1000) from bales | OT ITTVOLITION | y | Business Code | , - | | | , |
| Snc | 11 : | а | | | | | | | | |
| Miscellaneous Revenue | | b | | | _ | | | | | |
| ella | | С | | | | | | | | |
| lisc Re | | d | All other revenue | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | | |
| | 12 | | Total revenue. See instructions | | | | 3,614,114. | 0. | 0. | 1366710. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 67,200. 67,200. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 299,250. 225,225. 58,275. 15,750. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 865,812. 395,086. 217,771. 252,955. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 97,808. 52,317. 23,317. 22,174. 10 Payroll taxes Fees for services (nonemployees): Management 2,956. 2,956. Legal 30,395. 30,395. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 147,539. 79,004. 68,535. column (A), amount, list line 11g expenses on Sch O.) $93,5\overline{23}$ 93,523. Advertising and promotion 12 122,054. 122,054. Office expenses 13 30,222. 30,222. Information technology 14 15 Royalties 8,133. 8,133. 16 Occupancy 47,708. 47,708. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 1,793. 1,793. Depreciation, depletion, and amortization 22 1,062. 12,432. 10,584. 786. 23 Other expenses. Itemize expenses not covered 24 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.) 1,413,159. 1,413,159. SUPPORT SERVICES 5,168. BAD DEBT EXPENSE 5,168. С d All other expenses 3,245,152. 2,241,905. 637,879. 365,368. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2023)
Part X | Balance Sheet

| <u>Par</u> | t X | Balance Sheet | | | | | |
|-----------------------------|----------|---|--------------------|-----------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or no | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 400,416. | 1 | 556,356 | | |
| | 2 | Savings and temporary cash investments | 946,073. | 2 | 1,290,889 | | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | | 4 | 30,400 |
| | 5 | Loans and other receivables from any current | or former | officer, director, | | | |
| | | trustee, key employee, creator or founder, sub | ontributor, or 35% | | | | |
| | | controlled entity or family member of any of the | ese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqua | lified per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| g | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 34,457. | 8 | 5,522 |
| ⋖ | 9 | | | | 24,117. | 9 | 55,921 |
| | 10a | Land, buildings, and equipment: cost or other | | 02 100 | | | |
| | | basis. Complete Part VI of Schedule D | | 23,189. | 2 012 | | 1 501 |
| | | Less: accumulated depreciation | | 21,408. | 3,913. | 10c | 1,781 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | FFO | 14 | 0 | |
| | 15 | Other assets. See Part IV, line 11 | 550. | 15 | 1 040 960 | | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | | | 1,409,526. 48,293. | 16 | 1,940,869 158,765 |
| | 17 | Accounts payable and accrued expenses | 40,233. | 17 | 150,705 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 21 | Tax-exempt bond liabilities | | | | 20 21 | |
| | 22 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or for trustee, key employee, creator or founder, sub | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| 밀 | 23 | Secured mortgages and notes payable to unre | | 23 | | | |
| | 23 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | • | | | | |
| | | of Schedule D | - | · 1 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 48,293. | 26 | 158,765 |
| | | Organizations that follow FASB ASC 958, ch | | | · | | • |
| se | | and complete lines 27, 28, 32, and 33. | | _ | | | |
| auc | 27 | Net assets without donor restrictions | | | 1,361,233. | 27 | 1,517,104 |
| Ba | 28 | Net assets with donor restrictions | | | | 28 | 265,000 |
| 힏 | | Organizations that do not follow FASB ASC | | | | | |
| ᆲ | | and complete lines 29 through 33. | | | | | |
| ğ | 29 | Capital stock or trust principal, or current fund | s | | | 29 | |
| Set | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated i | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1,361,233. | 32 | 1,782,104 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 1,409,526. | 33 | 1,940,869 |

Form **990** (2023)

| 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 | 3 | <u>,61</u> | 4,1 | <u>14.</u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3 | ,24 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 8,9 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 1 | <u>, 36</u> | 1,2 | <u>33.</u> | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | 5 | 1,9 | <u>09.</u> | |
| 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 | 1 | <u>,78</u> : | 2,1 | 04. | |
| 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 | Ο. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | X 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 | audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | | |
| За | 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? | | | За | | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | t | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | ı | |

Form **990** (2023)

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

Employer identification number

| | | SEAL | FUTURE FO | UNDATION, INC | C. | | | 4 | 6-05653 | 93 | | | | |
|-------|-------|--|---|--|-------------------------------------|-----------------|-------------------------|-------------|------------------|-------------|--|--|--|--|
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions | | | | | | | |
| The o | organ | ization is not a private found | | | | | | | | | | | | |
| 1 | | • | • | • | • | , | VAVi). | | | | | | | |
| 2 | Ħ | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | | | | |
| 3 | H | | | • | | /h//1////ii | i) | | | | | | | |
| _ | | · | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 | | 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: | | | | | | 16 - 1 10 | 1 : | | | | | |
| 5 | | | n organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | |
| | | | 1)(A)(iv). (Complete Part II.) | | | | | | | | | | | |
| 6 | | , , | • | nment or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 7 | X | An organization that norma | | ntial part of its support fr | om a gove | ernmental i | unit or from the | general p | oublic describe | ed in | | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Part | t II.) | | | | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a la | and-grant | college | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of t | ne college | or | | | | | |
| | | university: | | | | | | | | | | | | |
| 10 | | An organization that norma | Ily receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membershir | fees, and | d gross receipt | s from | | | | |
| | | activities related to its exen | | | | | | | | | | | | |
| | | income and unrelated busin | | • | | | | | - | | | | | |
| | | See section 509(a)(2). (Con | | (1000 000tion on taxy in | arr buomioc | ooo aoqan | od by the orga | Lation a | itor dano do, i | 0.0. | | | | |
| 11 | | An organization organized a | • | volv to tost for public sat | foty Soo | saction FC | 10(2)(4) | | | | | | | |
| 12 | | • | · · | • | • | | | av out the | nurnaces of or | no or | | | | |
| 12 | ш | An organization organized | · · | · · · | • | | | • | - | | | | | |
| | | more publicly supported or | - | | | | | | neck the box | on | | | | |
| | | lines 12a through 12d that | * * | | | | | - | | | | | | |
| а | | | · · · · · · · · · · · · · · · · · · · | • | • | - | | | | | | | | |
| | | the supported organization | | | majority o | of the direc | tors or trustee: | s of the su | ipporting | | | | | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | | | | | |
| b | | | anization supervised | or controlled in connect | ion with it | s supporte | d organization | (s), by hav | ing | | | | | |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | e the supp | orted | | | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | | | |
| С | | | grated. A supporting | g organization operated | in connect | tion with, a | and functionally | / integrate | d with, | | | | | |
| | | its supported organization | n(s) (see instructions) | . You must complete I | Part IV, Se | ctions A, | D, and E. | | | | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection w | ith its support | ed organiz | zation(s) | | | | | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | uirement and | an attentiv | /eness | | | | | |
| | | requirement (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | | | | | | |
| е | | Check this box if the orga | anization received a v | vritten determination from | m the IRS | that it is a | Type I, Type II | , Type III | | | | | | |
| | | functionally integrated, or | | | | | <i>y</i> . <i>y y</i> . | 71 | | | | | | |
| f | Fnte | er the number of supported o | | , 5 | 5 5 | | | | | | | | | |
| | | vide the following information | • | d organization(s). | | | | | | | | | | |
| | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of | nonetary | (vi) Amount | of other | | | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ins | tructions) | support (see ins | structions) | | | | |
| | | | | above (see instructions)) | 100 | 140 | | | | | | | | |
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332021 12-21-23

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | | |
| | Gifts, grants, contributions, and | ` , | ` , | , , | ` , | , , | ,, | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | | | |
| 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 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | | | |
| | 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. | | | | | | 7771679. | | | |
| | tion B. Total Support | | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | | |
| | Amounts from line 4 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | | | |
| | Gross income from interest, | • | · | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| | and income from similar sources | | | 54. | 237. | 219. | 510. | | | |
| 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 | Total support. Add lines 7 through 10 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 7796150. | | | |
| | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | | | | |
| | First 5 years. If the Form 990 is for the | • | , | | | 01(c)(3) | | | | |
| | organization, check this box and stor | | | | | | | | | |
| Sed | tion C. Computation of Publi | | | | | | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), di | vided by line 11, c | olumn (f)) | | 14 | 99.69 % | | | |
| 15 | Public support percentage from 2022 | Schedule A, Part I | I, line 14 | | | 15 | 99.58 % | | | |
| | 33 1/3% support test - 2023. If the o | | | | | ore, check this box | k and | | | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X | | | |
| b | 33 1/3% support test - 2022. If the | | | | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | tion | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | | |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop her | re. Explain in Part | VI how the organiz | ation | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pul | blicly supported or | rganization | _ | | | | |
| b | 10% -facts-and-circumstances test | • | • | | | | | | | |
| | more, and if the organization meets the | _ | | | | | | | | |
| | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 18 | Private foundation. If the organization | | | • | | | <u> </u> | | | |
| | | | , : | . , , , | | | (Form 990) 2023 | | | |

Schedule A (Form 990) 2023

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.)

| Sec | ction A. Public Support | | | | | | |
|----------|--|-----------------------|------------------------|-----------------------|---------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | ļ | | | | | |
| | formed, or facilities furnished in any activity that is related to the | ļ | | | | | |
| | 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 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| <u>8</u> | Public support. (Subtract line 7c from line 6.) | | | | | | <u> </u> |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (h) 2020 | (a) 2021 | (4) 2022 | (a) 2022 | (f) Total |
| | Amounts from line 6 | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| h | Unrelated business taxable income | | | | | | |
| _ | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | 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 assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fil | rst, second, third, 1 | ourth, or fifth tax y | year as a section 5 | 01(c)(3) organizatio | on, |
| | | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | olumn (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | I I | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | <u>%</u> |
| 19a | 33 1/3% support tests - 2023. If the | | | | | | / is not |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2022. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | an did not check a | DUX UIT III IE 14, 198 | a, or 190, crieck th | no dua anu see ins | | |

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")? |f "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?
- 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).
- 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 | No |
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| | m 990) | 2023 |

Schedule A (Form 990)

| Par | t IV Supporting Organizations (continued) | | | |
|------|---|-------------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | |
| С | 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 | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | 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 officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | 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, | | | |
| C1 | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| | 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 | - | | |
| Sact | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| Seci | tion b. All Type III Supporting Organizations | | | l |
| _ | Did the constitution and ideals and of the constitution and the last describe (file constitution) | | Yes | No |
| | 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 | 4 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | 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 | 2 | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). 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 | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instruction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| h | 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.

| | t V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | rage (| |
|------|--|-----------------|-----------------------------------|--------------------------------|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. | |
| | All other Type III non-functionally integrated supporting organizations mu | ist complete S | Sections A through E. | | |
| Sect | on 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 | on 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 | | | |
| | 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 | on C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | d Type III supporting orga | inization (see | |

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

INC. SEAL FUTURE FOUNDATION,

Employer identification number 46-0565393

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | 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 | riting that the assets held in donor advi | ised funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | e conferring |
| | impermissible private benefit? | ······ | Yes No |
| Pai | t II Conservation Easements. Complete if the org | | |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation | of a historically important land area |
| | Protection of natural habitat | Preservation | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included on line 2c acqui | | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year | 3 | 3 |
| 4 | Number of states where property subject to conservation eas | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | | - f |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ing of violations, and enforcing conserv | ation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(| (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its revenue and expens | e statement and |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial staten | nents that describes the |
| | organization's accounting for conservation easements. | | |
| Pa | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | 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 958 | 3, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these ite | ms. |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, 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 trea | | ial gain, provide |
| | the following amounts required to be reported under FASB AS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | • |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2023 |

| | t III Organizations Maintaining Co | ollections of Ar | | | | r Othe | r Simila | r Asset | | | ıge ∠ |
|-----|---|-----------------------|---------------|---------------|---------------------|-----------|------------------------|-------------|-------------|---------|----------|
| 3 | Using the organization's acquisition, accessio | | | | | | | | COTILIT | iuea) | |
| 3 | | n, and other record | s, check | arry or trie | iollowing that | illake Si | griilicarit | use of its | | | |
| _ | collection items (check all that apply). | _ | . — | | | | | | | | |
| a | Public exhibition | C - | | | hange progra | | | | | | |
| b | Scholarly research | e | • • | Otner | | | | | | | |
| C | Preservation for future generations | | | 6415 416 | | | | aa in Daut | VIII | | |
| 4 | Provide a description of the organization's col | | | | | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or to be sold to raise funds rather than to be mai | | | | • | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | | | <u> </u> |
| | reported an amount on Form 990, Part | | ite ii tile i | organization | ranswered | 163 011 | 1 01111 990 | , raitiv, i | ii ie 3, 0i | | |
| 12 | Is the organization an agent, trustee, custodia | | diary for | contribution | ns or other as | sets not | included | | | | |
| ıa | on Form 990, Part X? | | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | | _ 103 | |] 110 |
| - | ii ree, explain the arrangement iiir are xiii a | na complete the lo | nowing a | 2010. | | | | | Amount | : | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | • | | _ | | j |
| Par | | | | | | | | | | | |
| | · · | (a) Current year | | rior year | (c) Two year | | | years back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | e (line 1a | , column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | • | % | | • | | | | | | |
| b | Permanent endowment | | _ | | | | | | | | |
| С | Term endowment 9 | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posses | sion of the organiza | ation that | are held ar | nd administer | ed for th | e | | _ | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | (ii) Related organizations? | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ions listed as requir | ed on So | chedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fu | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent | | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV | , line 11a. S | See Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | | | or other (other) | . , | ccumulat preciation | | (d) Bool | k value | Э |
| | Land | · · · | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | | | |
| d | Equipment | I | | 2 | 0,200. | | 20,2 | 00. | | | 0. |
| е | Other | | | | 2,989. | | 1,2 | | - | 1,78 | 31. |
| | . Add lines 1a through 1e. <i>(Column (d) must e</i> q | | X. line 10 | Oc. column | | | | | | 1,78 | |

