

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEAL-NSW FAMILY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 CARLSBAD VILLAGE DRIVE 108A-361 City or town, state or province, country, and ZIP or foreign postal code CARLSBAD, CA 92008 F Name and address of principal officer: JOHN MONINGER SAME AS C ABOVE	D Employer identification number 27-1963880 E Telephone number (760) 533-7172 G Gross receipts \$ 3,197,978. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SEALFAMILYFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2010		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PROVIDES SUPPORT AND ASSISTANCE TO NAVY SEALS AND OTHER NSW PERSONNEL AND THEIR FAMILIES WORLDWIDE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	38
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,652,474.	Current Year 3,162,740.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,094.	9,648.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-586,184.	-746,010.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,068,384.	2,426,378.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	847,424.	1,139,035.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	230,357.	265,484.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 309,785.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	800,786.	1,118,101.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,878,567.	2,522,620.
19	Revenue less expenses. Subtract line 18 from line 12	189,817.	-96,242.
20	Total assets (Part X, line 16)	Beginning of Current Year 1,561,210.	End of Year 1,419,064.
21	Total liabilities (Part X, line 26)	81,866.	35,962.
22	Net assets or fund balances. Subtract line 21 from line 20	1,479,344.	1,383,102.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN MONINGER, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DANIEL P. SCHREIBER	Preparer's signature Date
	Firm's name ▶ JGD & ASSOCIATES LLP Firm's address ▶ 9191 TOWNE CENTRE DRIVE, SUITE 340 SAN DIEGO, CA 92122-1274	Check if self-employed <input type="checkbox"/> PTIN P00089202 Firm's EIN ▶ 95-3132551 Phone no. (858) 587-1000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO SUPPORT INDIVIDUAL AND FAMILY READINESS THROUGH AN ARRAY OF PROGRAMS SPECIFICALLY TARGETED TO ASSIST THE NAVAL SPECIAL WARFARE COMMUNITY IN MAINTAINING A RESILIENT, SUSTAINABLE, AND HEALTHY FORCE IN THIS ERA OF PERSISTENT CONFLICT AND FREQUENT DEPLOYMENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 320,217. including grants of \$) (Revenue \$) FAMILY INTEGRATION: NUMBER SERVED 1554

GRADUATION DINNERS - DINNER EVENT FOR THE FAMILIES OF ALL THE GRADUATES THE EVENING BEFORE THEIR OFFICIAL GRADUATION CEREMONY FROM THE SEAL BASIC TRAINING COURSE.

HARVEST HOEDOWN - ANNUAL WEEKEND-LONG CAMP OUT FOR ALL NSW FAMILIES

SISTERHOODS - BI-MONTHLY MEETINGS FOR ACTIVE DUTY NSW SPOUSES TO DISCUSS AREAS OF SHARED CONCERN.

4b (Code:) (Expenses \$ 745,320. including grants of \$ 650,000.) (Revenue \$) FAMILY RESILIENCY: NUMBER SERVED 734

OMM - ALTERNATIVE THERAPIES FOR PTSP AND TBIS SUCH AS YOGA, ACUPUNCTURE, WHOLISTIC MEDICINE.

SEALKIDS - DIRECT EDUCATIONAL DIAGNOSTIC TESTING AND TUTORING/MENTORING FOR NSW CHILDREN ON THE AUTISM SPECTRUM, A SPECIAL NEEDS CHILD OR A CHILD STRUGGLING WITH BEHAVIORAL OR EMOTIONAL DIFFICULTIES.

TLDS - REINTEGRATION SEMINARS FOR NSW SPOUSES WHOSE SEAL HUSBAND IS RETURNING FROM A COMBAT DEPLOYMENT.

4c (Code:) (Expenses \$ 381,537. including grants of \$) (Revenue \$) BEREAVEMENT: NUMBER SERVED 123

CAMPS - BEREAVEMENT CAMPS FOR CHILDREN WHO HAVE KNOWN THE LOSS OF A NAVY SEAL PARENT.

GOLD STAR FAMILY SUPPORT - FUNDING FOR COSTS DUE TO THE LOSS OF A FAMILY MEMBER INCLUDING FUNERALS, TRAVEL COSTS, MEMORIALS, RESOURCING PARTICIPATION BY THE VETERANS OF FOREIGN WARS, MILITARY, HONOR GUARDS, LOCAL POLICE AND FIRE DEPARTMENT, AND NSW RECEPTIONS WHERE THE DEPARTMENT OF THE NAVY IS NOT AUTHORIZED TO COVER EXPENSES.

WREATHS ACROSS AMERICA - FUNDING FOR TRAVEL TO AND ACCOMMODATION IN

4d Other program services (Describe in Schedule O.) (Expenses \$ 449,874. including grants of \$ 489,035.) (Revenue \$)

4e Total program service expenses 1,896,948.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part 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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JANA GOBER - (760) 533-7172
300 CARLSBAD VILLAGE DRIVE, 108A-361, CARLSBAD, CA 92008

