Form 9	30
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AF	or th	e 2022 calendar year, or tax year beginning and	ending			
B c	heck if pplicab	STARTE MEMORIAL SCHOLARSHIP ASSOCIATIO	ON	D Employer identifie	cation number	
	Addre] chang Name				~ -	
	_chang	e Doing business as		52-09103		
	_return Final return	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number 703-690-		
	→return termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2213726.	
	Amen return	SPRINGFIELD, VA 22150		H(a) Is this a group re		
				for subordinates		
	pendi	⁹ SAME AS C ABOVE		H(b) Are all subordinates in		
11	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) (or 52		list. See instructions	
J٧	Vebsi	te: WWW.SEABEE.ORG		H(c) Group exemption		
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Yea	r of formation: 1970 N	State of legal domicile: DC	
Pa	nrt I	Summary				
ė	1	Briefly describe the organization's mission or most significant activities: PROV	IDES	SCHOLARSHIP	GRANTS TO	
Governance		THE CHILDREN AND GRANDCHILDREN OF SEABEE;	s.			
ern	2	Check this box if the organization discontinued its operations or disposed				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			29	
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			29	
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		3		
Activities &	6	Total number of volunteers (estimate if necessary)			100	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year	
	_	Contributions and such (Dart)/III line 1b)		1510418.	1287276.	
anı	8 9	Contributions and grants (Part VIII, line 1h)		0.	0.	
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		263721.	406266.	
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		139923.	122971.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1914062.	1816513.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		410243.	263994.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		56336.	153689.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
xpe		Total fundraising expenses (Part IX, column (D), line 25) 587	63.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		257569.	206398.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		724148.	624081.	
	19	Revenue less expenses. Subtract line 18 from line 12		1189914.	1192432.	
s or			В	eginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	L	12178257.	10678670.	
et A: nd E	21	Total liabilities (Part X, line 26)		1495.	45113.	
Z, D	22	Net assets or fund balances. Subtract line 21 from line 20		12176762.	10633557.	
_	rt II	Signature Block			u lun audia dana amat katilati (h.)-	
		Ities of perjury, I declare that I have examined this return, including accompanying schedule: t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is	
uue,	COLLE	a, and complete. Declaration of preparer (other than officer) is based on an information of Wr	non prepare	er nas any knowledge.		

Sign	Signature of officer	Date	
	DAN MILLER, EXECUTIVE	DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	R. BEN YOUNG, CPA	R. BEN YOUNG, CPA	05/11/23 ^{if} P00250862
Preparer	Firm's name ALEXANDER VAN	LOON SLOAN LEVENS & FA	VRE Firm's EIN 64-0654714
Use Only	Firm's address 9490 THREE RI	VERS ROAD	
	GULFPORT, MS	39503	Phone no. (228)863-0411
May the IF	RS discuss this return with the preparer sh	own above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction A	ct Notice, see the separate instructions.	Form 990 (2022)

	SEABEE MEMORIAL SCHOLARSHIP ASSOCIATION
	990 (2022) INC. 52-0910325 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE SCHOLARSHIPS
	PROVIDE SCHOLARSHIPS
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 461947 • including grants of \$ 263994 •) (Revenue \$
	THE ASSOCIATION PROVIDES SCHOLARSHIP GRANTS TO SONS, DAUGHTERS AND
	GRANDCHILDREN OF INDIVIDUALS WHO HAVE SERVED IN THE U.S. NAVY SEABEES
	AND IN THE U.S. NAVY CIVIL ENGINEER CORPS AND RAISES FUNDS TO CONSTRUCT
	MONUMENTS AND MEMORIALS TO THE U.S. NAVY SEABEES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 461947.
4e	Total program service expenses 461947.

INC.