_____ 1 , 781 . Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 SEAL FUTURE | EOIIND A M TON | TNC | 46-0565393 | _ |
|---|----------------------------|---------------------------------------|------------------------|------|
| Schedule D (Form 990) 2023 SEAL FUTURE Part VII Investments - Other Securities | FOUNDATION, | INC. | 40-0303333 | Page |
| Complete if the organization answered "Yes" o | on Form 990. Part IV. line | e 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 of | r end-of-year market v | alue |
| (1) Financial derivatives | | | <u> </u> | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" o | on Form 990, Part IV, line | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost of | r end-of-year market v | alue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | | |

| 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, line 15, col. (B))

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, line 25, col. (B)) | |

^{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) 2023

| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per auxilided financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e From line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must exami Form 990, Part IV, line 12a. Part XIII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2 Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25: b Prior year adjustments 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25. b Prior year adjustments 3 3,245,152. Part XIII Supplemental Information Provide the descriptions required for Part III, lines 25, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, line 4; Part IV, line 2; Part IV, lines 2d and 4b; Also complete this part to provide any additional inf | Part | XI Reconciliation of Revenue per Audited Financial Statement | s With | Revenue per Re | turn | o o o o o o o o o o o o o o o o o o o |
|--|--------|---|----------|------------------------|----------|---------------------------------------|
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2b Donated services and use of facilities 2b Donated services of prior year grants 2c Dd Other (Describe in Part XIII) 2d Dd | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | 2 622 442 |
| a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) e Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a 2 Donated services and use of facilities 2 Per Vive ar adjustments 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Cother (Describe in Part XIII.) e Add lines 2a through 2d 2 2e 17,996. 3 Subtract line 2e from line 1 3 3,263,148. 17,996. 4 Total expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 12a 4 Amounts included on Form 990, Part IV, line 25: b Other (Describe in Part XIII.) 2 2b 2 17,996. 3 Subtract line 2e from line 1 3 3,245,152. Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1b and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | 1 | 3,632,110. |
| b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2 a | 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| C Recoveries of prior year grants 2c 2d 2d 2d 2d 2d 2d 2d | | | 2a | | | |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 390, Part I, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Cother (Describe in Part XIII.) 2 Add lines 2a through 2d 3 3,245,152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25 but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25 but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 8b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 11a.) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 11a.) 5 Total expenses Add l | b | Donated services and use of facilities | 2b | | | |
| e Add lines 2a through 2d | С | Recoveries of prior year grants | 2c | | | |
| 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,245,152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 16 b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part III, lines 5, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE | d | Other (Describe in Part XIII.) | 2d | | | |
| A mounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 3, 614, 114. Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 2 and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX—EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | е . | Add lines 2a through 2d | | | 2e | 0. |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3, 614, 1114. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 5 and 4c. (This must equal Form 990, Part III, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE | 3 | Subtract line 2e from line 1 | | | 3 | 3,632,110. |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b c 717,996. dc 717,996. dc 717,996. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) For Year XIII Supplemental Information Part XIII Supplemental Information PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE | 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,614,114. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3, 245, 152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18.) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18.) 5 Total expenses Add lines 3 and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | а | nvestment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Formal XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3 3, 245, 152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) For Year XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | b | Other (Describe in Part XIII.) | 4b | -17,996. | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 177,996. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | C | Add lines 4a and 4b | | | 4c | -17,996. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX—EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT—FOR—PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 3,614,114. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Anounts included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | Part | XII Reconciliation of Expenses per Audited Financial Statemen | nts With | n Expenses per F | Returr | า |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2 d 17,996. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses Add lines 3 and 4b. Also complete this part to provide any additional information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | 1 | Total expenses and losses per audited financial statements | | | 1 | 3,263,148. |
| b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | а | Donated services and use of facilities | 2a | | | |
| c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | b | Prior year adjustments | 2b | | | |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | 2c | | | |
| 3 3, 245, 152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | 2d | 17,996. | | |
| 3 3, 245, 152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | e . | Add lines 2a through 2d | | | 2e | 17,996. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | 3 | Subtract line 2e from line 1 | | | 3 | 3,245,152. |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | 4 | | | | | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | 4a | | | |
| c Add lines 4a and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) Fart XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | ` | | | 4c | 0. |
| Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | 3,245,152. |
| Innes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | Part | XIII Supplemental Information | | | | |
| Innes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | Provid | e the descriptions required for Part II. lines 3. 5. and 9: Part III. lines 1a and 4: Part IV | lines 1b | and 2b: Part V. line 4 | : Part > | K. line 2: Part XI. |
| PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | , | , =,, |
| THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | a and 12, and 1 arring mod 22 and 1217 need complete time part to provide any addition | | | | |
| THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | |
| REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | PAR | ΓX, LINE 2: | | | | |
| REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | |
| NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | THE | ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT S | TATU | S BY THE IN | TERI | NAL |
| NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | |
| | REV | ENUE SERVICE UNDER IRC SECTION 501(C)(3) AN | ID SE | CTION 402 O | F TI | HE |
| | | | | | | |
| | NOT | -FOR-PROFIT CORPORATION LAW OF THE STATE OF | NEW | YORK. THE | ORG | ANIZATION |
| TA ALLACTURE DV MVD TVMDDVVI DRVDVVI STOVES - 5 | | | | | | |
| IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN OTHER-THAN-PRIVATE | IS | CLASSIFIED BY THE INTERNAL REVENUE SERVICE | AS A | N OTHER-THA | N-PI | RIVATE |
| | | | | | | |
| FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS | FOU | NDATION. ACCORDINGLY, NO PROVISION FOR FEDE | ERAL (| OR STATE IN | COM | E TAXES IS |
| · | | · | | | | |
| MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S FORMS | MAD | E IN THE ACCOMPANYING FINANCIAL STATEMENTS. | THE | ORGANIZATI | ON'S | S FORMS |

990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ARE SUBJECT TO

EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

-17,996.

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. Part XIII Supplemental Information (continued) | 46-0565393 Page 5 |
|---|-------------------|
| Part XIII Supplemental Information (continued) | |
| | |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| COST OF COORS SOLD | 17 006 |
| COST OF GOODS SOLD | 17,996. |
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name of the organization | | | | | | Employer ide | ntification number |
|---|---|--|---|--|---------|---|---|
| SEAL FU | | 46-0565393 | | | | | |
| 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 rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the | e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | tion of tion of fundra (includ | non-govern govern sising of ling of onal fu | overnment grants nment grants events ficers, directors, trust undraising services? | | Yes | · |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | ustody itrol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ced in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| Fotal | | | | | | | |
| 3 List all states in which the organizatio or licensing. | | ontrib | utions | or has been notified | it is e | exempt from req | gistration |
| | | | | | | | |
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LHA 332081 09-13-23

Schedule G (Form 990) 2023

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. | | | | | | | | |
|-----------------|---|---|-------------------------|---|-------------------|--|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | | |
| | | | BEL AIR | | | (add col. (a) through | | | |
| | | | GALA | NY GALA | 12 | col. (c)) | | | |
| Ф | | | (event type) | (event type) | (total number) | (-)/ | | | |
| Revenue | _ | Over a service to | 1,045,000. | 979,943. | 1,000,041. | 3,024,984. | | | |
| Be | 1 | Gross receipts | 1,043,000. | 919,943• | 1,000,041. | 3,024,904. | | | |
| | 2 | Less: Contributions | 240,300. | 71,323. | 121,078. | 432,701. | | | |
| | 3 | Gross income (line 1 minus line 2) | 804,700. | 908,620. | 878,963. | 2,592,283. | | | |
| | 4 | Cash prizes | | | | | | | |
| | 5 | Noncash prizes | | | | | | | |
| penses | 6 | Rent/facility costs | 58,062. | 39,343. | 53,476. | 150,881. | | | |
| Direct Expenses | 7 | Food and beverages | 13,057. | 125,488. | 137,603. | 276,148. | | | |
| ᅴ | 8 | Entertainment | | | | | | | |
| | | Other direct expenses | 327,961. | 225,013. | 229,450. | 782,424. | | | |
| | | Direct expense summary. Add lines 4 through | 9 in column (d) | | | 1,209,453. | | | |
| | 11 | Net income summary. Subtract line 10 from lin | | | | 1,382,830. | | | |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or r | eported more than | | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | (L.) Dull taba/instant | | (a) Tatal manaina (a dal | | | |
| e | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | | |
| Revenue | | | | g | | (2) | | | |
| ᆱ | 1 | Gross revenue | | | | | | | |
| | | | | | | | | | |
| ,, | 2 | Cash prizes | | | | | | | |
| nse | | | | | | | | | |
| xpe | 3 | Noncash prizes | | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | | |
| 의 | | | | | | | | | |
| _ | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % | Yes % No | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | | | | |
| | | · | () | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | | |
| | | | | | | | | | |
| | | ter the state(s) in which the organization condu | | | | | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No | | | |
| b | lf " | No," explain: | | | | | | | |
| | _ | | | | | | | | |
| 10- | \\\\ | ere any of the organization's gaming licenses re | voked suspended or to | rminated during the tax v | (par? | Yes No | | | |
| | | re any of the organization's gaming licenses re Yes," explain: | | | Cai ! | 1 es 1NO | | | |
| J | | . 55, 54pianii | | | | | | | |
| | | | | | | | | | |

332082 09-13-23 Schedule G (Form 990) 2023

| Sch | edule G (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. 46-0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Page 3 |
|-----|--|---|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | ,,, |
| • | The the hame and dadress of the person who propares the organization organization of garming operation of the person and resource. | | |
| | Name | | |
| | | | |
| | Address | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| C | : If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
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| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | L No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year \$ | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule G | (Form 990) | SEAL | FUTURE | FOUNDATION, | INC. | 46-0565393 | Page 4 |
|------------|----------------------------------|--------|-------------|-------------|------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation | (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| SEAL FUTUR | E FOUNDA' | rion, inc. | | | | | 46-0565393 |
|--|-------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants and | d Assistance | | | | | | |
| 1 Does the organization maintain records to | | - | | | - | | |
| criteria used to award the grants or assista | ance? | | | | | | Yes X No |
| 2 Describe in Part IV the organization's proc | edures for monite | oring the use of grant | funds in the United | d States. | | | |
| Part II Grants and Other Assistance to Do | | | | | anization answered " | Yes" on Form 990, Part IV, | , line 21, for any |
| recipient that received more than \$5 | | | | 1 | (f) Method of | T | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and | d government ord | l Janizations listed in th | L Le line 1 table | L | l | | |
| 3 Enter total number of other organizations I | | | | | | | |

| (a) Type of grant or assistance | (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 |
|---|------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| CHOLARSHIPS - CERTIFICATION PROGRAMS | 13 | 47,843. | 0. | | |
| | | | | | |
| PECIAL SUPPORT GRANTS | 4 | 19,357. | 0. | | |
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| Part IV Supplemental Information. Provide the information | ion required in Part I, line | e 2; Part III, column | (b); and any other ac | Iditional information. | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

SEAL FUTURE FOUNDATION, INC.

Employer identification number 46-0565393

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | <u> </u> |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | X | <u> </u> |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | _ | | v |
| | The organization? | 5a | | X |
| b | Any related organization? | 5b | | |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | v |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | v |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | i |

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

Schedule J (Form 990) 2023

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

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

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

| | (B) Breakdown of W | /-2 and/or 1099-MISocompensation | C and/or 1099-NEC | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) | |
|--------------------|--------------------|----------------------------------|-------------------------------------|-------------------------------------|-------------------------|------------------------------------|---------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) PAUL THOMA | (i) | 157,500. | 0. | 0. | 0. | 0. | 157,500. | 0. |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

| | SEAL FUTURE | FOUNDA' | TION, INC | • | 46-0 | 5653 | 393 | |
|-----|---|-------------------------------|---|---|---|-----------|-----|----|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of do noncash contribu | eterminiı | _ | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (AUCTION ITEMS) | X | 2 | 39,871. | FMV | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durinç | the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | 0 | |
| | | | | | | \Box | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and wh | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review | of any nonstandard contribut | ions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | ked, | | | |
| | describe in Dort II | | | | | | | |

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

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.