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN MONINGER PRESIDENT	5.00	X		X				0.	0.	0.
(2) JOHN GALT VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(3) CRAIG CASSELL SECRETARY	1.00	X		X				0.	0.	0.
(4) CAPT (SEAL) MIKE ARGO, USN (RET) DIRECTOR	1.00	X						0.	0.	0.
(5) ALAINE BOLLINGER DIRECTOR	1.00	X						0.	0.	0.
(6) SCOTT CARLSON DIRECTOR	1.00	X						0.	0.	0.
(7) BRENT GLEESON (FORMER NAVY SEAL) DIRECTOR	1.00	X						0.	0.	0.
(8) ANDREW W. KLINE DIRECTOR	1.00	X						0.	0.	0.
(9) CAPT (SEAL) CHARLES (RANDY) MOR DIRECTOR	1.00	X						0.	0.	0.
(10) JEFFREY OSHER DIRECTOR	1.00	X						0.	0.	0.
(11) TIMOTHY SCHNELL DIRECTOR	1.00	X						0.	0.	0.
(12) RODNEY SCULLY DIRECTOR	1.00	X						0.	0.	0.
(13) MIKE THORNTON DIRECTOR	1.00	X						0.	0.	0.
(14) WILLIAM R. FENICK, CAPT, USN EXECUTIVE DIRECTOR	40.00			X				155,500.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							155,500.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							155,500.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,118,189.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,044,551.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,162,740.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,648.			9,648.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 2,118,189. of contributions reported on line 1c). See Part IV, line 18	a		0.			
		b Less: direct expenses	b	771,600.			
		c Net income or (loss) from fundraising events		-771,600.			-771,600.
	9 a Gross income from gaming activities. See Part IV, line 19	a		25,590.			
b Less: direct expenses		b	0.				
c Net income or (loss) from gaming activities			25,590.			25,590.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11	a _____						
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2,426,378.	0.	0.	-736,362.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	979,035.	979,035.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	160,000.	160,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,000.	41,667.	41,667.	41,666.
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	140,484.	90,162.	25,161.	25,161.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	275,643.	24,267.	99,654.	151,722.
12 Advertising and promotion	34,375.	13,068.	21,307.	
13 Office expenses				
14 Information technology	2,858.	504.	2,354.	
15 Royalties				
16 Occupancy	16,400.	8,200.	8,200.	
17 Travel	13,586.	9,635.	3,951.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,915.		12,915.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,255.	804.	8,451.	
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 O.)				
a EVENT/PROGRAM EXPENSE	649,993.	558,757.		91,236.
b DONOR RELATIONS	33,291.	0.	33,291.	
c SUPPLIES	13,230.	6,553.	6,677.	
d ANNUAL CONTRACTS	12,968.		12,968.	
e All other expenses	43,587.	4,296.	39,291.	
25 Total functional expenses. Add lines 1 through 24e	2,522,620.	1,896,948.	315,887.	309,785.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,062,500.	1	1,279,083.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	250,000.	3	0.
	4 Accounts receivable, net	1,500.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	185,091.	9	37,436.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	62,119.	11	102,545.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,561,210.	16	1,419,064.	
Liabilities	17 Accounts payable and accrued expenses	9,238.	17	20,962.
	18 Grants payable		18	
	19 Deferred revenue	72,628.	19	15,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	81,866.	26	35,962.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,465,544.	27	1,303,102.
	28 Temporarily restricted net assets	13,800.	28	80,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,479,344.	33	1,383,102.	
34 Total liabilities and net assets/fund balances	1,561,210.	34	1,419,064.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,426,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,522,620.
3	Revenue less expenses. Subtract line 2 from line 1	3	-96,242.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,479,344.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,383,102.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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 award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: SEAL-NSW FAMILY FOUNDATION
Employer identification number: 27-1963880

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1705349.	3636840.	4750873.	2650874.	3162740.	15906676.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1705349.	3636840.	4750873.	2650874.	3162740.	15906676.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						604,417.
6 Public support. Subtract line 5 from line 4.						15302259.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1705349.	3636840.	4750873.	2650874.	3162740.	15906676.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	574.		956.		9,648.	11,178.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						15917854.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.13	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	87.23	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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.		
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.		

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

SEAL-NSW FAMILY FOUNDATION

Employer identification number

27-1963880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SEAL-NSW FAMILY FOUNDATION	Employer identification number 27-1963880
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 68,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SEAL-NSW FAMILY FOUNDATION	Employer identification number 27-1963880
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization SEAL-NSW FAMILY FOUNDATION	Employer identification number 27-1963880
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization SEAL-NSW FAMILY FOUNDATION **Employer identification number** 27-1963880

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **0.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,392,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-34,046.	
e	Add lines 2a through 2d		2e	-34,046.
3	Subtract line 2e from line 1		3	2,426,378.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,426,378.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,488,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-34,046.	
e	Add lines 2a through 2d		2e	-34,046.
3	Subtract line 2e from line 1		3	2,522,620.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,522,620.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2017 OR 2016 AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

THE ORGANIZATION IS A PUBLIC BENEFIT NON-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF CALIFORNIA. THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

Part XIII Supplemental Information (continued)

CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE.
 ALL TAX-EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE,
 AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF
 UNRELATED BUSINESS INCOME, OR QUALIFICATION OF THE ORGANIZATION AS A
 TAX-EXEMPT ENTITY UNDER INTERNAL REVENUE CODE SECTION AND APPLICABLE STATE
 STATUTES. AT DECEMBER 31, 2017, THE FEDERAL STATUTE OF LIMITATIONS REMAINS
 OPEN FOR THE 2014 THROUGH 2016 TAX YEARS. THE STATUTE OF LIMITATION FOR
 THE STATE INCOME TAX RETURNS REMAINS OPEN FOR THE 2013 THROUGH 2016 TAX
 YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT TO FUNDRAISING EXPENSES	-34,046.
------------------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT TO FUNDRAISING EXPENSES	-34,046.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **SEAL-NSW FAMILY FOUNDATION** Employer identification number **27-1963880**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DEL MAR GOLF OUTING	BOSTON EVENT	12		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,243,308.	424,017.	450,864.	2,118,189.
	2	Less: Contributions	1,243,308.	424,017.	450,864.	2,118,189.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		33,984.	33,000.	66,984.
	7	Food and beverages		43,514.	28,937.	72,451.
	8	Entertainment	15,000.		2,500.	17,500.
	9	Other direct expenses	267,333.	238,013.	109,319.	614,665.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				771,600.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-771,600.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				25,590.

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JANA GOBER

Address ▶ 300 CARLSBAD VILLAGE DRIVE. 108A-361 - CARLSBAD, CA 92008

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **SEAL-NSW FAMILY FOUNDATION** Employer identification number **27-1963880**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMFORT ZONE CAMP 6606 WEST BROAD STREET, SUITE 401 RICHMOND, VA 23230	54-1916517	501(C)(3)	229,035.	0.			PROGRAM SUPPORT
SEALKIDS, INC. 516D RIVER HWY, STE. 305 MOORESVILLE, NC 28117	45-4961791	501(C)(3)	650,000.	0.			PROGRAM SUPPORT
SEAL FUTURE FUND 111E. 14TH ST #393 NEW YORK, NY 10003	46-0565393	501(C)(3)	100,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FAMILY READINESS GROUPS	35	160,000.	0.		FAMILY READINESS GROUPS FROM AROUND THE COUNTRY

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SEAL-NSW FAMILY FOUNDATION

Employer identification number

27-1963880

Part I Questions Regarding Compensation

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM R. FENICK, CAPT, USN EXECUTIVE DIRECTOR	(i)	125,000.	30,500.	0.	0.	0.	155,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **SEAL-NSW FAMILY FOUNDATION** Employer identification number **27-1963880**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	31,470.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SEAL-NSW FAMILY FOUNDATION

Employer identification number

27-1963880

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

VIRGINIA DURING THE WREATHS ACROSS AMERICAN ANNUAL EVENT FOR ALL NSW
GOLD STAR FAMILIES WHOSE FALLEN SEAL IS BURIED IN ARLINGTON NATIONAL
CEMETERY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY SUPPORT:NUMBER SERVED 17,118

FRG - FUNDING FOR EACH SEAL TEAMS' FAMILY READINESS GROUPS

EMERGENCY SUPPORT - FUNDING FOR CRISIS SUPPORT SUCH AS NATURAL
DISASTERS, CHILD OR SPOUSE ILLNESS OR DEATH OR OTHER EMERGENCY
SITUATIONS THAT ARISE

SEAL FUTURE FUND - PROGRAM FOR SEALS TRANSITIONING OUT OF THEIR
MILITARY SERVICE.

EXPENSES \$ 449,874. INCLUDING GRANTS OF \$ 489,035. REVENUE \$ 0.

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

THE 990 IS PROVIDED TO THE CHAIRMAN ONLY FOR REVIEW AND SIGNATURE.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH
PERSON, HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ
AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

SEAL-NSW FAMILY FOUNDATION

Employer identification number

27-1963880

UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

A COMPARATIVE ANALYSIS OF SAN DIEGO NON-PROFITS WAS INDEPENDENTLY CONDUCTED TO DETERMINE THE ROLES AND RESPONSIBILITIES AND APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR. GIVEN THE NATURE OF THIS UNIQUE NON PROFIT, IT'S GLOBAL REACH AND DISBURSED BOARD OF DIRECTOR, IT WAS DETERMINED TO COMPENSATE THE EXECUTIVE DIRECTOR AT THIS LEVEL.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	24,267.
MANAGEMENT AND GENERAL EXPENSES	99,654.
FUNDRAISING EXPENSES	151,722.
TOTAL EXPENSES	275,643.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	275,643.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO THE WAY THAT THE AUDIT COMMITTEE OR BOARD OF DIRECTORS OVERSEES THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR.

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name SEAL-NSW FAMILY FOUNDATION <small>Additional information. See instructions.</small>		California corporation number 3280807
Street address (suite or room) 300 CARLSBAD VILLAGE DRIVE 108A-361		PMB no.
City CARLSBAD	State CA	ZIP code 92008
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	---

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	35,238.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,162,740.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	3,197,978.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	3,197,978.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	3,294,220.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-96,242.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Information K	12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16 Penalties and Interest. See General Information J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer PRESIDENT	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	• PTIN P00089202
	Firm's name (or yours, if self-employed) and address JGD & ASSOCIATES LLP 9191 TOWNE CENTRE DRIVE, SUITE 340 SAN DIEGO, CA 92122-1274		• FEIN 95-3132551
			• Telephone (858) 587-1000

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	25,590.00
	2	Interest	•	2	00
	3	Dividends	•	3	9,648.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	35,238.00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 2	•	9	1,139,035.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	125,000.00
	12	Other salaries and wages	•	12	140,484.00
	13	Interest	•	13	00
	14	Taxes	•	14	00
	15	Rents	•	15	16,400.00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other Expenses and Disbursements SEE STATEMENT 4	•	17	1,873,301.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,294,220.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,062,500.		1,279,083.
2	Net accounts receivable		1,500.		
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 5		62,119.		102,545.
10	a Depreciable assets				
	b Less accumulated depreciation	()		()	
11	Land				
12	Other assets STMT 6		435,091.		37,436.
13	Total assets		1,561,210.		1,419,064.
Liabilities and net worth					
14	Accounts payable		9,238.		20,962.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 7		72,628.		15,000.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,479,344.		1,383,102.
22	Total liabilities and net worth		1,561,210.		1,419,064.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-96,242.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		-96,242.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-96,242.

