efile	e Pu	ublic Visu	al Render	ObjectId:	: 20231264934	9300511 - Su	bmissio	on: 202	3-09	-21	Т	IN: 31-1	728910
1													1545-0047
Form	93	90	Under sectio	Return of Organization Exempt From Income Tax der 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.					ions)	20	22		
		of the Treasury nue Service			<u>s.gov/Form990</u> f				•				o Public ection
A F	or th	ne 2022 ca	alendar year,	or tax year be	eginning 01-01-2	022 , and endi	ng 12-31	L-2022					
⊖ Ad	dress	applicable: s change	C Name of organization NAVY SEAL FOUNDATION INC 31-1728910							entification number			
		hange eturn	Doing busines	ss as									
_		irn/terminated								E Telephon	e numbe	r	
		ed return tion pending		street (or P.O. box ET BLDG 5326	if mail is not delivered	d to street address)	Room/suit	te		(757) 7			
—	piicat	tion pending			country, and ZIP or fo	preign nostal code				(757)74	44-332	0	
				ACH, VA 23459	country, and zir of te	sieigii postai couc				G Gross red	ceipts \$	41,640,849	
		ſ	F Name and ROBIN R KIN	address of prin	cipal officer:			H(a)]	Is this	a group ret	turn for		
			1619 D STRE	ET BLDG 5326						inates?		□Ye	s 🗹 No
.			_	ACH, VA 23459)			H(b) /	include	subordinat d?	es	🗆 Ye	es 🗆 No
		mpt status:	✓ 501(c)(3)		, <u>,</u>	4947(a)(1) or	527		,	" attach a l			ns.
JW	ebsi	ite: 🕨 WW	W.NAVYSEALF	OUNDATION.OF	RG			п(с) (Group	exemption	numbe	r►	
K Forr	n of c	organization:	Corporatio	n 🗌 Trust 🗌 .	Association 🗌 Othe	r 🕨		L Year of	format	ion: 2000	M State	e of legal dor	micile: VA
	art I	Sum											
Governance		FOREFRONT OF CRUCIAL CARE FOR THIS UNIQUE COMMUNITY. WE ARE THERE TO HELP KEEP OUR WARRIORS IN THERE TO HELP THEM TRANSITION TO SUCCESSFUL CAREERS IN THE CIVILIAN SECTOR. WE ARE THERE TO HEL STEP OF THE WAY. AND UNDER THE TRAGIC CIRCUMSTANCES THAT A MEMBER OF NSW DOES NOT COME HOME ASSIST AS WELL.					IELP TH	IEIR FAMIL	IES EVERY				
ove													
5													
es			is box ▶ □ of voting members of the governing body (Part VI, line 1a)				1.5	3					
Ê.	3		5	5	rs of the governing	, ,		• •	• •		4	3 2	
Acti	_				n calendar year 202				• •		5		21 24
1	6			ers (estimate if	-			· · ·	• •	_	6		260
	7a		related business revenue from Part VIII, column (C), line 12		7a		145,701						
					from Form 990-T, I	,,					7b	-	122,448
									Prio	r Year		Current	Year
a	8	Contribut	ions and grant	s (Part VIII, line	1h)					30,830,5	96	3	35,358,464
ถนอ	9	Program :	service revenu	e (Part VIII, line	2g)						0		0
Sev	10	Investme	nt income (Pa	rt VIII, column (،	A), lines 3, 4, and 2	7d)				4,070,3	91		4,692,090
Revenue Activities &	11	Other rev	enue (Part VIII	, column (A), lir	nes 5, 6d, 8c, 9c, 1	0c, and 11e)				-3,810,7			4,828,602
	12	Total reve	nue—add line	s 8 through 11 ((must equal Part VI	ll, column (A), lir	ie 12)			31,090,2	12	3	35,221,952
	13	Grants an	d similar amo	unts paid (Part I	IX, column (A), line	es 1-3)				16,203,1	18	2	1,463,580
	14			-	X, column (A), line	-					0		0
8			-		e benefits (Part IX,		-			2,501,6			2,799,146
Exp enses			-		column (A), line 11	-	•			92,0	00		106,737
сk					(D), line 25) • 920,492			-		2 1 2 6 2	50		2 526 627
ander	-				nes 11a-11d, 11f-2		•			2,136,3		~	2,536,637
	18	•			equal Part IX, colui 8 from line 12 .					20,933,0	_	2	26,906,100 8,315,852
es	13	Revenue	ess expenses.		5 nom me 12 .		•	Begin	ning o	10,157,1 f Current Ye			
Assets or d Balances												-	
Bal	20			-			•			134,766,2	59	13	89,015,796
et /	21	Total liabi	lities (Part X, I	ine 26)						3,193,1	09	1	3,468,711

1 21	E E / 7	NOE
123	5,547	,005

131,573,150

Zŭ	22	Net assets or fund balances. Subtract line 21 from line $\ensuremath{\text{20}}$	•	•	•	•	•
Pa	rt 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.

	Ň				2023-09-20	
Sign	Sig	gnature of officer			Date	
Here		DBIN R KING CEO				
		pe or print name and title				
	/	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paic	4	9 JF F F F F F F F		2023-09-20	Check U if self-employed	P01234578
	arer	Firm's name F RSM US LLP		I	Firm's EIN > 4	2-0714325
	Only					
056	Only	Firm's address 🕨 1001 WATER ST STE	500		Phone no. (813) 316-2300
		TAMPA, FL 33602				
May	ha IDE dice	cuss this return with the preparer sh	own shows? Soo Instructions			. 🗹 Yes 🗌 No
		Reduction Act Notice, see the se			No. 11282Y	Form 990 (2022
				Cdi. I	112021	Form 990 (2022
			Dage 2			
			Page 2			
Form	990 (2022)				Page
Par	t III St	atement of Program Service	Accomplishments			
		eck if Schedule O contains a respons	-	+ 111		🗸
1		scribe the organization's mission:				
-		FOUNDATION PROVIDES CRITICAL	SUPPORT FOR THE WARRIORS.	VETERANS, AND FAM	III IES OF NAV	AL SPECIAL WARFARE.
2	Did the or	ganization undertake any significant	program services during the ve	ear which were not lis	ted on	
		Form 990 or 990-EZ?				🗌 Yes 🔽 No
	-	escribe these new services on Sched				
3		ganization cease conducting, or mal		conducts any progra	m	
5				conducts, any progra		. 🗌 Yes 🔽 No
		· · · · · · · · · · · ·				
4		escribe these changes on Schedule				
4		he organization's program service a D1(c)(3) and 501(c)(4) organizations				
		ue, if any, for each program service				
4a	(Code:) (Expenses \$	8,874,511 including grants of) (Revenue \$	0)
		NHANCING PHYSICAL & MENTAL WELLNES WHEN AN ACTIVE DUTY SEAL OR SWCC I				
	LOGISTICA	L SUPPORT SO THEIR FOCUS CAN BE ON	HEALING. WE ALSO PROVIDE ASSIS	TANCE WHEN FAMILY ME	MBERS BECOME	CRITICALLY ILL. IN ADDITION,
		UR SERVICE MEMBERS AND VETERANS D NG THEIR UNIQUE PHYSICAL AND MENTAL				
	PSYCHOLO	GISTS SKILLED IN ADDRESSING THEIR SP	PECIFIC MENTAL HEALTH ISSUES, AN	ID ACCESS TO CUTTING		
	FOUNDATIC	ON IS COMMITTED TO KEEPING OUR WAR	RIORS, FAMILIES, AND VETERANS H	EALTHY.		
	12.1					
4b	(Code:) (Expenses \$	4,579,391 including grants of) (Revenue \$	0)
		E: ADDRESSING TRAGEDY & AIDING RECO TH TRAGEDY, AND AID IN RECOVERY. PRO				
	IMMEDIATE	FINANCIAL ASSISTANCE TO COVER COS	TS ASSOCIATED WITH THE DIGNIFIE	D TRANSFER OF REMAIN	IS AND MEMORIA	L SERVICES, AS WELL AS TRAVEL
		NSF CONTINUES TO PROVIDE A VARIETY 5 INCLUDING GRIEF COUNSELING, RETRE				
	UNFORTUN	ATE CASE OF A VETERAN DEATH AND ASS	SISTANCE FOR THE WARRIOR WHO S	UFFERS THE LOSS OF A		
	FOUNDATIC	ON IS COMMITTED TO KEEPING OUR WAR	RIORS, FAMILIES, AND VETERANS R	ESILIENI.		
4c	(Code:) (Expenses \$	4,481,865 including grants of) (Revenue \$	0)
		: BUILDING CAPABILITIES & REDUCING S MOST ELITE TEAM BENEFITS FROM A SUP				
	CAPABILITI	ES. PROGRAMS UNDER OUR STRENGTH P	ILLAR PROVIDE ASSISTANCE TO AC	TIVE DUTY SERVICE MEM	IBERS IN THE FO	RM OF RESPITE CARE, MORALE-
		EVENTS, COMMAND ALL-CALLS, AND MUC I NETWORKING, RESUME BUILDING, AND				
	OF THE MIL	ITARY. WE ADDITIONALLY PROVIDE EMER	GENCY FUNDING FOR VETERANS IN			
	COMMITTEL	D TO KEEPING OUR WARRIORS, FAMILIES	, AND VETERANS STRONG.			
	(Code:) (Expenses \$	3,648,567 including grants of) (Revenue \$	0)
		N: PROVIDING SCHOLARSHIPS & DEVELOR CHALLENGE. THIS IS TRUE FOR BOTH WAR				
	THEIR SPO	USES AND CHILDREN, AS WELL AS OUR S	EAL AND SWCC POST-9/11 VETERAM	IS AND THEIR CHILDREN	I, BY AWARDING	SCHOLARSHIPS FOR HIGHER
		I. WE ALSO SUPPORT QUALITY EDUCATIO THE OVERALL SUCCESS OF THE STUDEN				
		NING NEW SERVICE MEMBERS ALL THIS				

FINANCIAL RESOURCES NOT OTHERWISE AVAILABLE. THE NAVY SEAL FOUNDATION IS COMMITTED TO THE EDUCATION OF OUR WARRIORS, FAMILIES, AND VETERANS.