2023 Open to Public Inspection

OMB No. 1545-0047

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 RECUSE THEMSELVES FROM |
| DISCUSSION AND VOTING ON THESE MATTERS. NEW TRUSTEES RECEIVE INFORMATION |
| ABOUT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY UPON AGREEING TO SERVE |
| IN THIS CAPACITY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| COMPENSATION IS BASED ON REVIEW OF COMPENSATION STUDIES OF SIMILARLY |
| SITUATED ORGANIZATIONS, DISCUSSED AND APPROVED BY THE BOARD MEMBERS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REASONABLE |
| REQUEST. |
| |
| FORM 990, PART XII, LINE 2C: |
| THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR |

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

SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

| Schedule O (Form 990) 20 | 23 | | | | Page 2 |
|--------------------------|----|--------|------------|---------|---|
| Name of the organization | | FUTURE | FOUNDATION | I, INC. | Employer identification number 46-0565393 |
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STATE COPY

EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SEAL FUTURE FOUNDATION, INC. Name change 46-0565393 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 32 THIRD AVENUE 393 (646)883-87334,841,902. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10003 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAUL THOMA for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ((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 Other 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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,717,630. 2,247,404. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 237. -120. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 643,661. 1,366,830. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 $\overline{2,361,528}$ 3,614,114. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 155,869. 67,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,132,125. 1,262,870. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,933,779. 1,915,082. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,221,773. 3,245,152. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -860,245. 368,962. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,409,526. 1,940,869 Total assets (Part X, line 16) 48,293. 158,765 21 Total liabilities (Part X, line 26) 三年 361,233. 782,104 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 09/18/24 P00539129 TARA EASTWOOD TARA EASTWOOD self-employed Paid BOWMAN & COMPANY, LLP Firm's name Firm's EIN 94-1481988 Preparer 10100 TRINITY PARKWAY, STE 310 Use Only Firm's address Phone no. (209)473-1040 STOCKTON, CA 95219 May the IRS discuss this return with the preparer shown above? See instructions X Yes

| Pa | t III Statement of Program Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE MISSION OF THE SEAL FUTURE FOUNDATION IS TO PROVIDE NAVY SEALS A |
| | FOUNDATION THAT SUPPORTS THEIR WELL-BEING, EDUCATION, AND CAREER TO |
| | CONTINUE A LIFE OF SERVICE WITHIN THEIR COMMUNITIES. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$2, 241, 905. including grants of \$67, 200.) (Revenue \$ |
| | DURING THE REPORTING YEAR, THE ORGANIZATION PROVIDED ITS FOUR PILLARS |
| | OF PROGRAMS AND SERVICES (CAREER, EDUCATION, HEALTH, AND COMMUNITY) TO |
| | 938 NEW SEALS FOR TOTAL OF 5,034 SEALS SERVED SINCE INCEPTION. THE |
| | ORGANIZATION EXPERIENCED IN 100% TRANSITION SUCCESS RATE. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| 4c | (Code:) (Expenses \$ |
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| 4d | Other program services (Describe on Schedule O.) |
| ·u | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 2,241,905. |
| -70 | Form 990 (202 |
| | 10111 = = (202 |

Form 990 (2023) SEAL FUTURE FOUNDATION, INC. 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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9_ | | <u> X</u> |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | ., |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| a | 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 | | | х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 19a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | ı.zu | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| 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 | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 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? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

Page 4 Form 990 (2023) Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 26 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners? 332004 12-21-23

Х Form **990** (2023) Form 990 (2023) SEAL FUTURE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | . (continue) | | | | | | | | | |
|-----------|--|----------|------|------|--|--|--|--|--|--|
| 0- | Fator the number of employees reported on Form W.C. Transmittel of Wage and Tay Statements | | Yes | No | | | | | | |
| Za | 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 | filed for the calendar year ending with or within the year covered by this return 2a 14 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | |
| 3a | | 3a | - 21 | Х | | | | | | |
| | | 3b | | - 21 | | | | | | |
| | If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | | | | | | | | |
| Ta | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х | | | | | | |
| h | If "Yes," enter the name of the foreign country | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | | | | |
| f | | | | | | | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | | |
| 8 | 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? | | | | | | | | | |
| 9 | 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | |
| 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 | 4 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 4 | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders | 4 | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | |
| _ | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | |
| h | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | | | | | |
| _ | | 1 | | | | | | | | |
| C 1/10 | | 14a | | Х | | | | | | |
| 14a | | | | 21 | | | | | | |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | | | | | | | |
| 13 | excess parachute payment(s) during the year? | 15 | | Х | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | -23 | | | | | | |
| 16 | | 16 | | Х | | | | | | |
| .0 | 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 activities | | | | | | | | | |
| • • | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | |
| | If "Yes," complete Form 6069. | ' | | | | | | | | |
| | | | | | | | | | | |

Form **990** (2023)

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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | |
|-----|--|----------|---------|------|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 9 | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 9 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | |
| _ | officer, director, trustee, or key employee? | 2 | | Х | | | | | |
| 3 | 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? | 3 | | х | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | |
| 6 | | 6 | | X | | | | | |
| | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | - | | - 22 | | | | | |
| 7a | | 7- | | Х | | | | | |
| | more members of the governing body? | 7a | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | v | | | | | |
| _ | persons other than the governing body? | 7b | | X | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 37 | | | | | | |
| a | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | 37 | | | | | |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | 5 11.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. | | Yes | No | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | 37 | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | |
| b | 1 , , , , | | | | | | | | |
| 12a | a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | on Schedule O how this was done | 12c | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | |
| b | Other officers or key employees of the organization | 15b | X | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process 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? | 16b | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA, NJ, SC, NY, PA, OH, NV, IL, TX | ,FL | | | | | | | |
| 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) | availat | ole | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | X Own website Another's website X 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 | l financ | cial | | | | | | |
| | 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 | | | | | | | | |
| | 32 THIRD AVENUE, 393, NEW YORK, NY 10003 | | | | | | | | |

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.

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.

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|------------------------------------|------------------------|--------------------------------|---|----------|---------------------------------------|---------------------------------|----------|------------------|----------------------------------|-----------------------|
| Name and title | Average | (do | Positio | | | | nne | Reportable | Reportable | Estimated |
| | hours per | box | oox, unless person officer and a director | | | on is both an | | compensation | compensation | amount of |
| | week | | Ler ar | lu a u | T T T T T T T T T T T T T T T T T T T | | lee) | from | from related | other |
| | (list any hours for | directo | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | 3e or (| stee | | | nsated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | nal tru | | oyee | om pe | | 1099-NEC) | , | and related |
| | below | Individual trustee or director | Institutional trustee | Jec | Key employee | Highest compensated employee | Former | | | organizations |
| | line) | lndi | lust | Officer | Key | High | Forr | | | |
| (1) PAUL THOMA | 40.00 | 1 | | | | | | | | |
| CEO | | | | Х | | | | 157,500. | 0. | 0. |
| (2) JOEY FIO | 40.00 | 1 | | | | | | | | _ |
| CHIEF HEALTH OFFICER | | | | | | Х | | 141,750. | 0. | 0. |
| (3) ANTHONY PAGE | 40.00 | 1 | | | | | | | _ | _ |
| <u>coo</u> | | | | Х | | | | 141,750. | 0. | 0. |
| (4) CALEB FOREMAN | 40.00 | | | | | | | | | |
| DIRECTOR OF STRATEGIC PARTNERSHIPS | | | | | | Х | | 141,750. | 0. | 0. |
| (5) JONATHAN WILSON | 40.00 | 1 | | | | | | | | _ |
| CHAIRMAN (THRU 1/23) | | Х | | Х | | | | 0. | 0. | 0. |
| (6) BRADFORD PETERS | 1.00 | 1 | | | | | | | _ | _ |
| CHAIRMAN (EFF 1/23) | | Х | | Х | | | | 0. | 0. | 0. |
| (7) STEVEN MORENO | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) PHIL JOHNSTON | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) CHRIS ANTHONY | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) DENISE BOTTIGIERI, PHD | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) JOHN MCMAHON | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) STENN PARTON | 1.00 | 1 | | | | | | | | |
| DIRECTOR (EFF 10/23) | | Х | | | | | | 0. | 0. | 0. |
| (13) CHRIS FREUH, PHD | 1.00 | 1 | | | | | | | | |
| DIRECTOR (EFF 04/23) | | Х | | | | | | 0. | 0. | 0. |
| (14) PHIL WALPOL | 1.00 | ļ | | | | | | | | |
| DIRECTOR (EFF 10/23) | | Х | | | | | | 0. | 0. | 0. |
| | | 1 | | | | | | | | |
| | | <u> </u> | _ | | _ | | | | | |
| | | - | | | | | | | | |
| | 1 | <u> </u> | _ | | _ | | | | | |
| | | 1 | | | | | | | | |
| | 1 | <u> </u> | | <u> </u> | <u> </u> | 1 | <u> </u> | <u> </u> | | - 000 (sees) |

332007 12-21-23 Form **990** (2023)

| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | gnes | it Co | | ' | \neg | /= \ | |
|---|-----------------------|--------------------------------|-------------------------------------|-----------|--------------|---------------------------------|----------|-----------------------------|-------------------------------|----------|----------------|------|
| (A) | (B) | | | (C Pos | | 1 | | (D) | (E) | | (F) | |
| Name and title | Average hours per | | Position do not check more than one | | | | | Reportable | Reportable | | Estimate | |
| | 1 ' | week box, unless pers | | | | | | compensation | compensation | | amount o | ΣT |
| | (list any | | | | | | | from the | from related organizations | | other compensa | tion |
| | hours for | Individual trustee or director | | | | _ | | organization | (W-2/1099-MISC | , | from the | |
| | related | e or 0 | tee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | ″ | organizati | |
| | organizations | ruste | l trus | | ee | n ben | | 1099-NEC) | 100011120) | | and relate | |
| | below | dualt | ution | _ | oldu | st co | ъ | | | | organizatio | |
| | line) | Indivi | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | Ü | |
| | | | | | | | | | | \neg | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | \neg | | |
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| | | | | | | | | | | \perp | | |
| 1b Subtotal | | | | | | | | 582,750. | | 0. | | 0. |
| c Total from continuation sheets to Part V | I, Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 582,750. | | 0. | | 0. |
| 2 Total number of individuals (including but r | ot limited to th | ose | liste | d ab | ove |) wh | o re | ceived 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 | кеу е | empl | oye | e, or | hig | hest compensated emp | oyee 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 | ım of reportabl | е со | mpe | ensa | tion | and | oth | er compensation from the | ne organization | | | |
| and related organizations greater than \$15 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | Jf | or such individual | | L | 4 X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | |
| rendered to the organization? If "Yes." con | nplete Schedule | e J fo | or su | ıch ı | oers | on . | | | | <u> </u> | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated inc | lepe | nder | nt co | ontra | actor | rs th | at received more than \$ | 100,000 of compe | nsati | on from | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | NC | ONE | 3 | | | | Description of s | ervices | Co | ompensation | 1 |
| | | | | | | | | | | | | |
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| O Total number of independent control (**) | - الحديثات مناميناه م | a II | ni+ | J 4 | th | a lie | + | ahaya) who were in a direct | avo thon | | | |
| 2 Total number of independent contractors (i | | טנ וור | illec | ו נס | tnos (| | iea | above) who received mo | лешап | | | |
| \$100,000 of compensation from the organi | zation | | | | | , | | | | | | |