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
02X	1147 HANCOCK BLVD., STE. 223 QUINCY, MA 02169	03/28/17	10,000.
ALTEGRIS INVESTMENTS	1200 PROSPECT ST., #400 LA JOLLA, CA 92037	04/28/17	5,000.
ANDREA AND RICHARD PHILLIPS	211 RIVER RD. UNDERHILL, VT 05489	11/16/17	5,000.
ANNE AND ALAN SIMON FUND	302 S. 36TH ST., #100 OMAHA, NE 68131	11/16/17	10,000.
ANTON GARNER	137 SOUTH SAN RAFAEL AVE. PASADENA, CA 91105	11/16/17	10,000.
BARKER FAMILY FOUNDATION	13430 HAMILTON OMAHA, NE 68154	10/13/17	5,000.
BERGER/HENRY ENT. SPECIALTY GROUP	60 WEST GERMANTOWN PIKE NORRISTOWN, PA 19401	02/21/17	10,000.
BLACKROCK	1 UNIVERSITY SQ. DR. PRINCETON, NJ 08540	02/10/17	5,000.
BLACKROCK FINANCIAL MGMT.	350 S. GRAND AVE. LOS ANGELES, CA 90071	06/05/17	10,000.
BRIAN CORWN FRECKMANN	25 NORMANDIE TER SAN FRANCISCO, CA 94115	04/17/17	10,000.
BRIAN OARD	3156 WHITE CEDAR PLACE THOUSAND OAKS, CA 91362	12/14/17	10,000.
BTIG, LLC	600 MONTGOMERY ST., 6TH FLOOR SAN FRANCISCO, CA 94111	06/28/17	8,000.
BUMBLEBEE SEAFOODS	280 10TH AVE. SAN DIEGO, CA 92101	02/10/17	25,000.
CHAMBERLAIN GROUP	2301 DUPONT DR., STE. 460 IRVINE, CA 92612	10/27/17	10,000.
CHARLES SMITH	4136 GARFIELD ST. CARLSBAD, CA 92008	06/22/17	41,000.
CHASE AND ANNA ANDERSON	8621 WHITEHEAD ST. MCKINNEY, TX 75070	06/05/17	10,250.

SEAL-NSW FAMILY FOUNDATION

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CHRIS AND BETSY MURPHY FAMILY FOUNDATION	302 SO. 36TH ST., STE. 100 OMAHA, NE 68131	09/08/17	5,000.
CHRISTINE MABEE	2683 VIA DE LA VALLE #G407 DEL MAR, CA 92014	05/15/17	10,000.
COLIN AND JACQUI PATERSON	6149 CLUBHOUSE RANCHO SANTA FE, CA 92067	04/20/17	10,000.
COMMONWEALTH CARES FUND	29 SAWYER RD. WALTHAM, MA 02453	03/14/17	5,000.
CONNER AND KIMBERLY DANA	137 GINGER COVE RD. OMAHA, NE 68064	10/13/17	5,000.
CORKY'S PEST CONTROL	909 RANCHEROS DR. SAN MARCOS, CA 92069	05/10/17	10,000.
COUSINS SUB SYSTEMS, INC.	N83 W13400 LEON RD. MENOMONEE FALLS, WI 53051	03/13/17	5,960.
CRAIG AND JANE POHLMAN	3315 N. 133RD CIRCLE OMAHA, NE 68164	10/13/17	5,000.
CYMER	17075 THORN MINT CT. SAN DIEGO, CA 92127	04/14/17	10,000.
DAN COMSTOCK	P.O. BOX 1575 RANCHO SANTA FE, CA 92067	01/13/17	10,000.
DANIEL AND MICHELE MARTIN	7140 SILVER CREEK CIRCLE OMAHA, NE 68152	10/13/17	5,000.
DANIEL MENDOZA	501 HUMBOLDT AVE, 2ND FLOOR SAUSALITO, CA 94965	12/31/17	5,000.
DARREN DEVORE	324 ROLLING ROCK RD. SE MARIETTA, GA 30067	05/16/17	40,000.
DAVID AND CONNIE WICK	1041 INSPIRATION LANE ESCONDIDO, CA 92025	03/14/17	5,000.
DAVID AND VANESSA BIRDWELL	SCHWAB CHARITABLE 211 MAIN ST. SAN FRANCISCO, CA 94105	05/16/17	5,000.
DAVID FROSH	18301 VON KARMEN, #330 IRVINE, CA 92612	11/15/17	10,000.
DAVID O'HAREN	4140 THUNDBIRD DR. SE MARIETTA, GA 30067	05/16/17	10,000.
DAVID WRIGHT	2755 SAND HILL ROAD SUITE 200 MENLO PARK, CA 94025	02/21/17	10,000.