	(Code:) (Expenses \$3,103,370including grants of \$2,690,302) (Revenue \$COMMUNITY: EMPOWERING CONNECTIONS & PRESERVING LEGACY. THE SEAL COMMUNITY IS BUILT ON A PROUD TRADITION THAT GOESWWII. THIS HISTORY AND HERITAGE IS ONE OF EXTRAORDINARY ACHIEVEMENTS AND EXCEPTIONAL COURAGE. THE DEEDS OF THESE WREMEMBERED AND RECOGNIZED. AND FOR THE COMMUNITY ITSELF, WE MUST DO ALL WE CAN TO KEEP THEM CONNECTED THROUGH UNSUPPORT.PROGRAMS UNDER OUR COMMUNITY PILLAR EMPOWER THE CONTINUATION OF THIS BROTHERHOOD AND THEIR FAMILIES THRCSUMMER CAMPS, VETERAN RECONNECT EVENTS, AND LEGACY PRESERVATION. WE ALSO PROVIDE FINANCIAL SUPPORT FOR NATIONAL MIMONUMENTS AND OTHER TRADITION ENRICHING ACTIVITIES. THE NAVY SEAL FOUNDATION IS COMMITTED TO PRESERVING THE RICH HEOF THESE EXTRAORDINARY WARRIORS, FAMILIES, AND VETERANS.	ARRIOR IQUE DUGH TH EMORIAI	S DESER HINGS LI LS AND	VE TO BE KE
4d	Other program services (Describe in Schedule O.) (Expenses \$ 6,751,937 including grants of \$ 5,864,846) (Revenue \$	0)		
4e	Total program service expenses 24,687,704			
	Page 3	F	orm 99	0 (2022)
	990 (2022)			Page
Par	t 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 \mathfrak{B}	1	Yes	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I 🗐	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i> 😼	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
ttps://j	projects.propublica.org/nonprofits/organizations/311728910/202312649349300511/full			

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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

- **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* . . .
- 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.
- 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
- 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
 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Page 4 -

Form 990 (2022)

Ì	Pa	a	۵	Δ
	- a	u	e	_

No

No

No

No

15

16

17

18

19

20a

20b

21

Yes

Yes

Yes

Pa	t 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	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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	Yes	
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	Yes	
25-		35-	Vac	

Form 990 (2022)

	4, 9:29 PM Navy Seal Foundation Inc - Full Filing- Nonprofit Explorer - ProPublica	3 5a	162	
	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	Yes	
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		No
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? <i>If "Yes," complete Schedule R, Part VI</i> 😼	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t 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			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	. (2222)
		F	orm 99	0 (2022)
	Page 5			
_				
	990 (2022)			Page 5
Pai				
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			
ь	this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2.5 3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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	 	No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
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?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	7g		
		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.			
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		<u> </u>
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
4.4	Castian E01/s/(13) augustications Estar	l ,		l

)/23/2 ++	24, 9:29 PM Navy Seal Foundation Inc - Full Filing- Nonprofit Explorer - ProPublica	i i	1	I
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.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
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.	16		No
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? If "Yes," complete Form 6069.	17		
	990 (2022) It VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	lo" resp	oonse to	-
				-
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	· ·)
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ection A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 1a	· ·		
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	· ·		
Par Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Overning Body and Management Enter the number of voting members of the governing body at the end of the tax year Ia 21 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 Ia 21			
Par Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Image: Check if Schedule O contains a response or note to any line in this Part VI ection A. Governing Body and Management Image: Check if Schedule O contains a response or note to any line in this Part VI Image: Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year Image: Check if Schedule O contains a response or note to any line in this Part VI Image: Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year Image: Check if Schedule O contains a response or note to any line in this Part VI Image: Check if Schedule O contains a response or note to any line in this Part VI If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Image: Check if Check is committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Image: Check is committee or similar committee or sincluded in line 1a, above, who are independent			
Par Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 21 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		No
Par Se 1a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		No No
Par Se 1a b 2 3	The image of the second sec	2		No No No
Par Se 1a b 2 3 4	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year 1a 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 21 Enter the number of voting members included in line 1a, above, who are independent 1b 21 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employees to a management company or other person? 1b 21 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . .	2		No No No
Par 5e 1a b 2 3 4 5 6	Image: Section A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	2345		No No No No
Par Se 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year 1a 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 21 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? 1 1 21 Did the organization have members or stockholders? 1 1 21 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 1 1 21 Did the organization have members or stockholders? 1 1 21 Did the organization make any significant changes to its governing	2 3 4 5 6		No No No No No

	the following.		1	
i	a The governing body?	8a	Yes	
I	• Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
S	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	

			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
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	Yes						
h	Mare efficance directors, or trustees, and how employees required to disclose appliable interacts that could give rise to								

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10/23/24, 9:29 PM Navy Seal Foundation Inc - Full Filing- Nonprofit Explorer - ProPublica אירוב טווונבוג, טוובננטוג, טו נוטגנפג, מוט גבץ פוווטטעפנג ובקטוובט נט טוגנטגב מוווטמוץ ווונרבגג נומג נטטוט עועב ווגב נט 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on С 12c Yes 13 Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . 14 14 Yes . . Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **a** The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes b 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 16a No 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 VA Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 18 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \checkmark Own website \checkmark Another's website \checkmark Upon request \Box Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 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: 20 ROBIN R KING 1619 D STREET BLDG 5326 VIRGINIA BEACH, VA 23459 (757) 744-5326 Form 990 (2022) Page 7 Form 990 (2022) Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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. • List all of the organization's former officers, key employees, or 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. Г Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (D) (F) (C) (E) Position (do not check more than Name and title Reportable Reportable Estimated Average hours per one box, unless person is both an compensation compensation amount of week (list officer and a director/trustee) from the from related other any hours compensation organization organizations Highest Q emp Individual Former for related (W-2/1099-(W-2/1099from the ŝ 000 director Institutional organizations MISC/1099-MISC/1099organization employee 0 below dotted Trustee; NEC) NEC) and related line) 99 compensated organizations trustee 2.00 (1) ROBERT HOWARD Х Х 0 CHAIRMAN 2.00 (2) ROBERT SMITH 0 Х х VICE CHAIRMAN

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(3) JACK DAIY

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TREASURER										
(4) JELANI HALE SECRETARY	2.00	х		х				0	0	0
(5) MATT HICKEY DIRECTOR	2.00	х						0	0	0
(6) HENRY CORNELL DIRECTOR	2.00	х						0	0	0
(7) TOM PRESCOTT DIRECTOR	2.00	х						0	0	0
(8) TONY DUYNSTEE DIRECTOR	2.00	х						0	0	0
(9) SEAN PYBUS DIRECTOR	2.00	х						0	0	0
(10) DINO MAVROOKAS DIRECTOR	2.00	х						0	0	0
(11) CHRIS CASSIDY DIRECTOR	2.00	х						0	0	0
(12) WILLIAM HODGE DIRECTOR	2.00	х						0	0	0
(13) TED MUHLNER DIRECTOR	2.00	х						0	0	0
(14) STEPHANIE OSLER DIRECTOR	2.00	х						0	0	0
(15) MUNEER SATTER DIRECTOR	2.00	х						0	0	0
(16) GENE MAK DIRECTOR	2.00	х						0	0	0
(17) SEAN FREITAG DIRECTOR	2.00	х						0	0	0

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Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(18) MICHAEL MARTIN DIRECTOR		×						0	0	0	
(19) JOEL MARCUS DIRECTOR		×						0	0	0	
(20) ERIC ADAMSKI DIRECTOR		×						0	0	0	
(21) WILLIAM STRONG	2.00	.,	l					^	~	^	

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DIRECTOR		×	1	1			U		U		U
(22) ROBIN KING	40.00										
CEO			х				290,000		0		21,455
(23) SCOTT BURKE	40.00		1								
CFO			х				183,042		0		35,641
(24) MEAGHAN MARTINAK	40.00										
DEVELOPMENT DIRECTOR	40.00				х		141,240		0		8,196
(25) CHRIS IRWIN	40.00		1								
DIRECTOR OF PARTNERSHIPS					х		188,104		0		20,382
(26) CAROLYN PETSCHLER	40.00										
DIRECTOR OF DEVELOPMENT	40.00				х		212,590		0		20,263
(27) ALISON MESSICK	40.00				. v		1 40 252		_		22.064
DIRECTOR OF PROGRAMS					х		140,352		0		23,864
(28) OWEN O'SHEA	40.00						120.004		_		22.202
DEVELOPMENT DIRECTOR					х		128,904		0		22,282
			╂───┼─	+		┝─╂────					
				►L							
	n sheets to Part VII, Section A			2-		1,284,232		0			152,083
	1c)		1				00.000	U			132,003
2 Total number of individu of reportable compensa	Tals (including but not limited to tion from the organization \triangleright 8	those	listed above) who	rece	ived n	nore than \$1	00,000				
	<u> </u>									-	
									Ye	s	No
-	t any former officer, director or t ete Schedule J for such individua		e, key employee, o	-		ompensated	employe				
								3			No
4 For any individual listed organization and related individual	on line 1a, is the sum of reporta d organizations greater than \$15	0,000	ompensation and of ? If "Yes," complete	e Scł	comp hedule	ensation fror J for such	n the		N ₂		
					•			• 4	Ye	S	
<i>i</i> .	n line 1a receive or accrue compe e organization? <i>If "Yes," complete</i>				-			· 5			No
Section B. Independe											
	your five highest compensated ir Report compensation for the cale								nsation		
	(A)	iliuur y	ical chang with or	wici			(B)			(C)	
	Name and business address						ription of s		Con	npens	ation
TIDEWATER ART THERAPY LLC						CONSULTIN	G SERVICE	S		3	324,000
5004 HASSELL ST VIRGINIA BEACH, VA 23455											
DR MIA BARTOLETTI						CONSULTIN	G SERVICE	S		1	196,583
PO BOX 213											
BLAKSLEE, PA 18610											
	ent contractors (including but no	t limite	ed to those listed a	above	e) who	received m	ore than s	\$100,000 of	1		
compensation from the or	ganization 🕨 2								<u> </u>	000	(2022)
									Form	990	(2022)
			- Page 9								
Form 990 (2022)											Page 9
Part VIII Statement of	of Revenue										J
	ule O contains a response or not	e to ai	ny line in this Part '	VIII							
	······		(A)	Ι		(B)	(C)		(D)	
			Total revenue			lated or xempt		elated siness	Re exclu	evenu	
				1	fu	inction			tax und	ler se	ections
Tedensted					re	evenue			51	2 - 5	14
Federated campaigns	. 1a										
Contribution 2,304 Sifts, Grants,	1										
Gifts, Grants, b Membership dues	1b										