| | | | | | F | OUNDATION | , INC. | | 46-0565 | 393 Page 9 |
|--|------|--------|--|--------------|-----------|---------------------|-----------------------|-------------------|------------------|--------------------------------------|
| Pa | rt V | 111 | _ | | | | | | | |
| | | | Check if Schedule O contain | ns a respoi | nse (| or note to any line | in this Part VIII (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| ņν | 1 : | — а | Federated campaigns | 1a | | | | | | |
| ant | | | Membership dues | | | | | | | |
| £ 6 | | | Fundraising events | | | 432,701. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations | | | | | | | |
| s, G mila | | | Government grants (contribution | | | | | | | |
| ion | 1 | f | All other contributions, gifts, grants | , and | | | | | | |
| but | | | similar amounts not included above | : 1f | | 1,814,703. | | | | |
| d O | , | g | Noncash contributions included in lines 1a-1f 1g \$ | | | 39,871. | | | | |
| S u | | h | Total. Add lines 1a-1f | | | 2,247,404. | | | | |
| | | | | | | Business Code | | | | |
| ce | 2 : | а | | | | | | | | |
| ervi Je | ı | b | | | _ | | | | | |
| n Si | • | С | | | _ | | | | | |
| jran Rev | • | d | | | _ | | | | | |
| Program Service Revenue | | e | | | _ | | | | | |
| ш. | ' | | All other program service reven | | | | | | | |
| | 3 | g | Total. Add lines 2a-2f | | | | | | | |
| | 3 | | | • | | · · | 219. | | | 219. |
| | 4 | | Income from investment of tax- | | | roceeds | | | | |
| | 5 | | Royalties | · · | - | | | | | |
| | - | | Thoyanas | (i) Real | | (ii) Personal | | | | |
| | 6 : | а | Gross rents 6a | | | | | | | |
| | | | Less: rental expenses 6b | | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | | |
| | | | Net westelling and (1997) | | | | | | | |
| | | | Gross amount from sales of | (i) Securiti | | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | | | |
| | - 1 | b | Less: cost or other basis | | | | | | | |
| ne | | | and sales expenses | | | 339. | | | | |
| venue | , | С | Gain or (loss) 7c | | | -339. | | | | |
| Re | | d | Net gain or (loss) | | . <u></u> | | -339. | | | -339. |
| Other Re | 8 | а | Gross income from fundraising eve | - | | | | | | |
| ₽ | | | including \$ 432, | | | | | | | |
| | | | contributions reported on line 1 | , | | | | | | |
| | | | Part IV, line 18 | | 8a | | | | | |
| | | | Less: direct expenses | | 8b | 1,209,453. | 1 200 020 | | | 1200020 |
| | | | Net income or (loss) from fundr | - | ts_ | | 1,382,830. | | | 1382830. |
| | 9 ; | а | Gross income from gaming act | | | | | | | |
| | | | Part IV, line 19 | | 9a | | | | | |
| | | | Less: direct expenses | | 9b | | | | | |
| | | | Net income or (loss) from gamir Gross sales of inventory, less re | - | · | | | | | |
| | 10 | a | | | 100 | 1,996. | | | | |
| | | h | and allowances | | 10a | | | | | |
| | | | Net income or (loss) from sales | | | · · · | -16,000. | | | -16,000. |
| | | | Thet income of (loss) from suice | OT ITTVOLICE | y | Business Code | , - | | | , |
| Snc | 11 : | а | | | | | | | | |
| Miscellaneous Revenue | | b | | | _ | | | | | |
| ella | | С | | | | | | | | |
| lisc Re | | d | All other revenue | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | | |
| | 12 | | Total revenue. See instructions | | | | 3,614,114. | 0. | 0. | 1366710. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 67,200. 67,200. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 299,250. 225,225. 58,275. 15,750. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 865,812. 395,086. 217,771. 252,955. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 97,808. 52,317. 23,317. 22,174. 10 Payroll taxes Fees for services (nonemployees): Management 2,956. 2,956. Legal 30,395. 30,395. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 147,539. 79,004. 68,535. column (A), amount, list line 11g expenses on Sch O.) $93,5\overline{23}$ 93,523. Advertising and promotion 12 122,054. 122,054. Office expenses 13 30,222. 30,222. Information technology 14 15 Royalties 8,133. 8,133. 16 Occupancy 47,708. 47,708. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 1,793. 1,793. Depreciation, depletion, and amortization 22 1,062. 12,432. 10,584. 786. 23 Other expenses. Itemize expenses not covered 24 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.) 1,413,159. 1,413,159. SUPPORT SERVICES 5,168. BAD DEBT EXPENSE 5,168. С d All other expenses 3,245,152. 2,241,905. 637,879. 365,368. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2023)
Part X | Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|----------|---|------------|-----------------------|---------------------------------|-----------|---------------------------|
| | | Check if Schedule O contains a response or no | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 400,416. | 1 | 556,356 | |
| | 2 | Savings and temporary cash investments | | 946,073. | 2 | 1,290,889 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | 30,400 |
| | 5 | Loans and other receivables from any current | or former | officer, director, | | | |
| | | trustee, key employee, creator or founder, sub | | | | | |
| | | controlled entity or family member of any of the | ese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqua | lified per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| g | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | 34,457. | 8 | 5,522 | |
| ⋖ | 9 | | | | 24,117. | 9 | 55,921 |
| | 10a | Land, buildings, and equipment: cost or other | | 02 100 | | | |
| | | basis. Complete Part VI of Schedule D | | 23,189. | 2 012 | | 1 501 |
| | | Less: accumulated depreciation | | 21,408. | 3,913. | 10c | 1,781 |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | | FFO | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 1 | 550. | 15 | 1 040 960 |
| | 16 | Total assets. Add lines 1 through 15 (must eq | | | 1,409,526. 48,293. | 16 | 1,940,869 158,765 |
| | 17 | Accounts payable and accrued expenses | | | 40,233. | 17 | 150,705 |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 21 | Tax-exempt bond liabilities | | | 20 21 | | |
| | 22 | Escrow or custodial account liability. Complete | | | 21 | | |
| es | 22 | Loans and other payables to any current or for trustee, key employee, creator or founder, sub | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| 밀 | 23 | Secured mortgages and notes payable to unre | | 23 | | | |
| | 23 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | • | | | | |
| | | of Schedule D | - | · 1 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 48,293. | 26 | 158,765 |
| | | Organizations that follow FASB ASC 958, ch | | | · | | • |
| se | | and complete lines 27, 28, 32, and 33. | | _ | | | |
| auc | 27 | Net assets without donor restrictions | | | 1,361,233. | 27 | 1,517,104 |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | 265,000 |
| 힏 | | Organizations that do not follow FASB ASC | | | | | |
| ᆲ | | and complete lines 29 through 33. | | | | | |
| ğ | 29 | Capital stock or trust principal, or current fund | s | | | 29 | |
| Set | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated i | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1,361,233. | 32 | 1,782,104 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 1,409,526. | 33 | 1,940,869 |

Form **990** (2023)

| 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 | 3 | <u>,61</u> | 4,1 | <u>14.</u> | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3 | ,24 | 5,1 8,9 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | | |
| 8 | Prior period adjustments | 8 | | 5 | 1,9 | <u>09.</u> | | | | |
| 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 | 1 | <u>,78</u> : | 2,1 | 04. | | | | |
| 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 O. | | | | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | | | |
| | consolidated basis, or both: | | | | | | | | | |
| | X 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 | audit, | | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule 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? | | | За | | Х | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | t | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | ı | | | | |

Form **990** (2023)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

SEAT. FITTURE FOIINDATION TNC.

46-0565393

| | | SEAL | FUIUKE FU | UNDALION, INC | <i>-</i> • | | 4 | 0-0303333 |
|-----|--------------|---------------------------------|--------------------------|---|-------------------------------------|---------------------------------|----------------------------|----------------------------|
| Pa | art I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | |
| The | organ | nization is not a private found | lation because it is: (l | For lines 1 through 12, cl | neck only | one box.) | | |
| 1 | | A church, convention of ch | urches, or association | on of churches described | in sectio | n 170(b)(| I)(A)(i). | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(i | ii). | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | or operat | ed by a go | vernmental unit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | | | · | , , | | |
| 6 | | A federal, state, or local go | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | |
| 7 | X | An organization that norma | - | | | | | oublic described in |
| • | | section 170(b)(1)(A)(vi). (C | • | Titles part of its support if | om a gove | orrinorna. | arm or morn the general | |
| 8 | | A community trust describe | . , | (1)(A)(vi) (Complete Part | + 11 \ | | | |
| 9 | H | An agricultural research org | | | • | ed in conju | inction with a land-grant | college |
| 9 | | - | | | | - | - | - |
| | | or university or a non-land-o | grant college of agric | ulture (see iristructions). | citter the i | name, city | , and state of the college | ; OI |
| 10 | | university: | ally received (1) more | than 22 1/20/ of its supp | art fram a | o netviku uti o u | a mambarahin fasa an | d areas ressints from |
| 10 | | An organization that norma | | | | | | |
| | | activities related to its exen | | · · | | | | - |
| | | income and unrelated busin | | (less section 511 tax) iro | iii busiiles | ses acqui | red by the organization a | inter June 30, 1973. |
| | | See section 509(a)(2). (Co | • | | :-t. C | ! F(| 20(-)(4) | |
| 11 | \mathbb{H} | An organization organized | • | • | • | | | |
| 12 | | An organization organized a | • | • | • | | • | |
| | | more publicly supported or | - | | | | | check the box on |
| | | lines 12a through 12d that | | | | | , , | |
| â | ı <u>L</u> | | • | · | • | - | | |
| | | the supported organization | | | majority o | of the direc | tors or trustees of the su | pporting |
| | _ | organization. You must o | | | | | | |
| k |) <u> </u> | | • | | | | | - |
| | | control or management o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manage the sup | ported |
| | | organization(s). You mus | st complete Part IV, | Sections A and C. | | | | |
| C | ; | | egrated. A supportin | g organization operated | in connect | tion with, a | and functionally integrate | ed with, |
| | _ | its supported organization | n(s) (see instructions |). You must complete F | Part IV, Se | ctions A, | D, and E. | |
| C | i | | y integrated. A supp | porting organization oper | ated in co | nnection v | vith its supported organiz | zation(s) |
| | | that is not functionally int | tegrated. The organiz | zation generally must sati | isfy a distr | ibution red | quirement and an attentiv | /eness |
| | | requirement (see instruct | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | V. | |
| 6 | , | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Type I, Type II, Type III | |
| | | functionally integrated, or | r Type III non-function | nally integrated supportir | ng organiz | ation. | | |
| 1 | | er the number of supported o | • | | | | | |
| | | vide the following information | | | | | | T |
| | (| (i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (IV) IS the orga in your governi | nization listed ng document? | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
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| Tot | al | | | | | | | |

332021 12-21-23

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Gifts, grants, contributions, and | ` , | `, | , , | , , | , , | ,, | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | |
| 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 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | |
| | 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. | | | | | | 7771679. | |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Amounts from line 4 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | |
| | Gross income from interest, | • | · | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | | | 54. | 237. | 219. | 510. | |
| 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 | Total support. Add lines 7 through 10 | | | , | | | 7796150. | |
| | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | | |
| | First 5 years. If the Form 990 is for the | • | , | | | 01(c)(3) | | |
| | organization, check this box and stor | | | | | | | |
| Sed | tion C. Computation of Publi | | | | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), di | vided by line 11, c | olumn (f)) | | 14 | 99.69 % | |
| 15 | Public support percentage from 2022 | Schedule A, Part I | I, line 14 | | | 15 | 99.58 % | |
| | 33 1/3% support test - 2023. If the o | | | | | ore, check this box | k and | |
| | stop here. The organization qualifies as a publicly supported organization X | | | | | | | |
| b | b 33 1/3% support test - 2022. 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 stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | _ | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pul | blicly supported or | rganization | _ | | |
| b | 10% -facts-and-circumstances test | • | • | | | | | |
| | more, and if the organization meets the | _ | | | | | | |
| | organization meets the facts-and-circu | | | | - | | | |
| 18 | Private foundation. If the organization | | | • | • • • | | <u> </u> | |
| | | | , : | . , , , | | | (Form 990) 2023 | |

Schedule A (Form 990) 2023

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------------|-----------------------|---------------------------------------|---------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | 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 | ļ | | | | | |
| | 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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 Gross income from interest, | | | | | | |
| IUa | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired ofter June 20, 1075 | | | | | | |
| , | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is for the | ne organization's fir | rst. second. third. 1 | ourth, or fifth tax | vear as a section 5 | 01(c)(3) organizatio | on. |
| | check this box and stop here | | | · · · · · · · · · · · · · · · · · · · | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2023 (I | ine 8, column (f), d | ivided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)23 (line 10c, colur | nn (f), divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did n | ot check the box o | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qualit | fies as a publicly s | upported organiza | tion | |
| b | 33 1/3% support tests - 2022. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19a | a, or 19b, check th | is box and see ins | tructions | |

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")? |f "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?
- 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).
- 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 | No |
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| | m 990) | 2023 |

Schedule A (Form 990)

| Par | t IV Supporting Organizations (continued) | | | |
|------|---|-------------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | |
| С | 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 | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | 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 officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | 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, | | | |
| C1 | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| | 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 | - | | |
| Sact | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| Seci | tion b. All Type III Supporting Organizations | | | l |
| _ | Did the constitution and ideals and of the constitution and the last describe (file constitution) | | Yes | No |
| | 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 | 4 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | 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 | 2 | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). 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 | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instruction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| h | 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.

| | t V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | rage (|
|------|--|-----------------|-----------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | ist complete S | Sections A through E. | |
| Sect | on 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 | on 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 | | |
| | 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 | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | d Type III supporting orga | inization (see |

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

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

INC. SEAL FUTURE FOUNDATION,

Employer identification number 46-0565393

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | 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 | riting that the assets held in donor advi | ised funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | e conferring |
| | impermissible private benefit? | ······ | Yes No |
| Pai | T II Conservation Easements. Complete if the org | | |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation | of a historically important land area |
| | Protection of natural habitat | Preservation | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included on line 2c acqui | | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year | 3 | 3 |
| 4 | Number of states where property subject to conservation eas | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | | - f |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ing of violations, and enforcing conserv | ation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(| (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its revenue and expens | e statement and |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial staten | nents that describes the |
| | organization's accounting for conservation easements. | | |
| Pa | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | 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 958 | 3, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these ite | ms. |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, 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 trea | | ial gain, provide |
| | the following amounts required to be reported under FASB AS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | • |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2023 |

| | t III Organizations Maintaining Co | ollections of Ar | | | | r Othe | r Simila | r Asset | | | ıge ∠ |
|-----|---|-----------------------|---------------|---------------|---------------------|-----------|------------------------|-------------|-------------|---------|----------|
| 3 | Using the organization's acquisition, accessio | | | | | | | | COTILIT | iuea) | |
| 3 | | n, and other record | s, check | arry or trie | iollowing that | illake Si | griilicarit | use of its | | | |
| _ | collection items (check all that apply). | _ | . — | | | | | | | | |
| a | | | | | | | | | | | |
| b | Scholarly research | e | , | Otner | | | | | | | |
| C | Preservation for future generations | | | 6415 416 | | | | aa in Daut | VIII | | |
| 4 | Provide a description of the organization's col | | | | | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or to be sold to raise funds rather than to be mai | | | | • | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | | | <u> </u> |
| | reported an amount on Form 990, Part | | ite ii tile i | organization | ranswered | 163 011 | 1 01111 990 | , raitiv, i | ii ie 3, 0i | | |
| 12 | Is the organization an agent, trustee, custodia | | diary for | contribution | ns or other as | sets not | included | | | | |
| ıa | on Form 990, Part X? | | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | | _ 103 | |] 110 |
| - | ii ree, explain the arrangement iiir are xiii a | na complete the lo | nowing a | 2010. | | | | | Amount | : | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | • | | _ | | j |
| Par | | | | | | | | | | | |
| | · · | (a) Current year | | rior year | (c) Two year | | | years back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | e (line 1a | , column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | • | % | | • | | | | | | |
| b | Permanent endowment | | _ | | | | | | | | |
| С | Term endowment 9 | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posses | sion of the organiza | ation that | are held ar | nd administer | ed for th | e | | _ | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | (ii) Related organizations? | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ions listed as requir | ed on So | chedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fu | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent | | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV | , line 11a. S | See Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | | | or other (other) | . , | ccumulat preciation | | (d) Bool | k value | Э |
| | Land | · · · | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | | | |
| d | Equipment | I | | 2 | 0,200. | | 20,2 | 00. | | | 0. |
| е | Other | | | | 2,989. | | 1,2 | | - | 1,78 | 31. |
| | . Add lines 1a through 1e. <i>(Column (d) must e</i> q | | X. line 10 | Oc. column | | | | | | 1,78 | |