SEAL-NSW FAMILY FOUNDATION

27-1963880

DELAWARE INVESTMENTS	2005 MARKET ST PHILADELPHIA, PA 19108	12/22/17	15,000.
DELTA INDEPENDENCE DAY FOUNDATION	9864 WILSHIRE BLVD BEVERLY HILLS, CA 90210	10/26/17	30,000.
DON AND ELINOR WILSON	23705 CRENSHAW BLVD., #200 P.O. BOX 3188 TORRANCE, CA 90510	12/29/17	10,000.
DONALD SCHMIDT	1014 RIVER VISTA DR. ATLANTA, GA 30339	05/16/17	10,000.
DOUGLAS ALLRED COMPANY	11452 EL CAMINO REAL., STE 200 SAN DIEGO, CA 92150	01/11/17	10,000.
DOVAL SULLIVAN TRUST	602 25TH ST. SANTA MONICA, CA 90402	12/11/17	21,186.
DREYFUS	225 LIBERTY ST., STE. 19TH FLOOR NEW YORK, NY 10289	05/22/17	5,000.
EATON VANCE	2 INTERNATIONAL PLACE BOSTON, MA 02110	05/23/17	10,000.
EMERICK CONSTRUCTION CO.	1409 S. MAPLE ST. CANBY, OR 97013	04/28/17	20,000.
ENGINEERED TAX SERVICES, INC.	303 EVERNIA ST. WEST PALM BEACH, FL 33401	05/16/17	10,000.
ERIC IANTORNO	1407 RAINBOW RIDGE ENCINITAS, CA 92024	04/28/17	8,000.
FARRELL FAMILY FOUNDATION	P.O. BOX 205 KENTFIELD, CA 94914	02/24/17	5,000.
FIRST NATIONAL BANK OF OMAHA	1620 DODGE ST., SC 3270 OMAHA, NE 68197	10/13/17	5,000.
FRANKLIN SQUARE CAPITAL PARTNERS FOUNDATI	201 ROUSE BLVD. PHILADELPHIA, PA 19112	04/25/17	5,000.
GAIL AND STEWART HUTCHESON	855 SAN ANTONIO PLACE SAN DIEGO, CA 92106	10/12/17	10,000.
GEORGE AND ANNALaura LITTLE	1815 SW CASEY CT. FULLMAN, WA 99163	10/20/17	10,000.
GERALD AND MICHELLE ALTILIO	763 NORTH 163RD ST. OMAHA, NE 68118	09/08/17	5,000.
GRAINGER, INC.	961 E. 53RD ST. DAVENPORT, IA 52807	01/11/17	6,000.

SEAL-NSW FAMILY FOUNDATION

27-1963880

HANK NORDHOFF	251 OCEAN VIEW AVE. DEL MAR, CA 92014	04/10/17	5,000.
HARTFORD FUNDS	5 RADNOW CORPORATE CENTER, #300 RADNOR, PA 19087	03/29/17	5,000.
HARTFORD FUNDS	690 LEE RD WAYNE, PA 19087	05/10/17	10,000.
HOLLY AND DAVID BRUCE	THREE NEWTON EXECUTIVE PARK, STE. 104 2223 WASHINGTON ST. NEWTON, MA 02462	02/21/17	25,000.
IYAD AND HAZAR DUWAJI	2900 MCKINNON ST., #2505 DALLAS, TX 75201	11/30/17	5,000.
JAMES AND TERESA DUROCHER	380 QUISSETT AVE. FALMOUTH, MA 02540	05/10/17	20,000.
JAMES FREEDMAN	142 S. CANYON VIEW DR. LOS ANGELES, CA 90049	11/15/17	5,000.
JEFFREY OSHER	69 SOUTH KNOLL RD MILL VALLEY, CA 94941	04/10/17	25,000.
JESSE AND LETICIA OROSCO	27394 RED IRONBARK DR. VALLEY CENTER, CA 92082	05/15/17	31,950.
JIM AND AMY WOOD	5164 MEADOWS DEL MAR SAN DIEGO, CA 92130	01/21/17	10,000.
JOAN WAITT FAMILYJ FUND	2508 HISTORIC DECATUR RD., STE. 200 SAN DIEGO, CA 92106	05/10/17	5,000.
JOHN & TONI MONINGER	1388 COMMONWEALTH AVE. WEST NEWTON, MA 02465	05/10/17	20,000.
JOHN AND ANNE NELSON	344 KENMORE AVE. COUNCIL BLUFFS, IA 51503	09/08/17	5,000.
JOHN NELSON	1601 S. 187TH CIR OMAHA, NE 68130	11/30/17	5,000.
JOSEPH AND KACEY LEMPKA	24308 MASON ST. WATERLOO, NE 68069	10/13/17	5,000.
JOSHUA AND JACQUELINE PACK	15050 ALTATA DR PACIFIC PALISADES, CA 90272	11/30/17	10,000.
JR. W. PORTER PAYNE	3348 PEACHTREE RD., NE, STE. 100 ATLANTA, GA 30326	05/16/17	5,000.
KAMAYA JANE	7564 NORTHERN LIGHTS SAN DIEGO, CA 92127	02/21/17	10,000.