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Amounts. Song Cremes .	~		0 1 1		
25,488,166					
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
0.027.004					
9,837,994 g Noncash contributions included in					
lines 1a - 1f:\$	1g				
1,372,995					
h Total. Add lines 1a-1f	35,358,464				
25	Business Code				
2a					
	 				
e e					
e.					
Program Service Revenue					
e Se					
ug ,					
f All other program service re	venue.				
9 Total. Add lines 2a–2f					
3 Investment income (including similar amounts)	g dividends, interest, and other	385,206		14,064	371,142
4 Income from investment of ta		,		,	
5 Royalties					
	(i) Real (ii) Personal				
- I					
6a Gross rents 6a	433,920				
b Less: rental expenses 6b	0				
c Rental income or (loss) 6c	433,920				
d Net rental income or (loss)		433,920			433,920
(i) Securities (ii) Other				
7a Gross amount from sales of assets other than inventory	4,306,884				
Less: cost or other basis and 7b	0				
sales expenses					
Gain or (loss) 7c	4,306,884				
👮 d Net gain or (loss)	· · · <u>· · · · </u>	4,306,884		131,637	4,175,247
(not including \$ 25,488,1	.66 of				
contributions reported on line 1c See Part IV, line 18	:). • 8a 1,156,375				
b Less: direct expenses . c Net income or (loss) from fu		-5,262,522			-5,262,522
		5,202,522			5,202,322
9a Gross income from gaming ac See Part IV, line 19					
b Less: direct expenses .	9b				
c Net income or (loss) from g					
10aGross sales of inventory, les	is l				

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	returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of invent	ory 🕨	-			
	11a	Business Code	-			
	b					
Oth	er f evenueMiscAmt					
	d All other revenue					
	e Total. Add lines 11a–11d	· · •				
	12 Total revenue. See instructions		35,221,952	0	145,701	-282,213
	-					Form 990 (2022)

Page 10 -

Form 990 (2022) Page 10 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 . (B) (D) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1,699,996 1 Grants and other assistance to domestic organizations and 1,699,996 domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 19,763,584 19,763,584 Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members . . . 5 Compensation of current officers, directors, trustees, and 530,139 248,304 114,175 167,660 key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,053,302 1,011,709 465,202 576,391 Pension plan accruals and contributions (include section 1,666 780 359 527 401(k) and 403(b) employer contributions) -18,817 -8,813 -4,053 -5,951 **9** Other employee benefits . . **10** Payroll taxes 232,856 109,064 50,150 73,642 **11** Fees for services (non-employees): a Management . . . 2,901 **b**Legal . 3,943 1.042 58,327 42,910 15,417 c Accounting **d** Lobbying 106.737 e Professional fundraising services. See Part IV, line 17 106.737 **f** Investment management fees . . . g Other (If line 11g amount exceeds 10% of line 25, column 28,000 20,599 7,401 (A) amount, list line 11g expenses on Schedule O) 756,131 556,269 199,862 12 Advertising and promotion . . 479,401 352,684 125,231 1,486 **13** Office expenses . . 14 Information technology . 15 Rovalties 345,854 247.390 98.464 16 Occupancy . 285,018 209,681 75,337 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials **19** Conferences, conventions, and meetings

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	I			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	143,058	109,225	33,833	
23 Insurance	78,123	57,473	20,650	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a CATERING, VENUE, & ENTER.	6,418,897			6,418,897
b BANK CHARGES	325,690	239,603	86,087	
c DUES & SUBSCRIPTIONS	33,092	24,345	8,747	
d DIRECT FUNDRAISING EXP.	-6,418,897			-6,418,897
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,906,100	24,687,704	1,297,904	920,492
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				
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Part X Balance Sheet

				(A) Beginning of year		(B) End of year		
1	Cash-non-interest-bearing			21,732,785	1	15,511,512		
2	Savings and temporary cash investments .		[2			
3	Pledges and grants receivable, net			1,643,106	3	595,025		
4	Accounts receivable, net				4			
5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5			
6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	fied pe ection 4	rsons (as defined under 1958(c)(3)(B)		6			
<u>ہ</u> م	Notes and loans receivable, net				7			
8 SSells	Inventories for sale or use		[8			
9	Prepaid expenses and deferred charges		· · [1,091,363	9	1,253,869		
10	 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 	10a	8,007,504					
1	 Less: accumulated depreciation 	10b	1,642,106	3,938,610	10c	6,365,398		
11	Investments—publicly traded securities .		611,028	11	0			
12	Investments-other securities. See Part IV, line	11 .		105,623,372	12	106,504,836		
13	Investments—program-related. See Part IV, line	e 11 .			13			
14	Intangible assets		[14			
15	Other assets. See Part IV, line 11		[125,995	15	8,785,156		
16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	134,766,259	16	139,015,796		
17	Accounts payable and accrued expenses	•		1,357,544	17	2,429,875		
18	Grants payable				18			
19	Deferred revenue			1,386,851	19	1,366,627		
20	Tax-exempt bond liabilities				20			
<u>ده</u>	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21			
	employee, creator or founder, substantial contri	Loans and other 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						
<u> </u>	Secured mortgages and notes payable to unrela	ated thi	rd parties	448,714	23	41,456		
24	Unsecured notes and loans payable to unrelated		24					

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Add lines 17 through 2E			
Add lines 17 through 25	3,193,109	26	13,468,711
that follow FASB ASC 958, check here ► 🗹 and 27, 28, 32, and 33.			
ut donor restrictions	125,320,747	27	119,344,959
donor restrictions	6,252,403	28	6,202,126
trust principal, or current funds		29	
l surplus, or land, building or equipment fund		30	
gs, endowment, accumulated income, or other funds		31	
or fund balances	131,573,150	32	125,547,085
nd net assets/fund balances	134,766,259	33	139,015,796
	5 27, 28, 32, and 33. but donor restrictions donor restrictions	action 125,320,747 bout donor restrictions 125,320,747 donor restrictions 6,252,403 that do not follow FASB ASC 958, check here ▶ and action and action action action action <	a 27, 28, 32, and 33. 125,320,747 27 but donor restrictions 6,252,403 28 that do not follow FASB ASC 958, check here ▶ and 6,252,403 28 that do not follow FASB ASC 958, check here ▶ and 29 that yrincipal, or current funds 29 30 gs, endowment, accumulated income, or other funds 31 31 or fund balances 131,573,150 32

Form 990 (2022)

Page 12

orm	1990 (2022)				Page 12
Pa	Int XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		35,	,221,952
2	Total expenses (must equal Part IX, column (A), line 25)	2		26,	,906,100
3	Revenue less expenses. Subtract line 2 from line 1	3		8,	,315,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		131,	,573,150
5	Net unrealized gains (losses) on investments	5		-14,	,341,917
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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		125,	,547,085
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			

	🗹 Separate basis	\Box Consolidated basis	\Box Both consolidated and separate basis					
с	c 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 in Schedule O.							
3a	As a result of a federal awa Guidance, 2 C.F.R. Part 200		uired to undergo an audit or audits as set forth in the Uniform	3a		No		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2022)

Зb

Form 990 (2022)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efi	efile Public Visual Render ObjectId: 202312649349300511 - Submission: 2023-09-21 TIN: 31-1728910											
(For Depar	m 990) ment of t	ULE A ne Treasury e Service		nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form 5.gov/Form990 for in	tion 501(c)(3) Compt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	OMB No. 1545-0047			
Nam	e of th	ne organiza	tion					Employer identif	Inspection cation number			
		OUNDATION IN						31-1728910				
	rt I				us (All organization							
	organiz		•		e it is: (For lines 1 thro	5 ,	, ,					
1					sociation of churches			(A)(i).				
2					1)(A)(ii). (Attach Sch	-						
3 4	\Box	•	•	•	vice organization desc			2	Enter the hearitalla			
-	\cup		and state:		ed in conjunction with	a nospital descri	bed in section 1	[/0(B)(I)(A)(III).	Enter the hospital's			
5	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												
7						s support from a	governmental u	nit or from the gene	ral public described in			
8	 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 											
9			An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a									
10	 non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 											
11		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more publi on lines 12	cly supported a through 12	d organizations of the second se	described in section 5 s the type of supportin	509(a)(1) or se	ction 509(a)(2) nd complete line). See section 509 (s 12e, 12f, and 12g.	he purposes of one or (a)(3). Check the box			
а		organizatio	n(s) the pow	rganization oper er to regularly a ctions A and B	appoint or elect a majo	ontrolled by its s ority of the direct	upported organiz ors or trustees o	zation(s), typically b of the supporting org	y giving the supported anization. You must			
b		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.							
с					supporting organizatio ions). You must com				ated with, its			
d		Type III r functionally	on-function	nally integrate The organizatio	,	ization operated fy a distribution	in connection wit	th its supported orga	anization(s) that is not quirement (see			
е		Check this	box if the or	ganization recei	ved a written determir integrated supporting	nation from the I	RS that it is a Ty	pe I, Type II, Type I	II functionally			
f	Enter					-		<u>-</u>				
g		de the follow Jame of supp		ion about the su (ii) EIN	upported organization((iii) Type of		anization listed	(v) Amount of	(vi) Amount of			
		organizatio			(described on lines 1- 10 above (see instructions))	in your govern		(see instructions)				
						Yes	No					
Tota												
		vork Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	νF	Schedul	e A (Form 990) 2022			
	Page 2											
	Schedule A (Form 990) 2022 Page 2 Pag											
Pa	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 failed to qualify under the tests listed below, please complete Part III.)											
		A. Public				, p.		, ,				
	project		org/nonprofits/	organizations/311	728910/20231264934930	00511/full	I	•	1			