_____ 1 , 781 .
Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 SEAL FUTURE | EOIIND A M TON | TNC | 46-0565393 | _ |
|---|----------------------------|---------------------------------------|------------------------|------|
| Schedule D (Form 990) 2023 SEAL FUTURE Part VII Investments - Other Securities | FOUNDATION, | INC. | 40-0303333 | Page |
| Complete if the organization answered "Yes" o | on Form 990. Part IV. line | e 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 of | r end-of-year market v | alue |
| (1) Financial derivatives | | | <u> </u> | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" o | on Form 990, Part IV, line | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost of | r end-of-year market v | alue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | | |

| 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, line 15, col. (B))

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, line 25, col. (B)) | |

^{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) 2023

| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per auxilided financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e From line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must exami Form 990, Part IV, line 12a. Part XIII Reconciliation of Expenses per Audited Financial Statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2 Donated services and use of facilities D Prior year adjustments 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities D Prior year adjustments 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of Facilities D Prior year adjustments D Amounts included on Form 990, Part IV, line 25: a Donated services and use of Facilities D Prior year adjustments D Amounts included on Form 990, Part IV, line 25: a Donated services and use of Facilities D Prior year adjustments D Amounts included on Form 990, Part IV, line 25: a Donated services and use of Facilities D Prior year adjustments D Amounts included on Form 990, Part IV, line 25: a Donated Service In Part XIII) C Add lines 2a through 2d D Amounts included on Form 990, Part IV, line 25: D Other (Describe In Part XIII) C Add lines 2a and 4b D Other | Part | XI Reconciliation of Revenue per Audited Financial Statement | s With | Revenue per Re | turn | o o o o o o o o o o o o o o o o o o o | | |
|--|--------|---|------------|------------------------|----------|---------------------------------------|--|--|
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2b Donated services and use of facilities 2b Donated services of prior year grants 2c Dd Other (Describe in Part XIII) 2d Dd | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | 2 622 442 | | |
| a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) e Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a 2 Donated services and use of facilities 2 Per Vive ar adjustments 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Cother (Describe in Part XIII.) e Add lines 2a through 2d 2 2e 17,996. 3 Subtract line 2e from line 1 3 3,263,148. 17,996. 4 Total expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 12a 4 Amounts included on Form 990, Part IV, line 25: b Other (Describe in Part XIII.) 2 2b 2 17,996. 3 Subtract line 2e from line 1 3 3,245,152. Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1b and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | 1 | 3,632,110. | | |
| b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2 a | 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | |
| C Recoveries of prior year grants 2c 2d 2d 2d 2d 2d 2d 2d | | | 2a | | | | | |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 390, Part I, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Cother (Describe in Part XIII.) 2 Add lines 2a through 2d 3 3,245,152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25 but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25 but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 8b 4 Cother (Describe in Part XIII.) c Add lines 8 and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 11a.) c Add lines 9 Amounts included on Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, Also complete this part to provide any additio | b | Donated services and use of facilities | 2b | | | | | |
| e Add lines 2a through 2d | С | Recoveries of prior year grants | 2c | | | | | |
| 3 3,632,110. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,245,152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 16 b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part III, lines 5, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE | d | Other (Describe in Part XIII.) | 2d | | | | | |
| A mounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 3, 614, 114. Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 2 and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX—EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | е . | Add lines 2a through 2d | | | 2e | 0. | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3, 614, 1114. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 5 and 4c. (This must equal Form 990, Part III, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE | 3 | Subtract line 2e from line 1 | | | 3 | 3,632,110. | | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b c 717,996. dc 717,996. dc 717,996. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) For Year XIII Supplemental Information Part XIII Supplemental Information PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE | 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,614,114. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3, 245, 152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18.) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18.) 5 Total expenses Add lines 3 and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | а | nvestment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Formal XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3 3, 245, 152. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) For Year XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | b | Other (Describe in Part XIII.) | 4b | -17,996. | | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 177,996. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | C | Add lines 4a and 4b | | | 4c | -17,996. | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX—EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT—FOR—PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 3,614,114. | | |
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| c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | а | Donated services and use of facilities | 2a | | | | | |
| c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | b | Prior year adjustments | 2b | | | | | |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | 2c | | | | | |
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| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | 4a | | | | | |
| c Add lines 4a and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) Fart XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | | | |
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| Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | 3,245,152. | | |
| Innes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | Part | XIII Supplemental Information | | | | | | |
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| PART X, LINE 2: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | , | , =,, | | |
| THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | a and 12, and 1 arring mod 22 and 1217 need complete time part to provide any addition | | | | | | |
| THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | | | |
| REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | PAR | ΓX, LINE 2: | | | | | | |
| REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | | | |
| NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | THE | ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT S | TATU | S BY THE IN | TERI | NAL | | |
| NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION | | | | | | | | |
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| TA ALLAGETTED DV MVD TVMDDVVI DDVDVVI STOLICE IS IN ADVICE THE TOTAL TOT | | | | | | | | |
| IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN OTHER-THAN-PRIVATE | | | | | | | | |
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| FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS | FOU | NDATION. ACCORDINGLY, NO PROVISION FOR FEDE | ERAL (| OR STATE IN | COM | E TAXES IS | | |
| · | | | | | | | | |
| MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S FORMS | MAD | E IN THE ACCOMPANYING FINANCIAL STATEMENTS. | THE | ORGANIZATI | ON'S | S FORMS | | |

990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ARE SUBJECT TO

EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

-17,996.

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. Part XIII Supplemental Information (continued) | 46-0565393 Page 5 |
|---|-------------------|
| Part XIII Supplemental Information (continued) | |
| | |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| COST OF COORS SOLD | 17 006 |
| COST OF GOODS SOLD | 17,996. |
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name of the organization | | | | | | Employer ide | ntification number |
|---|---|--|---|--|---------|---|---|
| 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 a | | | | | | | |
| Fundraising Activities. required to complete this part | | red "Y | es" or | n Form 990, Part IV, li | ne 17 | 7. Form 990-EZ | filers are not |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the | e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | tion of tion of fundra (includ | non-govern govern sising of ling of onal fu | overnment grants nment grants events ficers, directors, trust undraising services? | | Yes | · |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | ustody itrol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ced in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| Fotal | | | | | | | |
| 3 List all states in which the organizatio or licensing. | | ontrib | utions | or has been notified | it is e | exempt from req | gistration |
| | | | | | | | |
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LHA 332081 09-13-23

Schedule G (Form 990) 2023

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 gro | ss income on Form 990- | | vents with gross receipt | s greater than \$5,000. |
|-----------------|----------|--|--------------------------|--|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | BEL AIR | | | (add col. (a) through |
| | | | GALA | NY GALA | 12 | col. (c)) |
| a) | | | (event type) | (event type) | (total number) | 001. (0)) |
| au (| | | | | | |
| Revenue | 1 | Gross receipts | 1,045,000. | 979,943. | 1,000,041. | 3,024,984. |
| щ | | | | | | |
| | 2 | Less: Contributions | 240,300. | 71,323. | 121,078. | 432,701. |
| | | | 004 -00 | | 0.00 | |
| | 3 | Gross income (line 1 minus line 2) | 804,700. | 908,620. | 878,963. | 2,592,283. |
| | _ | | | | | |
| | 4 | Cash prizes | | | | |
| | _ | Nanagah prizas | | | | |
| S | 5 | Noncash prizes | | | | |
| nse | 6 | Rent/facility costs | 58,062. | 39,343. | 53,476. | 150,881. |
| xbe | U | Tient facility costs | 30,002. | 33,343. | 33,470 | 150,001. |
| Direct Expenses | 7 | Food and beverages | 13,057. | 125,488. | 137,603. | 276,148. |
| Jire | · | , coa ana povorages | | | | |
| | 8 | Entertainment | | | | |
| | | Other direct expenses | 327,961. | 225,013. | 229,450. | 782,424. |
| | | Direct expense summary. Add lines 4 through | 9 in column (d) | | | 1,209,453. |
| | 11 | Net income summary. Subtract line 10 from lin | ne 3, column (d) | | | 1,382,830. |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or r | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | Г |
| ē | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | billyo/progressive billyo | | coi. (a) tillough coi. (c)) |
| Re | | 0 | | | | |
| | <u> </u> | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| ses | _ | | | | | |
| pen | 3 | Noncash prizes | | | | |
| Ë | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| Ö | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No No | No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | |
| | _ | Not associate in a second of the set line 7 | form the description (a) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (a) | <u></u> | | |
| a | Fn | ter the state(s) in which the organization condu | cts gaming activities. | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No |
| | | No," explain: | | | | |
| ., | | | | | | |
| | _ | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | voked, suspended, or te | rminated during the tax y | /ear? | Yes No |
| b | lf " | Yes," explain: | | | | |
| | _ | | | | | |
| | | | | | | |

Schedule G (Form 990) 2023

| Sch | edule G (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. 46-0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Page 3 |
|-----|--|---|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | ,,, |
| • | The the hame and dadress of the person who propares the organization organization of garming operation of the person and resource. | | |
| | Name | | |
| | | | |
| | Address | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| C | : If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year \$ | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule G | (Form 990) | SEAL | FUTURE | FOUNDATION, | INC. | 46-0565393 | Page 4 |
|------------|----------------------------------|--------|-------------|-------------|------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation | (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| SEAL FUTUR | E FOUNDA' | rion, inc. | | | | | 46-0565393 |
|--|-------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants and | d Assistance | | | | | | |
| 1 Does the organization maintain records to | | - | | | - | | |
| criteria used to award the grants or assista | ance? | | | | | | Yes X No |
| 2 Describe in Part IV the organization's proc | edures for monite | oring the use of grant | funds in the United | d States. | | | |
| Part II Grants and Other Assistance to Do | | | | | anization answered " | Yes" on Form 990, Part IV, | , line 21, for any |
| recipient that received more than \$5 | | | | 1 | (f) Method of | T | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and | d government ord | l Janizations listed in th | L Le line 1 table | L | l | | |
| 3 Enter total number of other organizations I | | | | | | | |

| (a) Type of grant or assistance | (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 |
|---|------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| CHOLARSHIPS - CERTIFICATION PROGRAMS | 13 | 47,843. | 0. | | |
| | | | | | |
| PECIAL SUPPORT GRANTS | 4 | 19,357. | 0. | | |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information | ion required in Part I, line | e 2; Part III, column | (b); and any other ac | Iditional information. | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

SEAL FUTURE FOUNDATION, INC.

Employer identification number 46-0565393

| Pa | art I Questions Regarding Compensation | | | | | | |
|----|--|----|-----|----------|--|--|--|
| | | | Yes | No | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | |
| | First-class or charter travel | | | | | | |
| | Travel for companions Payments for business use of personal residence | | | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | | | | |
| | | | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | <u> </u> | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | Х | <u> </u> | | | |
| | | | | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | |
| | X Compensation committee Written employment contract | | | | | | |
| | Independent compensation consultant X Compensation survey or study | | | | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | | | | |
| | | | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | |
| | organization or a related organization: | | | | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X | | | |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х | | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X | | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | |
| | | | | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| | contingent on the revenues of: | _ | | v | | | |
| | The organization? | 5a | | X | | | |
| b | Any related organization? | 5b | | | | | |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| | contingent on the net earnings of: | | | v | | | |
| | The organization? | 6a | | X | | | |
| b | Any related organization? | 6b | | | | | |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | v | | | |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X | | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v | | | |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | | | |
| | Regulations section 53.4958-6(c)? | 9 | | i | | | |

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

Schedule J (Form 990) 2023

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MISocompensation | C and/or 1099-NEC | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------|------|-----------------------|-------------------------------------|-------------------------------------|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) PAUL THOMA | (i) | 157,500. | 0. | 0. | 0. | 0. | 157,500. | 0. |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

| | SEAL FUTURE | FOUNDA' | TION, INC | • | 46-0 | 5653 | 393 | |
|-----|---|-------------------------------|---|---|---|-----------|-----|----|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of do noncash contribu | eterminiı | _ | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (AUCTION ITEMS) | X | 2 | 39,871. | FMV | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durinç | the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | 0 | |
| | | | | | | \Box | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and wh | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review | of any nonstandard contribut | ions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | ked, | | | |
| | describe in Dort II | | | | | | | |

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

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.