SEAL-NSW FAMILY FOUNDATION

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KEENAN ASSOCIATES	P.O. BOX 4328 TORRANCE, CA 90510	11/30/17	5,000.
KELLEHER FAMILY CHARITABLE TRUST	47 CROOKED LANE DUXBURY, MA 02332	04/29/17	15,000.
KELVIN BERENS	10050 REGENCY CIRCLE, #400 OMAHA, NE 68114	11/06/17	5,000.
KEN POLLACK	PO BOX 27647 SCOTTSDALE, AZ 85255	10/19/17	5,000.
KEVIN BERNZOTT	888 W. VENTURA BLVD., STE. B CAMARILLO, CA 93010	09/20/17	10,000.
KIMMELMAN FAMILY FOUNDATION	130 OVERLEIGH ROAD BERNARDSVILLE, NJ 07924	05/09/17	15,000.
L.M. NEWMAN FAMILY FOUNDATION	601 FAIRVIEW BLVD. INCLINE VILLAGE, NV 89451	01/13/17	25,000.
LAND OF THE FREE FOUNDATION	13191 CORSSORADS PARKWAY NORTH CITY OF INDUSTRY, CA 91746	02/06/17	20,000.
LAURIE REINER	26392 DAPPLE GREY DR. LAGUNA HILLS, CA 92653	12/26/17	5,000.
LINDA BRANDES FOUNDATION	P.O. BOX 535 RANCHO SANTA FE, CA 92067	05/23/17	6,385.
MADELEINE PICKENS	2586 VIA DE LA VALLE, #G414 DEL MAR, CA 92014	06/05/17	33,000.
MANNA CHARITABLE FOUNDATION	2808 HISTORIC DECATUR RD., #200 SAN DIEGO, CA 92106	01/26/17	325,000.
MCWAGGENER CHARITABLE FUND	5186 CHELTERHAM TER SAN DIEGO, CA 92130	05/10/17	6,000.
MICHAEL AND REBECCA HECKETHORN	1001 TROY AVE. DYERSBURG, TN 38024	01/03/17	15,000.
MICHAEL AND SHARON HANSEN CHARITABLE FUND	302 S. 36TH ST. #100 OMAHA, NE 68131	09/08/17	5,000.
MICHAEL BATTLE	650 ATLANTA COUNTRY CLUB DR. SE MARIETTA, GA 30067	05/16/17	10,000.
MIDWAY FOUNDATION, INC.	910 N. HARBOR DR. SAN DIEGO, CA 92101	11/13/17	30,000.
MORGAN FAMILY FUND	C. 6100 WEST 96TH ST., #105 INDIANAPOLIS, IN 46278	01/31/17	10,000.

SEAL-NSW FAMILY FOUNDATION

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MORGAN STANLEY	1585 BROADWAY, 24TH FLOOR NEW YORK, NY 10036	04/28/17	5,000.
MUMFORD & MILLER CONCRETE	1005 INDUSTRIAL DR. MIDDLETOWN, DE 19709	12/11/17	5,000.
NADINE TILLEY TRUST	2200 W. VALLEY BLVD. ALHAMBRA, CA 91803	11/16/17	10,000.
NAMMO TALLEY INC.	4051 N. HIGLEY RD. MESA, AZ 85215	11/09/17	5,000.
NANCY HOLTZ	ONE BEACON STREET STE. 2210 BOSTON, MA 02108	05/16/17	5,000.
NATIXIS GLOBAL ASSET MANAGEMENT	399 BOYLSTON STREET BOSTON, MA 02116	06/28/17	10,000.
NORFOLK IRON AND METAL CO.	P.O. BOX 1129 NORFOLK, NE 68701	09/08/17	10,000.
PAPA DOUG MANCHESTER	350 CAMINO DEL LA REINA SAN DIEGO, CA 92108	05/15/17	59,000.
PAUL LUDACKA	9300 UNDERWOOD AVE., STE. 500 OMAHA, NE 68114	10/13/17	5,000.
PERFECT 33 FOUNDATION	P.O. BOX 8107 RANCHO SANTA FE, CA 92067	05/09/17	50,000.
PETER RICKETTS	P.O. BOX 94848 LINCOLN, NE 98509	09/18/17	10,284.
PIMCO	1633 BROADWAY, 45TH FLOOR NEW YORK, NY 10019	02/21/17	10,000.
PUTNAM INVESTMENTS	ONE POST OFFICE SQUARE BOSTON, MA 02109	06/05/17	5,000.
QUALITY PORK INTERNATIONAL	10404 F PLAZA OMAHA, NE 68127	09/08/17	5,000.
RAFAEL COLLADO	8484 WESTPARK DRIVE, STE 600 MC LEAN, VA 22102	04/20/17	10,000.
RARITAN CENTRAL RAILWAY< LLC	1 GATEWAY CTR, STE. 5018 NEWTON, MA 02458	05/10/17	10,000.
RAY WIRTA	81 EMERALD BAY LAGUNA BEACH, CA 92651	10/15/17	10,000.
RD AND JOAN DALE HUBBARD FOUNDATION	72-650 FRED WARING DRIVE, SUITE 202 PALM DESERT, CA 92260	04/10/17	10,000.