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	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	28,252,693	25,954,166	25,645,382	30,830,596	35,358,464	146,041,301
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	28,252,693	25,954,166	25,645,382	30,830,596	35,358,464	146,041,301
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						2,498,433
6	(f) . Public support. Subtract line 5 from line 4.						143,542,868
	ection B. Total Support						· · ·
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	28,252,693	25,954,166	25,645,382	30,830,596	35,358,464	146,041,301
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,039,708	968,911	499,869	451,505	819,126	3,779,119
9	Net income from unrelated business activities, whether or not the business is regularly carried on 			31,635	57,366	122,448	211,449
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	850,860	690,855	317,635	580,930	1,156,375	3,596,655
11	Total support. Add lines 7 through 10						153,628,524
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
						_	
	this box and stop here					► 🗆	
	this box and stop here					▶∪	
		c Support Per	centage			▶□	93.440 %
S	ection C. Computation of Publi	c Support Per ine 6, column (f) c	centage livided by line 11,	column (f))			93.440 % 93.420 %
S 14 15	Public support percentage for 2022 (li	c Support Per ine 6, column (f) c chedule A, Part II,	centage livided by line 11, line 14	column (f))		14 15	93.420 %
S 14 15	Public support percentage for 2022 (li Public support percentage for 2021 So 33 1/3% support test—2022. If the and stop here. The organization qua 33 1/3% support test—2021. If the	c Support Pere ine 6, column (f) c chedule A, Part II, e organization did n lifies as a publicly e organization did	centage divided by line 11, line 14 not check the box supported organiz not check a box o	column (f)) on line 13, and lin ation n line 13 or 16a, a	 e 14 is 33 1/3% or and line 15 is 33 1/	14 15 more, check this 3% or more, chec	93.420 % ► ✓ k this
S 14 15 16a	Public support percentage for 2022 (li Public support percentage for 2021 So 33 1/3% support test—2022. If the and stop here. The organization qua	c Support Pere ine 6, column (f) c chedule A, Part II, organization did n lifies as a publicly e organization did n qualifies as a pul t – 2022. If the or	centage divided by line 11, line 14 not check the box supported organiz not check a box c blicly supported or ganization did not	column (f)) on line 13, and lin ation n line 13 or 16a, a ganization check a box on lin	 e 14 is 33 1/3% or and line 15 is 33 1/ ne 13, 16a, or 16b	14 15 more, check this 3% or more, chec , and line 14 is 10	93.420 % ► ✓ k this ► □ % or more,
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	not an unrelated trade or pusiness under section 513			1	1				
4	Tax revenues levied for the			1	1				
-	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities						-		
5	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 disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
- 56	from line 6.) Inction B. Total Support								
	ndar year		1				1		
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	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 t								_
	this box and stop here								▶∪
	ction C. Computation of Public	Support Perce	entage						
15	ection C. Computation of Public Public support percentage for 2022 (lin	Support Perce ne 8, column (f) d	entage livided by line 13,	column (f))		15			
15 16	ection C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S	Support Perce ne 8, column (f) d Schedule A, Part I	intage livided by line 13, II, line 15	column (f))			· · ·		
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15 16 <u>Se</u> 17 18	Action C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Support Percenne 8, column (f) d Schedule A, Part I Internet Income 22 (line 10c, colum 2021 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))	f))	15 16 17 18			
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the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the

determination.

	determination.	3b			
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	50		_	
	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.				
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
-	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c			
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	5a			
	amendment to the organizing document).	Ja			
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?	5b			
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited 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 (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).				
		7			
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).	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .				
		9a			
Ь	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.	9b			
с	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 .	9c			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.				
		10a			
Ь	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).	10b			

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022		F	Page 5
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 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>				
	organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in 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			

Section 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 instructions):
 - **a** The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** \square The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			res	NO
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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? <i>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</i> 			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3а		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		
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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Page 6

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
t	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			
	Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III su	pporting orga	nization (see

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

P	Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (cor	ntinued)
S	ection D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3	Administrative expenses paid to accomplish exempt put	poses of supported organization	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruction	ns		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	0 Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1			Underdistribution	ns	Distributable
	(see instructions)		Underdistribution	ns	Distributable
2	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>).		Underdistribution	ns	Distributable
2 3 a	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017.		Underdistribution	ns	Distributable
2 3 a	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017. From 2018.		Underdistribution	ns	Distributable
2 3 2 1	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017. From 2018. From 2019.		Underdistribution	ns	Distributable
2 3 1 0	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017. From 2018. From 2019. From 2019. From 2020.		Underdistribution	ns	Distributable
2 3 1 0 0	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017. From 2018. From 2018. From 2019. From 2020. From 2021.		Underdistribution	ns	Distributable
2 3 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 c From 2020 c From 2021		Underdistribution	ns	Distributable
2 3 2 1 0 0 6 f	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021		Underdistribution	ns	Distributable
2 3 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017. From 2018. From 2018. From 2019. From 2019. From 2020. From 2021. From 2022. From 2021. From 2022.		Underdistribution	ns	Distributable
2 3 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017 From 2018 From 2019 From 2020 From 2021		Underdistribution	ns	Distributable

4 Distributions for 2022 from Section D, line 7:

\$			
a /	Applied to underdistributions of prior years		
b,	Applied to 2022 distributable amount		
c F	Remainder. Subtract lines 4a and 4b from line 4.		
2	emaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
I	emaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
	xcess distributions carryover to 2023. Add lines j and 4c.		
8 B	reakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
С	Excess from 2020		
d	Excess from 2021		
е	Excess from 2022		
		Sc	hedule A (Form 990) (2022)

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Schedule A (Form 990) 2022

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

	Facts And Circumstances Test
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING INCOME - 2018 AMOUNT: \$ 850,860. 2019 AMOUNT: \$ 690,855. 2020 AMOUNT: \$ 317,635. 2021 AMOUNT: \$ 580,930. 2022 AMOUNT: \$ 1,156,375.

Schedule A (Form 990) 2022

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Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render	Objectld: 202312649349300511 - Submission: 2023-09-21		TIN: 31-1728910
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest inform 	ation.	2022
Name of the organization NAVY SEAL FOUNDATION INC	2	Employer ic	lentification number
	-	31-1728910	
Organization type (check of	one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a pr	ivate foundation	
	□ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation	
	\Box 501(c)(3) taxable private foundation		

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

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Name of organization NAMY SEAL FOLINDATION INC https://projects.propublica.org/nonprofits/organizations/311728910/202312649349300511/full

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

– Page 3 –

Schedule I	B (Form 990) (2022)	_	Page 3
Name of or	ganization FOUNDATION INC	Employer identification	n number
NAVI SLAL	TOUNDATION INC	31-1728910	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

10/23/24, 9:2	29 PM	Navy Seal Foundation Inc - Full Filing-	Nonprofit Exp	olorer - ProPublica	
-				\$	
(a) No. from Part I	(b) Description of noncast	n property given		(C) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncast	n property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncast	n property given		(C) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncast	n property given		(C) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncast	n property given		(C) or estimate) nstructions)	(d) Date received
-				\$	
					Schedule B (Form 990) (2022)
		Page 4			
	B (Form 990) (2022)				Page 4
Name of o NAVY SEAI	rganization L FOUNDATION INC			Employer ident 31-1728910	ification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See in Use duplicate copies of Part III if additional s	ntributor. Complete columns (a) t ne total of <i>exclusively</i> religious, c structions.)	through (e) a	ind the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	tion of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and		Relationship	o of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	tion of how gift is held
<u></u>					
	Transferee's name, address, and	(e) Transfer of gift	Relationship	o of transferor to	transferee
(a)	(h) Burnaga of sift			(d) Decoring	tion of how sift is hold

(d) No from (a) llos of aift https://projects.propublica.org/nonprofits/organizations/311728910/202312649349300511/full

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Part I	(ม) คนเมชระ บเ หแน	(c) use of yill	
. =			
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relation:	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· =		(e) Transfer of gift	
	Transferee's name, address, and ZI		ship of transferor to transferee

Schedule B (Form 990) (2022)