2023 Open to Public Inspection

OMB No. 1545-0047

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 RECUSE THEMSELVES FROM |
| DISCUSSION AND VOTING ON THESE MATTERS. NEW TRUSTEES RECEIVE INFORMATION |
| ABOUT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY UPON AGREEING TO SERVE |
| IN THIS CAPACITY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| COMPENSATION IS BASED ON REVIEW OF COMPENSATION STUDIES OF SIMILARLY |
| SITUATED ORGANIZATIONS, DISCUSSED AND APPROVED BY THE BOARD MEMBERS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REASONABLE |
| REQUEST. |
| |
| FORM 990, PART XII, LINE 2C: |
| THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR |

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

SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

| Schedule O (Form 990) 20 | 23 | | | | Page 2 |
|--------------------------|----|--------|------------|---------|---|
| Name of the organization | | FUTURE | FOUNDATION | I, INC. | Employer identification number 46-0565393 |
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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

SEAL FUTURE FOUNDATION, INC. 32 THIRD AVENUE, 393 NEW YORK, NY 10003

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

FORM CHAR500

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2023

Open to Public Inspection

1.General Information

| For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2023 and Ending (mm/dd/yyyy) 12/31/2023 | | | | | | | |
|--|--------------------------------------|--------------------------------|------------------------------------|---|--|--|--|
| Check if Applicable: Address Change | Name of Organization: SEAL FUTURE FO | UNDATION, INC. | , | Employer Identification Number (EIN): 46-0565393 | | | |
| Name Change Initial Filing | | | | | | | |
| Final Filing City / State / ZIP: Telephone: | | | | Telephone: 646 883-8733 | | | |
| Reg ID Pending | Website: WWW.SEALFF.ORG | | | Email: INFO@SEALFF.ORG | | | |
| Check your organization' | | | | • | | | |
| registration category: | 7A only EPTL | only X DUAL (7A & | | Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com . | | | |
| 2. Certification | | | | | | | |
| See instructions for certif | ication requirements. Imprope | r certification is a violation | of law that may be subject | to penalties. The certification requires | | | |
| two signatories. | | | | | | | |
| | penalties of perjury that we revi | | | best of our knowledge and belief, oplicable to this report. | | | |
| | | | PAUL THOMA | · · | | | |
| President or Authorized | Officer: | | CEO | | | | |
| | Signature | | Print Name LORNA HOLMA | | | | |
| Chief Financial Officer o | r Treasurer: Signature | | CFO Print Name | e and Title Date | | | |
| | | | T Time Harris | and Title Bate | | | |
| 3. Annual Reporting | g Exemption | | | | | | |
| | | | | gory (7A or EPTL only filers) or both | | | |
| _ | | | | ed Char500. No fee, schedules, or exemption, you must file applicable | | | |
| | nts and pay applicable fees. | ran exemption of are a box | AL IIICI triat ciairiis oriiy orii | c exemption, you must me applicable | | | |
| | , | | | | | | |
| 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. | | | | | | | |
| | one danning and modal years | | | | | | |
| 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. | | | | | | | |
| 4. Schedules and Attachments | | | | | | | |
| See the following page | | | | | | | |
| for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer | | | | | | | |
| schedules and for fund raising activity in NY State? If yes, complete Schedule 4a. | | | | | | | |
| attachments to | | | | | | | |
| complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. | | | | | | | |
| 5. Fee | | | | | | | |
| See the checklist on the | 7A filing fee: | EPTL filing fee: | Total fee: | Mala a single aleast a survey of | | | |
| next page to calculate yo | ur | | | Make a single check or money order payable to: | | | |
| fee(s). Indicate fee(s) you | φ ος | | Φ 075 | payable to. "Department of Law" | | | |
| are submitting here: | \$ <u>25.</u> | \$ 250. | \$ <u>275.</u> | | | | |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt dategory folds to all organizations who registration states. It does not fold to its in that designation.

368451 04-01-23 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

| Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants | s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) |
|---|---|
| Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Co disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenifiling year. We have included an IRS Form 990-EZ for state purposes only. | |
| If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,00 X Audit Report if you received total revenue and support greater than \$1,000,00 If the fiscal year begins before that date, an Audit Report is required if total revenue Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is | on and up to \$1,000,000 on and the fiscal year begins on or after July 1, 2021. wenue and support is greater than \$750,000 ont is less than \$250,000 |
| Calculate Your Fee | |
| For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$\overline{X}\$\$ \$25, if you did not check the 7A exemption in Part 3a | Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") |
| For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b | EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. |
| \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more | DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily. Confirm your Registration Category and learn more about NY |
| Send Your Filing | law at www.CharitiesNYS.com. |
| Send your CHAR500, all schedules and attachments, and total fee to: | Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: |
| NYS Office of the Attorney General | - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 |

Need Assistance?

28 Liberty Street

New York, NY 10005

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

368461 04-01-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

- IRS Form 990 PF, calculate the difference between

Total Liabilities (Part II, line 23(b)).

Total Assets at Fair Market Value (Part II, line 16(c)) and

EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SEAL FUTURE FOUNDATION, INC. Name change 46-0565393 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 32 THIRD AVENUE 393 (646)883-87334,841,902. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10003 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAUL THOMA for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ((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 Other 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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,717,630. 2,247,404. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 237. -120. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 643,661. 1,366,830. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 $\overline{2,361,528}$ 3,614,114. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 155,869. 67,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,132,125. 1,262,870. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,933,779. 1,915,082. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,221,773. 3,245,152. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -860,245. 368,962. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,409,526. 1,940,869 Total assets (Part X, line 16) 48,293. 158,765 21 Total liabilities (Part X, line 26) 三年 361,233. 782,104 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 09/18/24 P00539129 TARA EASTWOOD TARA EASTWOOD self-employed Paid BOWMAN & COMPANY, LLP Firm's name Firm's EIN 94-1481988 Preparer 10100 TRINITY PARKWAY, STE 310 Use Only Firm's address Phone no. (209)473-1040 STOCKTON, CA 95219 May the IRS discuss this return with the preparer shown above? See instructions X Yes

| Pa | t III Statement of Program Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE MISSION OF THE SEAL FUTURE FOUNDATION IS TO PROVIDE NAVY SEALS A |
| | FOUNDATION THAT SUPPORTS THEIR WELL-BEING, EDUCATION, AND CAREER TO |
| | CONTINUE A LIFE OF SERVICE WITHIN THEIR COMMUNITIES. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$2, 241, 905. including grants of \$67, 200.) (Revenue \$ |
| | DURING THE REPORTING YEAR, THE ORGANIZATION PROVIDED ITS FOUR PILLARS |
| | OF PROGRAMS AND SERVICES (CAREER, EDUCATION, HEALTH, AND COMMUNITY) TO |
| | 938 NEW SEALS FOR TOTAL OF 5,034 SEALS SERVED SINCE INCEPTION. THE |
| | ORGANIZATION EXPERIENCED IN 100% TRANSITION SUCCESS RATE. |
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| | (Code:) (Expenses \$ |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| 4c | (Code:) (Expenses \$ |
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| 4d | Other program services (Describe on Schedule O.) |
| ·u | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 2,241,905. |
| -70 | Form 990 (202 |
| | 10111 = = (202 |

Form 990 (2023) SEAL FUTURE FOUNDATION, INC. 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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | ,, |
| | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | \ . |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| _ | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | Х | |
| L | Part VI | 11a | Λ | _ |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11b | | x |
| • | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 1 10 | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| Ч | 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 | 110 | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | | | | |
| | 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 | | <u> X</u> |
| 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 | | | ٠,, |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 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 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | Х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 77 | _ |
| 19 | · | 19 | | x |
| 20-2 | complete Schedule G, Part III | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | | х |
| | , the first conduction of the | | | |

Page 4 Form 990 (2023) Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 26 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners? 332004 12-21-23

Х Form **990** (2023) Form 990 (2023) SEAL FUTURE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | . (continue) | | | |
|--|--|----------|------|------|
| 0- | Fator the number of employees reported on Form W.C. Transmittel of Wage and Tay Statements | | Yes | No |
| Za | 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 | filed for the calendar year ending with or within the year covered by this return 2a | 2b | Х | |
| 3a | | 3a | - 21 | Х |
| | | 3b | | - 21 |
| | If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | | |
| Ta | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| h | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | | | | |
| | 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 contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | | | | |
| | sponsoring 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 | 4 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 4 | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | 4 | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| _ | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| _ | | 1 | | |
| C 1/10 | | 14a | | Х |
| 14a | | | | 21 |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | |
| 13 | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | -23 |
| 16 | | 16 | | Х |
| .0 | 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 activities | | | |
| • • | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | ' | | |
| | | | | |

Form **990** (2023)

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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | |
|-----|--|-------|---------|-----|--|
| Sec | tion A. Governing Body and Management | | | | |
| | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year |) | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent |) | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | |
| 3 | 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? | 3 | | Х | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | |
| | more members of the governing body? | 7a | | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | |
| | persons other than the governing body? | 7b | | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| а | The governing body? | 8a | Х | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | |
| | (mile doctor) Division and a section of the first terms of the first t | | Yes | No | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | |
| | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | | |
| | on Schedule O how this was done | 12c | Х | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | |
| 15 | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | |
| | Other officers or key employees of the organization | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 15b | X | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | |
| | taxable entity during the year? | 16a | | х | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | |
| | exempt status with respect to such arrangements? | 16b | | | |
| Sec | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedCA, NJ, SC, NY, PA, OH, NV, IL, TX | ,FL | | | |
| 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 | | availal | ble | |
| - | for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| | X Own website Another's website X 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. | ION I | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | |
| | THE ORGANIZATION - (646)883-8733 | | | | |
| | 32 THIRD AVENUE, 393, NEW YORK, NY 10003 | | | | |

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.

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.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|------------------------------------|------------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|------------------|----------------------------------|-----------------------|
| Name and title | Average | (do | not c | Pos | ition |) than o | nne | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | Ler ar | lu a u | recto | Tritus | lee) | from | from related | other |
| | (list any hours for | directo | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | 3e or (| stee | | | nsated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | nal tru | | oyee | om pe | | 1099-NEC) | , | and related |
| | below | Individual trustee or director | Institutional trustee | Jec | Key employee | Highest compensated employee | Former | | | organizations |
| | line) | lndi | lust | Officer | Key | High | Forr | | | |
| (1) PAUL THOMA | 40.00 | 1 | | | | | | | | |
| CEO | | | | Х | | | | 157,500. | 0. | 0. |
| (2) JOEY FIO | 40.00 | 1 | | | | | | | | _ |
| CHIEF HEALTH OFFICER | | | | | | Х | | 141,750. | 0. | 0. |
| (3) ANTHONY PAGE | 40.00 | 1 | | | | | | | _ | _ |
| <u>coo</u> | | | | Х | | | | 141,750. | 0. | 0. |
| (4) CALEB FOREMAN | 40.00 | | | | | | | | | |
| DIRECTOR OF STRATEGIC PARTNERSHIPS | | | | | | Х | | 141,750. | 0. | 0. |
| (5) JONATHAN WILSON | 40.00 | 1 | | | | | | | | _ |
| CHAIRMAN (THRU 1/23) | | Х | | Х | | | | 0. | 0. | 0. |
| (6) BRADFORD PETERS | 1.00 | 1 | | | | | | | _ | _ |
| CHAIRMAN (EFF 1/23) | | Х | | Х | | | | 0. | 0. | 0. |
| (7) STEVEN MORENO | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) PHIL JOHNSTON | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) CHRIS ANTHONY | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) DENISE BOTTIGIERI, PHD | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) JOHN MCMAHON | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) STENN PARTON | 1.00 | 1 | | | | | | | | |
| DIRECTOR (EFF 10/23) | | Х | | | | | | 0. | 0. | 0. |
| (13) CHRIS FREUH, PHD | 1.00 | 1 | | | | | | | | |
| DIRECTOR (EFF 04/23) | | Х | | | | | | 0. | 0. | 0. |
| (14) PHIL WALPOL | 1.00 | ļ | | | | | | | | |
| DIRECTOR (EFF 10/23) | | Х | | | | | | 0. | 0. | 0. |
| | | 1 | | | | | | | | |
| | | <u> </u> | _ | | _ | | | | | |
| | | - | | | | | | | | |
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332007 12-21-23 Form **990** (2023)

| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | gnes | it Co | | , | $\overline{}$ | (=) | |
|---|-------------------|--------------------------------|-----------------------|--------------|--------------|---------------------------------|-----------|----------------------------|---------------------------------------|---------------|-------------------|------|
| (A) | (B) | Daniel Daniel | | | | (D) | (E) | | (F) | | | |
| Name and title | Average hours per | | not c | heck | more | than o | | Reportable | Reportable | | Estimate | |
| | week | | | | | s both or/trus | | compensation | compensation | 1 | amount | от |
| | (list any | _ | | | | | | from the | from related organizations | | other compensa | tion |
| | hours for | direct | | | | _ | | organization | (W-2/1099-MIS | | from th | |
| | related | e or (| tee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | <i>"</i> | organizat | |
| | organizations | ruste | ll trus | | ee (ee | mpen | | 1099-NEC) | 1000 NEO) | | and relat | |
| | below | Individual trustee or director | ution | _ | oldu | st co | ъ | | | | organizati | |
| | line) | Indivi | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | Ü | |
| | | | | | | | | | | \neg | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 582,750. | | 0. | | 0. |
| c Total from continuation sheets to Part V | I, Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 582,750. | | 0. | | 0. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) 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 | кеу е | empl | oye | e, or | hig | hest compensated emp | loyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | Х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | Jf | or such individual | | | 4 X | |
| 5 Did any person listed on line 1a receive or a | accrue comper | ısati | on fr | om | any | unre | elate | ed organization or individ | dual for services | | | |
| rendered to the organization? If "Yes." con | plete Schedule | e J f | or su | ıch <u>ı</u> | oers | on . | | | | <u></u> | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | = | - | | | | | | | · · · · · · · · · · · · · · · · · · · | ensat | ion from | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | thin T | | ear. | | | |
| (A) | | | | _ | | | | (B) | | _ | (C) | _ |
| Name and business | address | N | ONE | <u> </u> | | | _ | Description of s | ervices | | ompensatio | n |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but p | ot lin | niter | t to | thos | e lie | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organi | | J. 111 | | | (| | .54 | 22010, WIIO 1000IVOG III | | | | |
| 4.00,000 or compensation from the organi | | | | | | | | | | _ | | |