SEAL-NSW FAMILY FOUNDATION

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RESMED	9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	01/24/17	10,000.
RICHARD AND PATRICIA BELL	9960 BLOOMFIELD DR. OMAHA, NE 68114	10/13/17	5,000.
ROBERT AND ANNABEL MOORE	100 EAST HURON, UNIT 2702 CHICAGO, IL 60611	10/20/17	15,000.
ROBERT AND BARBARA OSHER FAMILY FOUNDATION	10380 CARRIAGE TRL CINCINNATI, OH 45242	12/29/17	5,000.
ROBERT B. DAUGHERTY FOUNDATION	ONE VALMONT PLAZA, STE. 202 OMAHA, NE 68154	11/06/17	25,000.
RODNEY AND MARSHA SCULLY	4555 COMBER AVE. ENCINO, CA 91316	11/30/17	10,000.
RUSSELL AND JENNIFER PETERSON	4281 VENTURA DR. FREMONT, NE 68025	10/13/17	5,000.
SBH AND TLH	20845 ROUNDUP RD. ELKHORN, NE 68022	10/13/17	5,000.
SCOTT CARLSON	11808 WEST CENTER RD. OMAHA, NE 68144	11/13/17	5,000.
SEAN SMITH TRUST	3255 CRENSHAW BLVD., #200 TORRANCE, CA 90501	11/30/17	5,000.
SECURITY NATIONAL BANK	P.O. BOX 31400 OMAHA, NE 68131	09/08/17	5,000.
SID AND JENNY CRAIG FOUNDATION	P.O. BOX 675532 RANCHO SANTA FE, CA 92067	02/10/17	10,000.
SINGER FOUNDATION	11422 MIRACLE HILLS DR., STE. 408 OMAHA, NE 68154	04/20/17	7,500.
STANLEY & JOYCE BLACK FAMILY FOUNDATION	433 N CAMDEN DR STE 1070 BEVERLY HILLS, CA 90210	11/16/17	25,000.
STATE STREET BANK AND TRUST	1 LINCOLN ST. BOSTON, MA 02111	06/12/17	5,000.
STORMY & DAVID C. HULL FAMILY FUND	3202 HUNTINGDON PLACE HOUSTON, TX 77019	12/30/17	5,000.
SUSAN SPATH FAMILY FOUNDATION	1177 AVE OF THE AMERICAS, 41ST FLOOR NEW YORK, NY 10036	06/05/17	56,700.
SUZANNE AND WALTER SCOTT FOUNDATION	11422 MIRACLE HILLS DR., #408 OMAHA, NE 68154	11/30/17	20,000.

SEAL-NSW FAMILY FOUNDATION

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SWEENEY CLASSIC	6170 JOLIET RD. COUNTRYSIDE, IL 60525	10/26/17	500,000.
THALES	53 NORWICH RD. WELLESLEY, MA 02482	12/04/17	17,172.
THE ANJULICIA FOUNDATION	963 SW SIMPSON AVE., STE. 110 BEND, OR 97702	11/06/17	15,000.
THE BEALL FAMILY FOUNDATION	1200 NEWPORT CENTER DR., #220 NEWPORT BEACH, CA 92660	11/13/17	5,000.
THE BECK REVOCABLE TRUST	5042 WILSHIRE BLVD., #32647 LOS ANGELES, CA 90036	11/30/17	25,000.
THE DAVID SCOTT FOUNDATION	11422 MIRACLE HILLS DR., #408 OMAHA, NE 68154	10/13/17	5,000.
THE FITZPATRICK FOUNDATION	P.O. BOX 2249 REDWOOD CITY, CA 94064	07/15/17	68,600.
THE HAWKS FOUNDATION	14302 FNB PARKWAY OMAHA, NE 68154	10/13/17	5,000.
THE HOWARD G. BUFFETT FOUNDATION	145 N. MERCHANT ST. DECATUR, IL 62523	06/07/17	25,000.
THE JACMAR COMPANIES	2200 W VALLEY BLVD ALHAMBRA, CA 91803	11/16/17	25,000.
THOMAS AND DINA ARCHIPLEY	3832 CROOKED CREEK DR. OKEMOS, MI 48864	11/13/17	25,000.
THOMAS SIMMS	10071 VALLEY SPRING LANE TOLUCA LAKE, CA 91602	11/13/17	10,000.
TIM SCHNELL	3921 OCEANIC DRIVE, SUITE 803 OCEANSIDE, CA 92056	04/28/17	10,000.
TIMOTHY KENRICK	27933 LARSON LANE FARMINGTON HILLS, MI 48331	04/28/17	5,000.
TODD BUCHNER	6404 MIMULUS RANCHO SANTA FE, CA 92067	04/25/17	10,000.
TOM HARRIS	P.O. BOX 3787 RANCHO SANTA FE, CA 92067	04/28/17	5,000.
TONY CAPUTO	17771 VIA BELLA AQUA CT MIROMAR LAKE, FL 33913	10/05/17	5,000.
TOYOTA OF EL CAJON	965 ARNELE AVE. EL CAJON, CA 92020	03/14/17	6,000.