Additional Data

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Software ID: Software Version:

efi	le Public Visua	l Render	ObjectId: 2023126	549349300511 - Submission:	2023-09-2	1	TIN: 31-1728910
SC	HEDULE D		Sunnlamor	ntal Financial Statemo	ante		OMB No. 1545-0047
(For	m 990)						2022
				ganization answered "Yes," on F 10, 11a, 11b, 11c, 11d, 11e, 11f,			2022
	tment of the Treasury			Attach to Form 990.	-		Open to Public
_	al Revenue Service me of the organ		o to <u>www.irs.gov/Forn</u>	n990 for instructions and the late			Inspection ification number
	Y SEAL FOUNDATIO					•	
Da	rt I Organi	Tations Mai	intaining Donor Advi	sed Funds or Other Similar F	-	.728910	
Fa				es" on Form 990, Part IV, line 6.	unus or Acc	Journes.	
				(a) Donor advised funds		(b) Funds a	nd other accounts
1		-					
2			ns to (during year)				
3	Aggregate value	-					
4			•			Current and the second second	
5				ors in writing that the assets held in a clusive legal control?		runas are the	e 🗌 Yes 🗌 No
6	Did the organiza	ation inform al	l grantees, donors, and do	onor advisors in writing that grant fu	nds can be use	d only for	
-	charitable purpo	ses and not fo	or the benefit of the donor	r or donor advisor, or for any other p	urpose conferri		
					• •		🗌 Yes 🗌 No
Ра		vation Ease te if the orga		es" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
	Preservation	on of land for j	public use (e.g., recreation	n or education)	on of an histor	ically import	ant land area
	Protection	of natural hab	itat		on of a certifie	d historic str	ucture
	\square	on of open spa					
2				qualified conservation contribution i	n the form of a	i conservatio	n
	easement on the			··· ··· ·· ·· ·· ··· ··· ··· ···			he End of the Year
а	Total number of	conservation e	easements		2a		
b	2	•			-		
С				ic structure included in (a)			
d			nents included in (c) acqu National Register	ired after July 25, 2006, and not on	a 2d		
3	Number of cons	ervation easer	ments modified, transferre	ed, released, extinguished, or termin	ated by the org	ganization du	iring the
	tax year 🕨						
4	Number of state	es where prope	erty subject to conservation	on easement is located >		_	
5	Does the organi	zation have a	written policy regarding t	he periodic monitoring, inspection, h	andling of viola	ations,	
	and enforcemen	it of the conse	rvation easements it hold	5?			🤇 Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspe	cting, handling of violations, and enf	orcing conserva	ation easeme	ents during the year
_	Amount of oxpo	nses incurred	in monitoring inspecting	handling of violations, and enforcing	concervation	ascomonto a	luring the year
7	► \$		m monitoring, inspectilly,		g conservation	casements (aning the year
8) above satisfy the requirements of s		4)(B)(i)	
						, , , , , , , , , , , , , , , , , , ,	Yes 🗌 No
9				servation easements in its revenue a			
			applicable, the text of the for conservation easemen	e footnote to the organization's finan Its.	cial statements	that describ	es
Par				of Art, Historical Treasures,	or Other Si	milar Asse	ets.
				es" on Form 990, Part IV, line 8. SC 958, not to report in its revenue s	statement and	halanco chor	at works of art
1a	historical treasu	res, or other s	imilar assets held for pub	lic exhibition, education, or research lents that describes these items.			
b		res, or other s	imilar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research			
(▶\$_	
2	If the organizati	on received or	r held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			the
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ►\$	
b							
For				ns for Form 990.			ule D (Form 990) 2022

		F	Page 2								
Scho	dule D (Form 990) 2022										Da
	t III Organizations Maintaining Col	lactions of Art A	lictori	cal Tro	201	IFOS O	r Otha	r Similar Ad	seets (c	ontinuos	Page 2
3	Using the organization's acquisition, accession										
5	items (check all that apply):	, and other records,	CHECK			nowing		a significant t	136 01 113	conection	
а	Public exhibition		d		oan	or exch	ange pr	ograms			
b	Scholarly research		e		Othe	ır					
с	Preservation for future generations										
4	Provide a description of the organization's coll Part XIII.	lections and explain	how the	ey furthe	r th	e organiz	zation's	exempt purpo	se in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to								\square	_	
Day				ie organi						; U	No
Pai	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990	, Part I\	V, li	ne 9, or	r report	ed an amou	nt on Fo	rm 990	, Part X,
1a	Is the organization an agent, trustee, custodia										
	included on Form 990, Part X?				· ·	• • •				; 🗆	No
b	If "Yes," explain the arrangement in Part XIII	•	5					A	mount		
c لہ	Beginning balance						1c 1d				
d	Additions during the year										
e f	Distributions during the year						1e 1f				
f	Ending balance				•	•••	11				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow o	or cu	istodial a	account	liability?		; 🗆	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanati	on has b	een	provide	d in Par	XIII			
Pa	rt V Endowment Funds.										
	Complete if the organization answ	<pre>vered "Yes" on For (a) Current year</pre>		<u>, Part IN</u> Prior year	v, III	ne 10. (c) Two y	ears had	(d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance	119,082,103	(5)	98,040,1	.18		64,896,89		281,836		9,450,336
	Contributions	7,391,953		8,203,2	233	:	27,339,3	32 43,	328,472		
с	Net investment earnings, gains, and losses	-8,910,131		12,838,7	' 52		5,803,89	93 3,	311,585	-	-1,168,500
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs								25,000		
f	Administrative expenses										
g	End of year balance	117,563,925		119,082,1			98,040,1	18 64,	896,893	1	8,281,836
2	Provide the estimated percentage of the curre		(line 1	g, colum	n (a)) held a	is:				
а		95.780 %									
b	Permanent endowment 4.220 %										
с	Term endowment ► 0 %										
3a	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		ion that	t aro holi	d an	nd admin	ictorod	for the			
54	organization by:	sion of the organizat		t are new	u an		istereu			Yes	s No
	(i) Unrelated organizations									(i)	No
	(ii) Related organizations				•					(ii)	No
b	If "Yes" on 3a(ii), are the related organization	•			•	• •	• •		3	b	
4	Describe in Part XIII the intended uses of the		wment	runas.							
Pai	t VI Land, Buildings, and Equipmer Complete if the organization answ		m 990	Part I\	/ li	no 11a	See Fr	rm 990 Par	t X line	10	
	Description of property (a) Cost or oth (investme	ner basis (b) Cost		basis (oth				depreciation	,	I) Book va	lue
1a	Land										
	Buildings			7,172	,234			1,470,816			5,701,418
	Leasehold improvements			,=.=				,,			
	Equipment			786	,770			161,344			625,426
	Other				,500			9,946			38,554
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu					>,510			6,365,398
				. //				Sch	edule D	(Form §	90) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Fo	orm 990. Part IV.	line 11b.See For	m 990. Part X. lin	e 12.
(a) Description of security or category	(b) Book value		(c) Method of valua	tion:
(including name of security)		Cost	t or end-of-year mar	ket value
(1) Financial derivatives				
(3) Other			-	
(A) HIGHVISTA DESIGNATED PORTFOLIO NS LIMITED PARTNERSHIP (B)	106,504,83	6	С	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	106,504,83	6		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Fo	orm 990 Part IV	line 11c See Fo	rm 990 Part X lir	ne 13
(a) Description of investment	5111 550, Farc 1V,	(b) Book value	(c) Method	of valuation:
(1)			Cost or end-of-y	ear market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	rm 000 Dart IV/	ing 11d Cap For	m 000 Dart V lin	o 1E
(a) Description	iiii 990, Pait IV, I	ille 110. See Foi		o) Book value
(1)DEPOSIT				125,995
(2)ROU ASSET (2)				8,659,161
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>	<u> </u>		8,785,156
Part X Other Liabilities.		ine 11 1100		V line 25
Complete if the organization answered 'Yes' on Fo 1. (a) Description of lia		ine 11e or 11f.S		X, line 25.) Book value
(1) Federal income taxes				
LEASE LIABILITY				9,630,753

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,630,753
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has be	een provided in Part XIII 🛛 🗹

been provided in Part XIII	
Schedule D (Form 990)	2022

	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
	Total revenue, gains, and other support per audited financial statements	1	26,820,189
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments 2a -14,341,917		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-8,401,763
	Subtract line 2e from line 1	3	35,221,952
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	(
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,221,952
ar	t 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. Total expenses and losses per audited financial statements	1	32,846,254
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	32,040,234
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.) Comparison Zd 5,913,492		
	Add lines 2a through 2d	2e	5,940,154
	Subtract line 2e from line 1	3	26,906,100
		5	20,500,100
	Amounts included on Form 990. Part IX, line 25, but not on line 1.		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	40	(
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4c	(26,906,10

Return Reference	Explanation
PART V, LINE 4:	SUPPORT LONG TERM NEEDS OF THE NSW COMMUNITY.
,	THE FOUNDATION HAS A TAX DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE THAT STATES IT QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENTS EXPENSES 6,418,897. COST OF DIRECT BENEFIT TO DONORS -505,405.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENTS EXPENSES 6,418,897. COST OF DIRECT BENEFIT TO DONORS -505,405.

Schedule D (Form 990) 2022

Additional Data

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Software ID: Software Version:

efile Public Visual Rende	or ObjectId: 202	231264934930	0511 - Submission:	2023-09-21	TIN: 31-1728910
SCHEDULE G	Supple	emental Inf	ormation Rega	rdina	OMB No. 1545-0047
(Form 990)			Gaming Activit	-	2022
	Complete if the organiza	ation answered "Yes"	on Form 990, Part IV, lines 1 in \$15,000 on Form 990-EZ, li	7, 18, or 19, or if the	
Department of the Treasury Internal Revenue Service		Attach to Forn	n 990 or Form 990-EZ.		Open to Public Inspection
Name of the organization NAVY SEAL FOUNDATION INC					entification number
NAVY SEAL FOUNDATION INC				31-1728910	
Part I Fundraising Ac	tivities. Complete if	the organization	n answered "Yes" on Fo	orm 990, Part IV, line	17.
	rs are not required t	•			
1 Indicate whether the orga	nization raised funds th	nrough any of the f	following activities. Check	all that apply.	
a 🗹 Mail solicitations			e 🗹 Solicitation of non-	-government grants	
b <mark>7</mark> Internet and email soli	citations		f Solicitation of gove	ernment grants	
c 🗹 Phone solicitations			g 🗹 Special fundraising	g events	
d Z In-person solicitations					
2a Did the organization have				- 1 - 1	_
or key employees listed in h If "Yes," list the 10 highes			•	S 🔽 Y	es 🗌 No er is
b If "Yes," list the 10 highes to be compensated at leas	st \$5,000 by the organi	zation.	pursuant to agreements		
(i) Name and address of individ or entity (fundraiser)	ual (ii) Activity	(iii) Did fundraiser have custody or control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		contributions?			
IETSO 2907 BUTTERFIELD RD	EVENT MANAGEMENT	No	5,894,870	106,737	5,788,133
OAK BROOK, IL 60523					
Total		. .►	5,894,870	106,737	5,788,133
	version is verifiere	d an licenced to as	licit contributions or bas b	an notified it is evenent	for an an all thread in a second