| | | | Check if Schedule O contains | s a response o | or note to any lin | e in this Part VIII | | | |
|--|----|---|--|-----------------|--------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| ω ω | - | _ | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | | | | | |
| ij g | | | Membership dues | | 432,701. | | | | |
| fts, Ar | | | Fundraising events | | 452,701. | | | | |
| ig ig | | | Related organizations | | | | | | |
| ns, Sim | | | Government grants (contributions | | | | | | |
| utio er (| | Ť | All other contributions, gifts, grants, a | | 1 014 702 | | | | |
| 현된 | | | similar amounts not included above | | 1,814,703. | | | | |
| ont od (| | _ | Noncash contributions included in lines 1a-1 | f 1g \$ | 39,871. | 0 04= 404 | | | |
| <u>0 g</u> | | h | Total. Add lines 1a-1f | | | 2,247,404. | | | |
| | | | | | Business Code | | | | |
| e S | 2 | а | | | | | | | _ |
| e Ķ | | b | | | | | | | |
| S | | С | | | | | | | |
| am | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| P | | f | All other program service revenue | ∍ | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including div | | | | | | |
| | | | | | | 219. | | | 219. |
| | 4 | | Income from investment of tax-ex | | | | | | |
| | 5 | | Royalties | | | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | | | | i) Securities | (ii) Other | | | | |
| | • | а | assets other than inventory 7a | ., | (.,, 5 | | | | |
| | | h | Less: cost or other basis | | | | | | |
| Φ | | D | | | 339. | | | | |
| ğ | | | and sales expenses 7b | | -339. | | | | |
| her Revenue | | | Gain or (loss) 7c | | | -339. | | | -339. |
| Ä | | | Net gain or (loss) | | | -339. | | | -339. |
| | 8 | а | Gross income from fundraising event | · · | | | | | |
| Ò | | | including \$ 432,70 | | | | | | |
| | | | contributions reported on line 1c) | · I | 2 502 202 | | | | |
| | | | Part IV, line 18 | | | | | | |
| | | | Less: direct expenses | | 1,209,453. | 1 202 020 | | | 1202020 |
| | | | Net income or (loss) from fundrais | | | 1,382,830. | | | 1382830. |
| | 9 | а | Gross income from gaming activi | | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gaming | | | | | | |
| | 10 | а | Gross sales of inventory, less retu | | | | | | |
| | | | and allowances | | | | | | |
| | | b | Less: cost of goods sold | 10b | 17,996. | | | | |
| | | С | Net income or (loss) from sales or | finventory | | -16,000. | | | -16,000. |
| ွှ | | | | | Business Code | | | | |
| ë o | 11 | а | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | |
| e e | | С | | | | | | | |
| Alsc B | | d | All other revenue | | | | | | |
| _ | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 3,614,114. | 0. | 0. | 1366710. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 67,200. 67,200. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 299,250. 225,225. 58,275. 15,750. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 865,812. 395,086. 217,771. 252,955. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 97,808. 52,317. 23,317. 22,174. 10 Payroll taxes Fees for services (nonemployees): Management 2,956. 2,956. Legal 30,395. 30,395. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 147,539. 79,004. 68,535. column (A), amount, list line 11g expenses on Sch O.) $93,5\overline{23}$ 93,523. Advertising and promotion 12 122,054. 122,054. Office expenses 13 30,222. 30,222. Information technology 14 15 Royalties 8,133. 8,133. 16 Occupancy 47,708. 47,708. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 1,793. 1,793. Depreciation, depletion, and amortization 22 1,062. 12,432. 10,584. 786. 23 Other expenses. Itemize expenses not covered 24 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.) 1,413,159. 1,413,159. SUPPORT SERVICES 5,168. BAD DEBT EXPENSE 5,168. С d All other expenses 3,245,152. 2,241,905. 637,879. 365,368. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2023)
Part X | Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|----------|---|------------|---------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or no | ote to an | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 400,416. | 1 | 556,356 | |
| | 2 | Savings and temporary cash investments | | | 946,073. | 2 | 1,290,889 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | 30,400 |
| | 5 | Loans and other receivables from any current | or former | officer, director, | | | |
| | | trustee, key employee, creator or founder, sub | stantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqua | lified per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| g | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 34,457. | 8 | 5,522 |
| ⋖ | 9 | | | | 24,117. | 9 | 55,921 |
| | 10a | Land, buildings, and equipment: cost or other | | 02 100 | | | |
| | | basis. Complete Part VI of Schedule D | | 23,189. | 2 012 | | 1 501 |
| | | Less: accumulated depreciation | | 21,408. | 3,913. | 10c | 1,781 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | FFO | 14 | 0 | | |
| | 15 | Other assets. See Part IV, line 11 | | 1 | 550. | 15 | 1 040 960 |
| | 16 | Total assets. Add lines 1 through 15 (must eq | | | 1,409,526. 48,293. | 16 | 1,940,869 158,765 |
| | 17 | Accounts payable and accrued expenses | 40,233. | 17 | 150,705 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 21 | Tax-exempt bond liabilities | | | | 20 21 | |
| | 22 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or for trustee, key employee, creator or founder, sub | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| 밀 | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| | 23 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | • | | | | |
| | | of Schedule D | - | · 1 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 48,293. | 26 | 158,765 |
| | | Organizations that follow FASB ASC 958, ch | | | · | | • |
| ses | | and complete lines 27, 28, 32, and 33. | | _ | | | |
| auc | 27 | Net assets without donor restrictions | | | 1,361,233. | 27 | 1,517,104 |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | 265,000 |
| 힏 | | Organizations that do not follow FASB ASC | | | | | |
| ᆲ | | and complete lines 29 through 33. | | | | | |
| ğ | 29 | Capital stock or trust principal, or current fund | s | | | 29 | |
| Set | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated i | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 1,361,233. | 32 | 1,782,104 | | |
| _ | 33 | Total liabilities and net assets/fund balances | | | 1,409,526. | 33 | 1,940,869 |

Form **990** (2023)

| 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 | 3 | <u>,61</u> | <u>4,1</u> | <u>14.</u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3 | ,24 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 8,9 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1 | , 36 | <u>1,2</u> | <u>33.</u> | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | 6 Donated services and use of facilities 6 | | | | | | |
| 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | | 5 | 1,9 | <u>09.</u> | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 0 | | | |
| 10 | | | | | | | |
| | column (B)) 10 1 | | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | 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 | Ο. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2 b | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | | |
| | consolidated basis, or both: | | | | | | |
| | X 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 | audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | | |
| | | 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | | |

Form **990** (2023)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

SEAT. FITTURE FOIINDATION TNC.

46-0565393

| | | SEAL | FUIUKE FU | UNDALION, INC | <i>-</i> • | | 4 | 0-0303333 |
|-----|--|---------------------------------|--------------------------|---|-------------------------------------|---------------------------------|----------------------------|----------------------------|
| Pa | art I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | |
| The | organ | nization is not a private found | lation because it is: (l | For lines 1 through 12, cl | neck only | one box.) | | |
| 1 | | A church, convention of ch | urches, or association | on of churches described | in sectio | n 170(b)(| I)(A)(i). | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(i | ii). | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | or operat | ed by a go | vernmental unit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | | | · | , , | | |
| 6 | | A federal, state, or local go | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | |
| 7 | X | An organization that norma | - | | | | | oublic described in |
| • | | section 170(b)(1)(A)(vi). (C | • | Titles part of its support if | om a gove | orrinorita. | arms or morn the general p | |
| 8 | | A community trust describe | . , | (1)(A)(vi) (Complete Part | + 11 \ | | | |
| 9 | H | • | | | • | ed in conju | inction with a land-grant | college |
| 9 | 9 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 | | | | | | | |
| | | | grant college of agric | ulture (see iristructions). | citter the i | name, city | , and state of the college | ; OI |
| 10 | | university: | ally received (1) more | than 22 1/20/ of its supp | art fram a | o netviku uti o u | a mambarahin fasa an | d areas ressints from |
| 10 | | An organization that norma | | | | | | |
| | | activities related to its exen | | · · | | | | - |
| | | income and unrelated busin | | (less section 511 tax) iro | iii busiiles | ses acqui | red by the organization a | inter June 30, 1973. |
| | | See section 509(a)(2). (Co | • | | :-t. C | ! F(| 20(-)(4) | |
| 11 | \mathbb{H} | An organization organized | • | • | • | | | |
| 12 | | An organization organized a | • | • | • | | • | |
| | | more publicly supported or | - | | | | | check the box on |
| | | lines 12a through 12d that | | | | | , , | |
| â | ı <u>L</u> | | • | · | • | - | | |
| | | the supported organization | | | majority o | of the direc | tors or trustees of the su | pporting |
| | _ | organization. You must o | | | | | | |
| k |) <u> </u> | | • | | | | | - |
| | | control or management o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manage the supp | ported |
| | | organization(s). You mus | st complete Part IV, | Sections A and C. | | | | |
| C | ; | | egrated. A supportin | g organization operated | in connect | tion with, a | and functionally integrate | ed with, |
| | _ | its supported organization | n(s) (see instructions |). You must complete F | Part IV, Se | ctions A, | D, and E. | |
| C | i | | y integrated. A supp | porting organization oper | ated in co | nnection v | vith its supported organiz | zation(s) |
| | | that is not functionally int | tegrated. The organiz | zation generally must sati | isfy a distr | ibution red | quirement and an attentiv | /eness |
| | | requirement (see instruct | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | V. | |
| 6 | , | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Type I, Type II, Type III | |
| | | functionally integrated, or | r Type III non-function | nally integrated supportir | ng organiz | ation. | | |
| 1 | | er the number of supported o | • | | | | | |
| | | vide the following information | | | | | | T |
| | (| (i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (IV) IS the orga in your governi | nization listed ng document? | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Tot | al | | | | | | | |

332021 12-21-23

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Gifts, grants, contributions, and | ` , | ` , | , , | , , | , , | ,, | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | |
| 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 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | |
| | 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. | | | | | | 7771679. | |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Amounts from line 4 | 534,623. | 970,940. | 2301082. | 1717630. | 2247404. | 7771679. | |
| | Gross income from interest, | • | · | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | | | 54. | 237. | 219. | 510. | |
| 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 | Total support. Add lines 7 through 10 | | | , | | | 7796150. | |
| | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | | |
| | First 5 years. If the Form 990 is for the | • | , | | | 01(c)(3) | | |
| | organization, check this box and stor | | | | | | | |
| Sed | tion C. Computation of Publi | | | | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), di | vided by line 11, c | olumn (f)) | | 14 | 99.69 % | |
| 15 | Public support percentage from 2022 | Schedule A, Part I | I, line 14 | | | 15 | 99.58 % | |
| | 33 1/3% support test - 2023. If the o | | | | | ore, check this box | k and | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X | |
| b | 33 1/3% support test - 2022. If the | | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | tion | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | _ | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pul | blicly supported or | rganization | _ | | |
| b | 10% -facts-and-circumstances test | • | • | | | | | |
| | more, and if the organization meets the | _ | | | | | | |
| | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization | | | • | • • • | | <u> </u> | |
| | | | , : | . , , , | | | (Form 990) 2023 | |

Schedule A (Form 990) 2023

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------------|-----------------------|---------------------------------------|---------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | 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 | ļ | | | | | |
| | 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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 Gross income from interest, | | | | | | |
| IUa | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired ofter June 20, 1075 | | | | | | |
| , | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is for the | ne organization's fir | rst. second. third. 1 | ourth, or fifth tax | vear as a section 5 | 01(c)(3) organizatio | on. |
| | check this box and stop here | | | · · · · · · · · · · · · · · · · · · · | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2023 (I | ine 8, column (f), d | ivided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)23 (line 10c, colur | nn (f), divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did n | ot check the box o | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qualit | fies as a publicly s | upported organiza | tion | |
| b | 33 1/3% support tests - 2022. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19a | a, or 19b, check th | is box and see ins | tructions | |

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")? |f "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?
- 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).
- 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 | No |
|-----------|--------|------|
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| | m 990) | 2023 |

Schedule A (Form 990)

| Par | t IV Supporting Organizations (continued) | | | |
|------|---|-------------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | |
| С | 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 | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | 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 officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | 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, | | | |
| C1 | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| | 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 | - | | |
| Sact | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| Seci | tion b. All Type III Supporting Organizations | | | l |
| _ | Did the constitution and ideals and of the constitution and the last describe (file constitution) | | Yes | No |
| | 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 | 4 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | 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 | 2 | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). 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 | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instruction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| h | 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.