SEAL-NSW FAMILY FOUNDATION

27-1963880

UBS BUSINESS SOLUTIONS	P.O. BOX Q120312 STAMFORD, CT 06912	07/24/17	5,000.
UNF CHARITABLE GIFT FUND	1010 LINCOLN MALL STE. 300 LINCOLN, NE 68508	11/20/17	5,000.
UNITED PACIFIC	17311 S. MAIN ST. GARDENA, CA 90248	10/27/17	10,000.
WALTER AND BETTY ZABLE FOUNDATION	10731 TREENA ST., STE. 102 SAN DIEGO, CA 92131	12/12/17	20,000.
WELLS FARGO BANK	MAC N9310 MINNEAPOLIS, MN 55415	04/25/17	5,000.
WESTERN DEVCON	10525 VISTA SORRENTO PKWY., #110 SAN DIEGO, CA 92121	03/06/17	10,000.
WILLIAM AND AMY HOLLETT	4649 WYNMEADE PARK NE MARIETTA, GA 30067	05/16/17	10,000.
WILLIAM AND RAE DYER	8424 LOVELAND DR. OMAHA, NE 68124	10/13/17	5,000.
WILLIAM DANA	159 GINGER COVE RD. VALLEY, NE 68064	11/30/17	5,000.
WILLIAM HENDRICKSEN	443 HARBOR ISLAND DR. NEWPORT BEACH, CA 92660	11/13/17	10,000.
YOUNG CONTRACTING COMPANY FOUNDATION	8215 ROSWELL RD., BLDG. 400 ATLANTA, GA 30350	05/16/17	10,000.
TOTAL INCLUDED ON LINE 3			<u>2,617,987.</u>

CA 199	NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: CASH DONATION

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
COMFORT ZONE CAMP	6606 WEST BROAD STREET, SUITE 401 - RICHMOND, VA 23230	NONE	229,035.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
12/31/17	0.	CASH	COST

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SEALKIDS, INC.	516D RIVER HWY, STE. 305 - MOORESVILLE, NC 28117	NONE	650,000.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
12/31/17	0.	CASH	COST

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SEAL FUTURE FUND	111 E. 14TH ST. #393 - NEY YORK, NY 10003	NONE	100,000.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
12/31/17	0.	CASH	COST

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FAMILY READINESS GROUPS	300 CARLSBAD VILLAGE DRIVE 108A-361 - CARLSBAD, CA 92008	NONE	160,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>	
12/31/17	0.	CASH	COST	
TOTAL FOR THIS ACTIVITY				1,139,035.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	1,139,035.
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<u>CA 199</u>	<u>COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES</u>	<u>STATEMENT</u>	<u>3</u>
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
JOHN MONINGER 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	PRESIDENT 5.00	0.
JOHN GALT 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	VICE CHAIRMAN 5.00	0.
CRAIG CASSELL 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	SECRETARY 1.00	0.
CAPT (SEAL) MIKE ARGO, USN (RET) 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
ALAINE BOLLINGER 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
SCOTT CARLSON 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.

BRENT GLEESON (FORMER NAVY SEAL) 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
ANDREW W. KLINE 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
CAPT (SEAL) CHARLES (RANDY) MORGAN, U 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
JEFFREY OSHER 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
TIMOTHY SCHNELL 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
RODNEY SCULLY 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
MIKE THORNTON 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	DIRECTOR 1.00	0.
WILLIAM R. FENICK, CAPT, USN 300 CARLSBAD VILLAGE DRIVE 108A-361 CARLSBAD, CA 92008	EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
EVENT/PROGRAM EXPENSE	649,993.
DONOR RELATIONS	33,291.
SUPPLIES	13,230.
ANNUAL CONTRACTS	12,968.
DIRECT EXPENSES OF FUNDRAISING EVENTS	771,600.
OTHER PROFESSIONAL FEES	275,643.
ADVERTISING AND PROMOTION	34,375.
INFORMATION TECHNOLOGY	2,858.
TRAVEL	13,586.
CONFERENCES AND CONVENTIONS	12,915.
INSURANCE	9,255.
ALL OTHER EXPENSES	43,587.
TOTAL TO FORM 199, PART II, LINE 17	1,873,301.

CA 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
INVESTMENTS - PUBLICLY TRADES SECURITIES		62,119.	102,545.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		62,119.	102,545.

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		250,000.	0.
PREPAID EXPENSES AND DEFERRED CHARGES		185,091.	37,436.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		435,091.	37,436.

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		72,628.	15,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		72,628.	15,000.

TAXABLE YEAR
2017

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
SEAL-NSW FAMILY FOUNDATION	27-1963880

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>3,197,978.00</u>
2 Total gross income (Form 199, line 8)	2	<u>3,197,978.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>3,294,220.00</u>

Part II Settle Your Account Electronically for Taxable Year 2017

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	▶ _____	_____	▶ PRESIDENT
	Signature of officer	Date	Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address				FEIN
	JGD & ASSOCIATES LLP				95-3132551
	9191 TOWNE CENTRE DRIVE, SUITE 340				ZIP code
	SAN DIEGO, CA				92122-1274

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address			FEIN
				ZIP code

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0186484 SEAL-NSW FAMILY FOUNDATION <small>Name of Organization</small> 300 CARLSBAD VILLAGE DRIVE 108A-361 <small>Address (Number and Street)</small> CARLSBAD, CA 92008 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>3280807</u> Federal Employer I.D. No. <u>27-1963880</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:
 Gross annual revenue \$ 2,426,378. Total assets \$ 1,419,064.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (760) 533-7172

Organization's e-mail address JANA.GOBER@SEALFAMILYFOUNDATION.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

JOHN MONINGER	PRESIDENT	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>