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Cat. No. 50083H Schedule G (Form 990) 2022

Pa	rt II Fundraising Events. Complete than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
		(a)Event #1 <u>NEW YORK GALA</u> (event type)	(b) Event #2 MIDWEST EVENING OF TRIBUTE (event type)	(c)Other events 18 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	6,784,297	5,894,870	13,965,374	26,644,541
	2 Less: Contributions	6,648,172	5,738,270		
	3 Gross income (line 1 minus line 2)	136,125	156,600	· · · ·	
	4 Cash prizes . <td< td=""><td>130,125</td><td>130,000</td><td></td><td>1,130,375</td></td<>	130,125	130,000		1,130,375
Direct Expenses	6 Rent/facility costs		253,849	221,944	475,793
xpei	7 Food and beverages				
Ct E	8 Entertainment				
Dire	9 Other direct expenses	976,969	1,004,816	3,961,319	5,943,104
	10 Direct expense summary. Add lines 4 th	hrough 9 in column (d)		🕨	6,418,897
	11 Net income summary. Subtract line 10			►	-5,262,522
Par	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
nses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
rect	4 Rent/facility costs				
ā	5 Other direct expenses				
		□ Yes%_	□ Yes%	□ Yes%	
	6 Volunteer labor	🗌 No	🗌 No	□ No	
	7 Direct expense summary. Add lines 2 th	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	🕨	
9 a b	Enter the state(s) in which the organization Is the organization licensed to conduct ga If "No," explain:	aming activities in each of	these states?		
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspended	d or terminated during the	e tax year?	Yes No

Schedule G (Form 990) 2022

	Page 3		
cheo	dule G (Form 990) 2022		Pag
1	Does the organization conduct gaming activities with nonmembers?	· 🗌 Yes	
2	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?	_	
3	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	а	
b	An outside facility	b	
ŀ	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:	
	Name		
	Address ►		
ja	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	· 🗌 Vec	
b	If "Yes," enter the amount of gaming revenue received by the organization $ ho$ \$ and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
i	Address Gaming manager information:		
5	Address 🖻		
i	Address Gaming manager information:		
;	Address Gaming manager information:		
ì	Address Gaming manager information: Name Gaming manager compensation \$ Description of convices provided		
	Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor		
,	Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor		
,	Address Gaming manager information: Name Gaming manager compensation \$		
, a	Address Gaming manager information: Name Gaming manager compensation \$		
a b	Address Gaming manager information: Name Gaming manager compensation \$	· 🗌 Yes	□ No
, a b	Address Gaming manager information: Name Gaming manager compensation \$	•	□ No nd Part
, a b	Address Gaming manager information: Name Gaming manager compensation \$	•	□ No nd Part
, a b	Address Gaming manager information: Name Gaming manager compensation \$	•	□ No nd Part tructions.
	Address Gaming manager information: Name Gaming manager compensation \$	•	□ No nd Part tructions.

Software Version:

efile Public Visual Render	ObjectId: 2	0231264934930051	1 - Submission: 20	23-09-21				TIN: 31-1728910
Note: To capture the full co Schedule I	ontent of this d	ocument, please sel	ect landscape mode	(11" x 8.5") whe	n printing.			MB No. 1545-0047
(Form 990)		Grants and O	ther Assistanc	e to Organiza	ations,			0000
(Governments a	and Individuals	s in the United	d States			2022
	Co	mplete if the organizat	tion answered "Yes," o		line 21 or 22.			Open to Public
Department of the Treasury		F Go to www	Attach to Form v.irs.gov/Form990 for		n.			Inspection
Internal Revenue Service Name of the organization						Fr	nployer identific	ation number
NAVY SEAL FOUNDATION INC							1-1728910	
Part I General Informa	tion on Grants	and Assistance				5.	1 1/20510	
1 Does the organization main the selection criteria used to						ce, and		
2 Describe in Part IV the orga	5							🗹 Yes 🗌 No
					ganization answered "Yes'	on Form 99	90, Part IV, line	21, for any recipient
		can be duplicated if addi						
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of sh assistance	(h) Purpose of grant or assistance
(1) THE HONOR FOUNDATION 11055 ROSELLE STREET STE 120 SAN DIEGO, CA 92121	46-2952873	501(C)(3)	699,996	0				TRANSITION ASSISTANCE: PROVIDES EDUCATIONAL CURRICULUMS TO TRANSITIONING SERVICE MEMBERS.
(2) SEALKIDS INC 516 D RIVER HWY STE 305 MOORESVILLE, NC 28117	45-4961791	501(C)(3)	350,000	0				FAMILY SUPPORT (NSW CHILDREN): PROVIDES EDUCAITONAL SERVICES TO THE NSW CHILDREN
(3) NAVY UDT-SEAL MUSEUM 3300 N HIGHWAY A1A FORT PIERCE, FL 34949	59-2569073	501(C)(3)	150,000	0				LEGACY GRANT
(4) GRATITUDE INITIATIVE 101 VINTAGE DR STE 100 RED OAK, TX 75154	46-3306022	501(C)(3)	100,000	0				EDUCATION (NSW CHILDREN): PROVIDES COLLEGE PREP ASSISTANCE TO NSW HIGH SCHOOL STUDENTS
(5) MEDAL OF HONOR MUSEUM FOUNDATION 1905 E RANDOL MIL ROAD STE B ARLINGTON, TX 76001	90-0900556	501(C)3	250,000	0				LEGACY GRANT
(6) AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUST, GA 30909	47-1606321	501(C)3	50,000	0				MENTAL HEALTH: RESEARCH GRANT
(7) HUNTERSEVEN FOUNDATION 306 THAYER STREET 2694 PROVIDENCE, RI 02906	83-1983697	501(C)3	50,000	0				MENTAL HEALTH: RESEARCH GRANT
(8) WARRIOR FOR LIFE FUND 4915 BROAD STREET VIRGINIA BEACH, VA 23462	46-0552796	501(C)3	50,000	0				FAMILY SUPPORT
2 Enter total number of section	n 501(c)(3) and go	overnment organizations	listed in the line 1 table .				. ►	8
3 Enter total number of other	organizations liste	d in the line 1 table					►	0
For Paperwork Reduction Act Notice	e, see the Instructio			Cat. No. 50055	Ρ		Sch	edule I (Form 990) 2022
Schedule I (Form 990) 2022		Page 2	2					Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	e	(b) Number of recipients	f	(c) Amount of cash grant		(d) Amount o noncash assista		(e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance
(1) STRENGTH		7899		3,151,546						
(2) RESILIENCE		1863		3,970,748						
(3) HEALTH		3212		7,626,444						
(4) EDUCATION		1288		2,724,544						
(5) COMMUNITY	12221 2,290,302		2,290,302							
(5)										
(6)										
(7)										
Part IV Supplemental In	nformatio	on. Provide the in	formatio	n required in P	Part I, li	ne 2; Part III,	colum	n (b); and any other	addition	al information.
Return Reference	Explanation									
PART I, LINE 2:	NAVY SEAL FOUNDATION SENDS OUT THE AWARD LETTERS AND HAS EACH RECIPIENT RETURN A SIGNED "ACCEPTANCE LETTER" THAT OUTLINES THE TERMS THEY NEED TO COMPLY WITH FOR THE GRANT.									

Schedule I (Form 990) 2022

Return to Form

Software Version:

For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization of the organization of the organization of the organization of the organization and the latest information. Image of the organization Set troubbarrow itc Image of the organization True for companions Image of the organization Travel for companions Image of the organization Travel for companions Image of the organization Travel for companions Image Image of the organization Travel for companions Image Ima	afile Public View	al Pondor	ObjectId: 20221	2640340	300511 - Submission: 2022-(10-21	- TTN: 21-1	1729	010
mm 999) For certain Officers, Directors, Trustes, Koy Employees, and Highest Complete if the organization nanwered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Page 2022 attend to form 990. Fo to <u>www.ifs.gov/Form892</u> for instructions and the latest information. Image 2016 attend to form 990. Fo to <u>www.ifs.gov/Form892</u> for instructions and the latest information. Image 2016 attend to form 990. Fo to <u>www.ifs.gov/Form892</u> for instructions and the latest information. Image 2016 attend to the organization Image 2016 Image 2016 Image 2016 officing 2016 Image 2016 Image 2016 Image 2016 Image 2016 officing 2016 Image 201		ai Kender	-		-	<u>, , , , , , , , , , , , , , , , , , , </u>			
ame of the organization W SALF.00VKATION INC Employer identification number 31-1728910 Art I Questions Regarding Compensation 31-1728910 Image: Comparization 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. Yes N Image: Comparization and gross-up payments Housing allowance or residence for personal use Payments for business use of personal residence Image: Comparization and gross-up payments Image: Comparization fees Image: Comparization require substantiation profit or reinbursing or allowing payments in the boxes on Line 1a are checked, did the organization follow a writhen policy regarding payment or relembursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. 1b ID the organization require substantiation profit or reinbursing or allowing paymenes incurred by all directors, trustees, officers, including the (EO/Executive Director, regarding the items checked on Line 1a? 1b Imdicate which, If any of the following the EO/Executive Director, but explain in Part III. Compensation committee Written employment contract Implement compensation consultant Compensation survey or study Implement from, a euglemental inonqualified refirement plan? 4a N Approval by the board or compensation or a related organization? Approval by the logand compensation ora related organization. 5a N	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 For instructions and the latest information.						2022 Open to Public		
WY SEL FOUNDATION INC 31-1728910 ant I Questions Regarding Compensation Yes N One Xet the appropiate box(es) if the organization provided any of the following to or for a person listed on Form Yes N 90, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N 91, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N 92, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N 93, Part VI, Section A, line 1a are checked, did the organization follow a written policy regarding payment or reimbursament or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 92 If any of the boxes on Line 1a are checked, did the organization organization services (e.g., maid, charffuer, checked on Line 1a? 1b 93 Indices hinch, if any, of the following the filing organization used to estabilish the compensation of the organizations consultat Compensation survey or study 2 94 Indipendent compensation consultat Compensation survey or study 3a Approval by the board or compensation committee 4a N 94 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a N 4a N 94 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5a N </th <th></th> <th>ation</th> <th></th> <th></th> <th></th> <th>Emplover identif</th> <th></th> <th></th> <th>-</th>		ation				Emplover identif			-
Image: Provide and provide any of the following to or for a person listed on Form Yes N Provide any contrast the organization provided any of the following to or for a person listed on Form Yes N Sector And Number 2015 He organization provide any relevant information regarding these items. Image: Sector And	VAVY SEAL FOUNDATIO	ON INC							
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. Yes N Check the appropriate box(es) if the organization provided any relevant information regarding these items. Participate in, or receive payment form an upper sonal residence for personal residence Participate in, or receive payment form and provide any relevant information regarding these items. Participate in, or receive payment form, an equity-based compensation arrangement? Ib to provide any relevant in Part III. Compensation committee Written employment contract Indicate organization is a supplementation and provide the apply. Do not check any boxes for methods Indicate which, if any, of the following the filing organization used to establish the compensation or the organization's CEO/Executive Director, reparding the items checked on Line 1a? Ib Compensation committee Written employment contract Compensation survey or study Independent compensation committee During the year, did any persona listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a N Approval by the board or compensation committee Dir granization? 4a N Participate in, or receive payment from, an equity-based compensation arrangement? 4a N Approval by the board or compensati	David I. Overati	ana Daaad				31-1/28910			
Check the appropiate 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 First-class or charte	Part Questi	ions Regard	ing compensation					Voc	No
Image: Tave I for companions Payments for business use of personal residence Image: Tave I demnification and gross-up payments Health or social club dues or initiation fees Image: Tave I demnification and gross-up payments Health or social club dues or initiation fees Image: Tave I demnification and gross-up payments Health or social club dues or initiation fees Image: Tave I demnification and gross-up payments Health or social club dues or initiation fees Image: Tave I demnification and gross-up payments Health or social club dues or initiation fees Image: Tave I demnification and gross-up payments Health or social club dues or initiation fees Image: Tave I demnification and gross-up payments Health or social club dues or initiation fees Image: Tave I demnification and gross-up payment is for a social club dues or initiation fees Image: Tave I demnification and gross-up payment or reimbursing or allowing geopess incurred by all directors, trustees, officers, including the filing organization substant itom to the CEO/Executive Director, regarding the items checked on Line 1a? Image: Tave Tave Tave Tave Tave Tave Tave Tave								Tes	110
Image: International gross-up payments Health or social dub dues or initiation fees Image: International gross-up payments Personal services (e.g., maid, chauffeur, chef) 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 expresses described above? If 'No,' complete Part III to explain. 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III. 2 Independent compensation consultant Imdependent compensation consultant 2 Independent compensation consultant Independent compensation consultant 2 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a N Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b N If 'Yes'' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5b N Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a N Por persons listed on form '90, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a	First-class	s or charter tra	vel		Housing allowance or residence for	personal use			
Interestionary spending account of provision of provision of provision of provision of provision of provision of all of the expenses described above? If "No," complete Part III to explain				_					
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									
reimbursement or provision of all of the expenses described above? If "No," complete ParT III to explain	Discretion	nary spending	account	\Box	Personal services (e.g., maid, chauf	feur, chef)			
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization's CEO/Executive Director, but explain in Part III. 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Independent compensation committee Written employment contract 3 Independent compensation consultant Compensation survey or study 4 Form 990 of other organizations 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: 4 N Participate in, or receive payment from, an equity-based compensation arrangement? 4 N Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 4 N If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5 N Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 N For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent							. 1b		
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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. Compensation committee Written employment contract Compensation committee Written employment contract 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: 4a N Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a N Participate in, or receive payment from, an equity-based compensation provide the applicable amounts for each item in Part III. Approval by the organization pay or accrue any compensation contingent on the revenues of: The organization? Com (1, 1), Sol(c)(4), and Sol(c)(29) organizations must complete lines 5-9. 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: Sa N Any related organization? Sa N Any related organization? Sa N Any related organization? Sa N A	directors, truste	ees, onicers, in	cluding the CEO/Execut	ive Director	r, regarding the items checked on Lir	le la?	_		
Independent compensation consultant Form 990 of other organizations 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: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? The organization? Participate dorganization? Participate dorganization? Participate dorganization? Participate dorganization? Presponse listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization? Participate dorganization? Parteipate dorganization?	organization's C	CEO/Executive	Director. Check all that	apply. Do n	ot check any boxes for methods				
Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? The organization? Part related organization? <t< td=""><td>Compens</td><td>ation committe</td><td>e</td><td></td><td>Written employment contract</td><td></td><td></td><td></td><td></td></t<>	Compens	ation committe	e		Written employment contract				
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: 4a N Receive a severance payment or change-of-control payment? 4a N Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b N Participate in, or receive payment from, an equity-based compensation arrangement? 4c N If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c N Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a N The organization? 5b N Sb N If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of: 5a N The organization?	Independ	lent compensat	ion consultant	<	Compensation survey or study				
related organization: 4a N Receive a severance payment or change-of-control payment? 4a N Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b N Participate in, or receive payment from, an equity-based compensation arrangement? 4c N If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c N Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a N The organization? 5a N 5b N If "Yes," on line 5a or 5b, describe in Part III. 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: 5b N The organization? 6a N 6b N Any related organization? 6a N 6b N If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 N Were any amounts reported on Form 9	Form 990) of other organ	nizations	<	Approval by the board or compensation	tion committee			
Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b N Participate in, or receive payment from, an equity-based compensation arrangement? 4c N If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c N Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a N The organization? 5a N 5b N Mif "Yes," on line 5a or 5b, describe in Part III. 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: 6a N Mif "Yes," on line 6a or 6b, describe in Part III. 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: 6a N Mif "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 N Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part II			n listed on Form 990, P	art VII, Sec	tion A, line 1a, with respect to the fi	ling organization or	а		
Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b N Participate in, or receive payment from, an equity-based compensation arrangement? 4c N If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c N Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a N The organization? 5a N 5b N Mif "Yes," on line 5a or 5b, describe in Part III. 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: 6a N Mif "Yes," on line 6a or 6b, describe in Part III. 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: 6a N Mif "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 N Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part II	a Receive a sever	rance payment	or change-of-control pa	yment? .			4a		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Compensation Compensation Contingent on the revenues of: Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Sa N The organization? . <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>4b</td> <td></td> <td>No</td>				-			4b		No
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: 5a N The organization? 5a N Any related organization? 5b N If "Yes," on line 5a or 5b, describe in Part III. 5b N 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: 6a N The organization? 6b N May related organization? 6b N May related organization? 6a N May related organization? 6a N May related organization? 6b N May related organization? 7 N Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?) If "Yes," describe in Part III.					5		4c		No
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If "Yes," on line 5a or 5b, describe in Part III. 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: The organization?	5								No
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: 6a N The organization? .							5b		No
The organization? 6a N Any related organization? 6b N If "Yes," on line 6a or 6b, describe in Part III. 6b N For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 N Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 N If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 1 1	For persons list	ed on Form 99), Part VII, Section A, li	ne 1a, did t	the organization pay or accrue any				
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If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 N Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 N If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 1 1	5								No
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 N Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 N If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 1 1							00		110
payments not described in lines 5 and 6? If "Yes," describe in Part III				ne 1a did +	the organization provide any ponfixe	4			
subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 N If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 8 N	payments not d	lescribed in line	es 5 and 6? If "Yes," des	scribe in Pa	rt III		7		No
in Part III						escribe			
If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section							8		No
a resion mile o, do tre organization also romow the reputable presumption procedure described in Regulations section a	If "Voc" on line	9 did the cree	nization also follow the	robuttable	procumption procedure decembed in	Pogulations costion	-		110
	53.4958-6(c)?				presumption procedure described in				

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 Schedule J (Form 990) 2022
 Page 2

 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 are not 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.