| | t V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | rage (|
|------|--|-----------------|-----------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | ist complete S | Sections A through E. | |
| Sect | on 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 | on 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 | | |
| | 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 | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | d Type III supporting orga | inization (see |

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

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

INC. SEAL FUTURE FOUNDATION,

Employer identification number 46-0565393

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | 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 | riting that the assets held in donor advi | ised funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | e conferring |
| | impermissible private benefit? | ······ | Yes No |
| Pai | t II Conservation Easements. Complete if the org | | |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation | of a historically important land area |
| | Protection of natural habitat | Preservation | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included on line 2c acqui | | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year | 3 | 3 |
| 4 | Number of states where property subject to conservation eas | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | | - f |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ing of violations, and enforcing conserv | ation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(| (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its revenue and expens | e statement and |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial staten | nents that describes the |
| | organization's accounting for conservation easements. | | |
| Pa | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | 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 958 | 3, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these ite | ms. |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, 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 trea | | ial gain, provide |
| | the following amounts required to be reported under FASB AS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | ^ |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2023 |

| | rt III Organizations Maintaining Co | ollections of Ar | | . <u>NC •</u> I Treasures. o | r Othe | r Simil | | S (contin | | age ∠ |
|--------|--|-----------------------|--------------------|---------------------------------|------------|------------|----------------|-------------------|---------------|----------------------|
| 3 | Using the organization's acquisition, accessio | | | | | | | <u> (COITIII)</u> | ueu) | |
| 3 | collection items (check all that apply). | in, and other record | s, check any o | the following that | i illane s | igimican | t use of its | | | |
| а | Public exhibition | c | I Dan o | or exchange progra | am | | | | | |
| b | Scholarly research | e | | or exertainge progra | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's col | llections and evolair | n how they furt | her the organizatio | n'e ever | mnt nurr | oce in Darl | YIII | | |
| 5 | During the year, did the organization solicit or | | | | | | JOSE IIII ali | XIII. | | |
| 3 | to be sold to raise funds rather than to be mai | | | | | | | Yes | | No |
| Par | rt IV Escrow and Custodial Arrang | | | | | | | | | 140 |
| 1 311 | reported an amount on Form 990, Part | | ite ii tile organi | zation answered | 103 011 | 1 01111 00 | O, 1 alt 10, 1 | ii ic 5, 6i | | |
| | Is the organization an agent, trustee, custodia | | diary for contrib | outions or other as | sets not | include | | | | |
| ıu | on Form 990, Part X? | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | 103 | | _ 140 |
| | ii 100, Oxpiaii iio arangementiii at xiii a | and complete the lo | nowing table. | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | |
| ٠ - | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | Yes | $\overline{}$ | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | • | | | | ֧֝֞֞֝֟֝֟֝֟֝ <u>֚</u> |
| | rt V Endowment Funds Complete if | | | | | | | | | |
| | | (a) Current year | (b) Prior ye | | | | e years back | (e) Four | years | back |
| 1a | Beginning of year balance | .,, | ,,,,, | 1,,,, | | , | , | 1 | | |
| b | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| ď | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | |
| Ū | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | | e (line 1a. colui | mn (a)) held as: | | | | 1 | | |
| – a | Board designated or quasi-endowment | • | % | Till (d)) Hold do. | | | | | | |
| b | Permanent endowment | | | | | | | | | |
| С | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ıld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posses | • | ation that are h | eld and administer | ed for th | ne | | | | |
| | organization by: | J | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | | |
| | *** = · · · · · · · · · | | | | | | | 3a(ii) | | |
| b | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | rt VI Land, Buildings, and Equipme | ent | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV, line 1 | 1a. See Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | other (b) | Cost or other | (c) A | ccumula | ated | (d) Book | valu | e |
| | | basis (investr | , , | oasis (other) | | preciation | | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | 20,200. | | 20, | 200. | | | 0. |
| е | Other | | | 2,989. | | | 208. | 1 | 75 | 81. |
| Total | Add lines 1a through 1e (Column (d) must as | | V line 10e ee | lumn (P)) | | | | 1 | . 7 | 81. |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 SEAL FUTURE | EOIIND A M TON | TNC | 46-0565393 | _ |
|---|----------------------------|---------------------------------------|------------------------|------|
| Schedule D (Form 990) 2023 SEAL FUTURE Part VII Investments - Other Securities | FOUNDATION, | INC. | 40-0303333 | Page |
| Complete if the organization answered "Yes" o | on Form 990. Part IV. line | e 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 of | r end-of-year market v | alue |
| (1) Financial derivatives | | | <u> </u> | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" o | on Form 990, Part IV, line | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost of | r end-of-year market v | alue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | | |

| 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, line 15, col. (B))

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, line 25, col. (B)) | |

^{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) 2023

| 16 | -0 | 156 | 55 | 30 | 13 | Page | 4 |
|----|----|-----|----|----|----|------|---|
| | | | | | | | |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c -17 | 0. ,110. |
|---|---|
| 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Anounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 1 3,632 2a 2b 2c 3 3,632 | 0. ,110. |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c -17 | 0. ,110. |
| a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c -17 | • |
| b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c -17 | • |
| c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2c 2d 4a 4a 4b -17,996. | • |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2e 4a 4b -17,996. | • |
| e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 3,632 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b -17,996. c Add lines 4a and 4b 4c -17 | • |
| 3 3,632 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 3 3,632 4a 4a 4b -17,996. | • |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4a 4b -17,996. | • |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c -17 | 996 |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c -17 | 996 |
| c Add lines 4a and 4b | 996 |
| 1 2 614 | 996 |
| 2 64 4 | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | ,114. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | |
| 1 Total expenses and losses per audited financial statements | <u>,148.</u> |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a Donated services and use of facilities | |
| b Prior year adjustments | |
| c Other losses 2c | |
| d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d | ,996. |
| e Add lines 2a through 2d 2e 17 3 Subtract line 2e from line 1 3 3,245 | ,152. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | |
| b Other (Describe in Part XIII.) | |
| c Add lines 4a and 4b 4c | 0. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 5 3,245 | ,152. |
| Part XIII Supplemental Information | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X | (I, |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | |
| | |
| | |
| PART X, LINE 2: | |
| | |
| THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL | |

REVENUE SERVICE UNDER IRC SECTION 501(C)(3) AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK. THE ORGANIZATION IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN OTHER-THAN-PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

-17,996.

| Schedule D (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. Part XIII Supplemental Information (continued) | 46-0565393 Page 5 |
|---|-------------------|
| Part XIII Supplemental Information (continued) | |
| | |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| COST OF COORS SOLD | 17 006 |
| COST OF GOODS SOLD | 17,996. |
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name of the organization | | | | | | Employer ide | ntification number |
|---|---|--|---|--|---------|---|---|
| | TURE FOUNDATION, IN | NC. | | | | 46-0565 | 393 |
| Fundraising Activities. required to complete this part | Complete if the organization answet. | red "Y | es" or | n Form 990, Part IV, li | ne 17 | 7. Form 990-EZ | filers are not |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the | e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | tion of tion of fundra (includ | non-govern govern sising of ling of onal fu | overnment grants nment grants events ficers, directors, trust undraising services? | | Yes | · |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | ustody itrol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ced in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| Fotal | | | | | | | |
| 3 List all states in which the organizatio or licensing. | | ontrib | utions | or has been notified | it is e | exempt from req | gistration |
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LHA 332081 09-13-23

Schedule G (Form 990) 2023

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 gro | ss income on Form 990- | | vents with gross receipt | s greater than \$5,000. |
|-----------------|----------|--|--------------------------|--|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | BEL AIR | | | (add col. (a) through |
| | | | GALA | NY GALA | 12 | col. (c)) |
| a) | | | (event type) | (event type) | (total number) | 001. (0)) |
| au (| | | | | | |
| Revenue | 1 | Gross receipts | 1,045,000. | 979,943. | 1,000,041. | 3,024,984. |
| щ | | | | | | |
| | 2 | Less: Contributions | 240,300. | 71,323. | 121,078. | 432,701. |
| | | | 00400 | | 0.00 | |
| | 3 | Gross income (line 1 minus line 2) | 804,700. | 908,620. | 878,963. | 2,592,283. |
| | _ | | | | | |
| | 4 | Cash prizes | | | | |
| | _ | Nanagah prizas | | | | |
| S | 5 | Noncash prizes | | | | |
| nse | 6 | Rent/facility costs | 58,062. | 39,343. | 53,476. | 150,881. |
| xbe | U | Tient facility costs | 30,002. | 33,343. | 33,470 | 150,001. |
| Direct Expenses | 7 | Food and beverages | 13,057. | 125,488. | 137,603. | 276,148. |
| Jire | · | , coa ana povorages | | | | |
| | 8 | Entertainment | | | | |
| | | Other direct expenses | 327,961. | 225,013. | 229,450. | 782,424. |
| | | Direct expense summary. Add lines 4 through | 9 in column (d) | | | 1,209,453. |
| | 11 | Net income summary. Subtract line 10 from lin | ne 3, column (d) | | | 1,382,830. |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or r | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | Г |
| ē | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | billyo/progressive billyo | | coi. (a) tillough coi. (c)) |
| Re | | 0 | | | | |
| | <u> </u> | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| ses | _ | | | | | |
| pen | 3 | Noncash prizes | | | | |
| Ë | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| Ö | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No No | No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | |
| | _ | Not associate in a second of the set line 7 | form the description (a) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (a) | | | |
| a | Fn | ter the state(s) in which the organization condu | cts gaming activities. | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No |
| | | No," explain: | | | | |
| ., | | | | | | |
| | _ | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | voked, suspended, or te | rminated during the tax y | /ear? | Yes No |
| b | lf " | Yes," explain: | | | | |
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Schedule G (Form 990) 2023

| Sch | edule G (Form 990) 2023 SEAL FUTURE FOUNDATION, INC. 46-0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Page 3 |
|-----|--|---|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | ,,, |
| • | The the hame and dadress of the person who propares the organization organization of garming operation and resource. | | |
| | Name | | |
| | | | |
| | Address | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| C | : If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
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| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year \$ | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule G | (Form 990) | SEAL | FUTURE | FOUNDATION, | INC. | 46-0565393 | Page 4 |
|------------|----------------------------------|--------|-------------|-------------|------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation | (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| SEAL FUTUR | E FOUNDA' | rion, inc. | | | | | 46-0565393 |
|--|-------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants and | d Assistance | | | | | | |
| 1 Does the organization maintain records to | | - | | | - | | |
| criteria used to award the grants or assista | ance? | | | | | | Yes X No |
| 2 Describe in Part IV the organization's proc | edures for monite | oring the use of grant | funds in the United | d States. | | | |
| Part II Grants and Other Assistance to Do | | | | | anization answered " | Yes" on Form 990, Part IV, | , line 21, for any |
| recipient that received more than \$5 | | | | 1 | (f) Method of | T | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and | d government ord | l Janizations listed in th | L Le line 1 table | L | l | | |
| 3 Enter total number of other organizations I | | | | | | | |

| (a) Type of grant or assistance | (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 |
|---|------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| CHOLARSHIPS - CERTIFICATION PROGRAMS | 13 | 47,843. | 0. | | |
| | | | | | |
| PECIAL SUPPORT GRANTS | 4 | 19,357. | 0. | | |
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| Part IV Supplemental Information. Provide the information | ion required in Part I, line | e 2; Part III, column | (b); and any other ac | Iditional information. | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

SEAL FUTURE FOUNDATION, INC.

Employer identification number 46-0565393

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | <u> </u> |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | Х | <u> </u> |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | _ | | v |
| | The organization? | 5a | | X |
| b | Any related organization? | 5b | | |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | v |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | v |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | i |

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

Schedule J (Form 990) 2023

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MISo compensation | C and/or 1099-NEC | (C) Retirement and other deferred (D) Nontaxable benefits | | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|------|-----------------------|--------------------------------------|-------------------------------------|---|----|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) PAUL THOMA | (i) | 157,500. | 0. | 0. | 0. | 0. | 157,500. | 0. |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| Part III Supplemental Information |
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| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

| | SEAL FUTURE | FOUNDA' | TION, INC | • | 46-0 | 5653 | 393 | |
|-----|---|-------------------------------|---|---|---|----------|-----|----|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermini | _ | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (AUCTION ITEMS) | X | 2 | 39,871. | FMV | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durinç | the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | 0_ | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and wh | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review | of any nonstandard contribut | ions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | ked, | | | |
| | describe in Dort II | | | | | | | |

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

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.

2023 Open to Public Inspection

OMB No. 1545-0047

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 RECUSE THEMSELVES FROM |
| DISCUSSION AND VOTING ON THESE MATTERS. NEW TRUSTEES RECEIVE INFORMATION |
| ABOUT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY UPON AGREEING TO SERVE |
| IN THIS CAPACITY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| COMPENSATION IS BASED ON REVIEW OF COMPENSATION STUDIES OF SIMILARLY |
| SITUATED ORGANIZATIONS, DISCUSSED AND APPROVED BY THE BOARD MEMBERS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REASONABLE |
| REQUEST. |
| |
| FORM 990, PART XII, LINE 2C: |
| THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR |

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

SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

| Schedule O (Form 990) 202 | 23 | | | | Page 2 |
|---------------------------|----|--------|------------|--------|---|
| Name of the organization | | FUTURE | FOUNDATION | , INC. | Employer identification number 46-0565393 |
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