(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 ROBIN KING CEO	(i)	250,000	40,000	0	9,231	12,224	311,455	0
	(ii)	0	0	0	0	0	- 0	0
2 CAROLYN PETSCHLER DIRECTOR OF DEVELOPMENT	(i)	206,340	6,250	0	8,504	11,760	232,854	0
	(ii)	0	0	0	0	0	 0	0
3 SCOTT BURKE CFO	(i)	166,192	16,850	0	7,382	28,260	218,684	0
	(ii)	0	0	0	0	0	 - 0	0
4 CHRIS IRWIN DIRECTOR OF PARTNERSHIPS	(i)	177,479	10,625	0	7,625	12,757	208,486	0
	(ii)	0	0	0	0	0	- 0	0

5 ALISON MESSICK DIRECTOR OF PROGRAMS	(i)		10,625	0	4,286	19,578	164,216	0
	(ii)	0	0	0	0	0	- 0	0
6 OWEN O'SHEA DEVELOPMENT DIRECTOR	(i)	128,904	0	0	0	22,282	151,186	0
	(ii)	0	0	0	0	0	 0	0
	1							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 Page 3 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. Return Reference Explanation Schedule J (Form 990) 2022

Page 3 –

Additional Data

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efil	e Public Visua	al Render Ob	jectId: 2	02312649349300511 -	Submission: 2023-0	9-21	TIN: 31	1728	910
	IEDULE M		N	Ioncash Contri	hutions		OMB No. 3	1545-0	047
(For	m 990)	Complete if the		ions answered "Yes" on F		29 or 30.	20	22	
		Attach to Form							
	ment of the Treasury I Revenue Service	▶ Go to <u>www.irs.</u>	<u>gov/Form</u>	<u>990</u> for the latest informa	tion.		Open t Insp		
	e of the organizat					Employer ider	ntification n	umbei	r
NAVY	SEAL FOUNDATION	INC				31-1728910			
Pa	rt 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	noncash o	(d) od of determi contribution a		S
1 2 3 4 5	Art—Works of an Art—Historical tr Art—Fractional in Books and public Clothing and hou	easures . nterests cations isehold							
6	goods Cars and other v	ehicles							
7	Boats and planes								
8 9	Intellectual prop Securities—Publi		х	45	1,372,99				
10	Securities—Close				1,572,55	21110			
11	Securities—Partr or trust interest	nership, LLC,							
12	Securities—Misc								
13	Qualified conser contribution—H structures	istoric							
14	Qualified conser contribution—O								
15	Real estate—Res	sidential .							
16	Real estate—Cor								
17	Real estate—Oth					-			
18 19	Collectibles . Food inventory								
20	Drugs and medie					_			
	Taxidermy .								
	Historical artifac								
23	Scientific specim	iens							
24	Archeological art	ifacts							
25	Other 🕨 (
26	Other ► (
27	Other ► (
28	Other ► (
29				ation during the tax year for 3, Part IV, Donee Acknowledg		29			0
								Yes	No
30a	hold for at least	three years from th	ne date of th	/ contribution any property r ne initial contribution, and wl	nich isn't required to be us	nrough 28, that i ed for exempt	t must		
b	If "Yes," describ	e the arrangement	in Part II.				30a		No
31				olicy that requires the reviev	v of any nonstandard contr	ibutions?	31	Yes	
32a				or related organizations to s	olicit, process, or sell nonc	ash	32a	Yes	
ь	If "Yes," describ		-		·				
33	If the organizat describe in Part	•	amount in c	column (c) for a type of prop	erty for which column (a) i	s checked,			
For P	aperwork Reducti	on Act Notice, see th	e Instruction	ns for Form 990.	Cat. No. 51227	Sche	edule M (Forn	990)	(2022)
				Page 2 -					

Schedule M (Form 990) (2022)

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	y dadicional information
Return Reference	Explanation
PART I, LINE 32B:	VENDOR USED TO ACCEPT AND PROCESS VEHICLE DONATIONS

Schedule M (Form 990) (2022)

Additional Data

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SCHEDUL (Form 990) Department of the Trea Internal Revenue Serv	asury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.						estions o ation.		OMB No. 1545-004 2022 Open to Public Inspection	
Name of the org NAVY SEAL FOUND										loyer identi 728910	fication number
Return Reference						Explana	ation				
FORM 990, PART VI, SECTION B, LINE 11B	OFFICE	R, THE CH	AIR OF THE	AUDIT CON R REVIEW, A	MITTEE AND COPY OF T	THE EX	ECUTIV	E DIREC	TOR REV	IEW A DRAF	F FINANCIAL T OF THE FORM 990 TIRE BOARD OF
FORM 990, PART VI, SECTION B, LINE 12C	DELEGA OF THE THE PC	ATED POW CONFLICT LICY, AND EMPTION I	ERS SHALL . IS OF INTER UNDERSTAN	ANNUALLY EST POLIC NDS THE FC	SIGN A STAT Y, HAS READ DUNDATION	EMENT (AND UN IS A PUB	WHICH A IDERSTA LIC CHA	AFFIRMS ANDS TH ARITY ANI	SUCH PE E POLICY D IN ORDI	RSON: HAS (HAS AGRE ER TO MAIN	VERNING BOARD RECEIVED A COPY ED TO COMPLY WIT TAIN ITS FEDERAL OF ITS TAX-EXEMPT
FORM 990, PART VI, SECTION B, LINE 15	-				ATION COM			-		MMITTEE US	ED A REVIEW OF
FORM 990, PART VI, SECTION C, LINE 19	THE IRS	S DETERMI	NATION LET	TER IS ALS	O AVAILABLI	E ON THE	E WEBS	ITE. DOC	UMENTS	ARE POSTE	EBSITE. A COPY OF D ON THE ECTION 6104(D).
FORM 990, PART XII, LINE 2C:					UDIT OF THE CIAL STATEN						AN INDEPENDENT ZEARS.
For Paperwork Reduc	ction Act No	tice, see the Ins	structions for For	m 990 or 990-EZ	2.	Cat.	No. 510	56K			Schedule O (Form 990) 2

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efile Public Visual Rende	er ObjectId: 20	23126493493	00511 - Su	Ibmissio	n: 2023-	09-21	L										-1728			
SCHEDULE R											S				OMB No. 1545-0047					
(Form 990)	► c	omplete if the o	ganization a	answered Attac	"Yes" on h to Form	Form 9 990.	990, Part	IV, li	ine 33, 34	, 35b,	36, or 3	37.			4	202	22			
Department of the Treasury Internal Revenue Service		► Go to <u>I</u>	<u>vww.irs.gov</u>				s and the	lates	st informa	ation.							Publi ction	С		
Name of the organization NAVY SEAL FOUNDATION INC	1										Empl	oyer id	lentifi	cation nun	ber					
Part I Identification	of Disregarded E	ntities Complet	e if the ora	anization	answered	"Voc"	on Form	۵۵۵	Part IV	line 33		28910								
	(a)			(b)			(c)		(d)		(6	≥)			(f)					
Name, address, and EIN	(if applicable) of disregare	led entity		Primary act	ivity		domicile (st reign countr		Total inco	me	End-of-ye	ar assei	ts		contro entity	olling				
(1) SEAL HERITAGE CENTER LLC				ROVIDE A FA			VA			0			0 NA	VY SEAL FOUN	DATIO	N INC		-		
1619 D STREET BLDG 5326 VIRGINIA BEACH, VA 23459			FOUN	CATED TO TH IDATION'S FI UPPORT																
																		-		
																		-		
																		_		
																		-		
	of Related Tax-Exe			plete if th	e organiza	ation a	answered	"Yes	" on Forn	n 990,	Part IV	, line	34 be	cause it ha	d one	e or r	nore			
	npt organizations du (a) d EIN of related organization			(b) mary activity	/ Lea	(c) al domic) cile (state	Exem	(d) npt Code sed	ction	Public ch	(e) aritv sta	tus	(1 Direct co) ntrollin	a	(g Section	g) 512(b)		
				.,,			country)				(if section			ent		5	(13) co ent	ntrolled ity?		
																	Yes	No		
																		<u> </u>		
																		<u> </u>		
For Paperwork Reduction Ac							N 5010								D (5					
For Paperwork Reduction AC	t Notice, see the fils					Cal.	. No. 5013	51						Schedule	к (г	orm	90) 20	022		
		F	age 2																	
Schedule R (Form 990) 2022 Part III Identification of	of Related Organiz	ations Taxable	e as a Parti	nership.	Complete	if the	organiza	tion	answered	l "Yes"	on For	m 990), Part	IV, line 34	, bec	ause	-	le 2		
	ited organizations tr						(e)		(f)		g)			(i)		j)	(k			
	ddress, and EIN of ed organization		Primary activi	ity Legal domicile	Direct cont		Predomina income(rela	ited,	Share of total	Share o	f end-of- Disproprtio ear allocation		rtionate	Code V-UBI amount in	Gene man	eral or aging	Percer owne	ntage		
				(state or foreign		e	unrelated excluded from under secti	m tax	income	as	sets			box 20 of Schedule K- (Form 1065)	part	ner?				
				country))		512-514)				Yes	No	_	Yes	No				
(1) HIGHVISTA DESIGNATED PORT		ERSHIP	PRIVATE FUND INVESTMENT	DE	HIGHVISTA LIMITED		XCLUDED			106,	504,836		No			No	100	.000 %		
200 CLARENDON STREET 50TH FLO BOSTON, MA 02116 82-4094903	OR				PARTNERS	HIP														
															-	-				
					ł									1	1					
	of Related Organiz									answe	ered "Ye	es" on	Form	990, Part	IV, lir	ne 34				
(a)	ne or more related	(b)	eated as a co	(c)		(d)	(e	:)	(f)		(a)	.	(h)			(i)	(45)		
Name, address, and EII related organization	N Of	Primary activity	(sta	Legal domicile ate or foreigr		irect cor enti		(C cor cor	rp,S p,	are of tol income		re of en of-year assets	u-	Percentage ownership		contr	n 512(b) olled ent	ity?		
		I	I	countrv)	I		1	or tri			I		I		1	Yes	1	No		

			Schedule R	(Form 990) 2022

Page 3						
Schedule R (Form 990) 2022					Pag	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related	l organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
${\bf e}$ Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
q Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s).				-9 1h		No
i Exchange of assets with related organization(s).				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)			· ·	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p		No
${\bm q}$ Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered r	elationships and trai	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount ir	nvolved	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

— Page 4 —

Page **4**

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (c) Legal domicile (state or foreign country) (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproprtionate allocations? (j) General or managing partner? (k) Percentage ownership (a) Name, address, and EIN of entity (b) Primary activity (d) Predominant (e) Are all partners section (g) Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) 501(c)(3) organizations? Yes No Yes No Yes No

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			-										
										Sch	nedule R (Form 9	90) 2022
			Page 5 –										
			. uge o										
edule R (Form 990) 2022													Page 5
Part VII Supplemental Info			ana an Caba										
Provide additional inforr Return Reference	nation for respon	ises to questi	ions on Sche	dule R. See I	istructions								
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