Part IV Checklist of Required Schedules Ver. 1 Is the organization described in section SD1(6)(0 or 947/6)(1) (other than a private foundation)? I X 2 Is the organization required to complete Schedule B. Schedule Of Contributing Special Schedule A. 2 X 3 DD4 the organization required to complete Schedule C. Part I 3 X 4 Section 501(6)(0) organizations. Dd1 the organization regage in blobying activities on have a section 501(6)(0 colls). 5 X 6 Dd1 the organization asset the NDE Schedule C. Part II 4 X 7 Dd1 the organization asset the NDE Schedule C. Part II 5 X 6 Dd1 the organization reserves on reserves of nonzonits in such hands or accounts II ***, complete Schedule C. Part II 6 X 7 Dd1 the organization reserves on reserves reserves on reserves on reserves reserve	Form	990 (2022) INC. 52-0910	325	Р	age 3
1 Is the organization described in section S01(3)0 or 4947(4)1 (other than a private foundation? I X 2 Is the organization engage in decide of index of an organization engage in lobbying activities on bala of on inopposition to candidates for a discribed Schedule G, Part II 2 X 3 Delt the organization. Slick the organization engage in lobbying activities, or have a section S01(4) electron in offect dide decide of another is superior to a section S01(4) electron in offect dide decide (C, Part II) 3 X 4 Section S01(c)(3) organization. Slick the organization engage in lobbying activities, or have a section S01(4) electron in offect dide of another is such funds or	Pa	t IV Checklist of Required Schedules			
If "Yes," complete Schedule A It is the organization required to complete Schedule B, Schedule of Contributority See instructions It is the organization ranging in direct or indirect policieal campaign activities on behalf of or in opposition to candidates for public of idea Schedule C, Part I It is the organization ascent so Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year II "Yes," complete Schedule C, Part II It is the organization markin any donor advised induces 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Winch donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Winch donors have the right to provide advice on the distribution or investment of amounts in each funds or accounts for Winch donors have the right to provide advice on the distribution structures IV "res," complete Schedule D, Part II K 9 Did the organization marking and advice camp similar assats? IV "res," complete Schedule D, Part II K K 9 Did the organization reports an amount in Part X, line 21, for escrov or custodial account labelity, serve as a custodian for amount in Part X, line 21, Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12/I "res," complete Schedule D, Part VI K 9 Did the organization report an amount for land, buildings, and sequement in Pa				Yes	No
2 Is the organization required to complete Schedule 0, Schedule of Contribution See instructions 2 X 3 Did the organization requires Schedule C, Part 1 3 X 4 Section 501(c)(3) organizations. Did the organization engage in biblying activities, or have a section 501(r) election in effect 4 4 X 5 It the organization action 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Park Proc. 89-101 / Yres, "complete Schedule C, Part 1 6 X 6 Did the organization cerves or hold a conservation essensent, including assertments to preserve open space, the overloament, historic lard eras, or historic atructures // Yres, "complete Schedule C, Part 11 7 X 9 Did the organization requires on hold a conservation essensent, including assertments to preserve open space, the overloaments on bisted in Park X, or provide cered counseling, definitional treasures, or other similar assets? If Yres, "complete Schedule D, Part 11 8 X 9 Did the organization require and value of granization, hold assets in doon-restricted andownments? 9 X 10 Did the organization amount in Park X, ime 21, for escrew or custofiel account lability, serve as a custodean for amounts no bisted in Park X, or provide cered counseling, dedut management, cered repart, or debt reguires to the statis asset reported in Park X, in Park X, or provide cered counseling	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization engage in direct or index point (and any paint of the second secon		If "Yes," complete Schedule A	1		
3 Delthe organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I 3 X 4 Section 501(b(3) organizations. Dd He organization engage in bobying activities, or have a section 501(b) election in effect during the taxy year 2I ''''es', 'complete Schedule C, Part II 4 X 5 Is the organization a section 501(b(3), or 501(c)(3) or 501(c)(3) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197 If 'Yes, 'complete Schedule C, Part II 6 X 5 Dot the organization neever in dia conservation funding assements in bornes preserve, the environment, historic land areas, or historic attractures? If 'Yes, 'complete Schedule D, Part II 7 X 8 Dot the organization neever in collections of voxe of al. historical researces, or dism similar assets? If 'Yes, 'complete Schedule D, Part II 8 X 10 Dot the organization report an amount fin Part X, ine 21, for second or custodial account liability, serve as a custodian for an anount fin Part X, ine 21, for second or custodial account liability. Serve as a custodian for X 10 X 11 He organization report an amount fin Part X, line 21, for second or custodial account liability. Serve as a custodian for X 10 X 12 Dot the organization report an amount for investmenta- other securities in Part X, line	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(b) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 4 X 5 Is the organization a section 501(c)(5) or 501(c)(5) or 501(c)(5) or 201(c)(5). 5 X 6 Did the organization a matchia any done advised funds or any similar funds or accounts for which dones have the right to provide advise on the distribution or investment of amounts in accounts for which dones have the right to provide advise on the distribution or investment of amounts in accounts for which dones have the right to provide advise on the distribution or investment of amounts in accounts for which dones have the right to provide advise on the distribution or investment of amounts in accounts for which dones have the right to provide advise on the distribution or investment of amounts in accounts for which dones have the right to provide advised. D, Part II. 6 X 7 X X 0 0 100 the organization maintain collections of works of at, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 10 X 10 Did the organization right many done and anount for investments of the securities in Part X, line 130, that is 5% or more of its total assets reported in Part X, line 100, that assets in donor restricted endowments or in quasi endowments? If Yes,' complete Schedule D, Part V 10 X 10 Did the organization sanceur to rivo the restribution is	3	• • •			
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5 Is the organization asset on SO1(6(4), SO1(c)(6) or SO1(0(6)			4		x
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organizat	D		12h		x
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			20b		
			21		X

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Pa	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		- 23
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Da	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
га	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8	162	
ia h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
			000	<u> </u>

INC.

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_	<u>990 (2022)</u> INC. 52-0910	325	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 3									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
h		-t a								
D	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of qualined intellectual property, did the organization increation file a Form 1098-C?	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711								
0		8								
~	sponsoring organization have excess business holdings at any time during the year?	•								
9	Sponsoring organizations maintaining donor advised funds.	•								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.) 11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
c	Enter the amount of reserves on hand 13c									
14a		14a		X						
	lf IIV an III han it filed a Farma 200 ta man ait than an ann anta 0 lf IIV a II annuide an ann Ianation an Oakadula O	14b		<u> </u>						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
15		45		x						
	excess parachute payment(s) during the year?	15								
	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and for a	"No"	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				37	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			. –	v	
a	The organization's CEO, Executive Director, or top management official			15a	X	v
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					X
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401-		
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, C	<u>ים יח</u>		КG	٧v	Τ. 7
17						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990	- 1 (section 501(c)(3)	s only) availa	aple
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on 0-	hadula ()			
10				dfine		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	JUIIICT (interest policy, an	u inar	icial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	oke on	d rocords			
20	BETH REUNING - 703-690-7672	ors an	u records			
	PO BOX 391, SPRINGFIELD, VA 22150					

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2	2022)	INC.						52-0	9
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest (Compensated	
	Employees, an	d Independe	ent Contra	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

INC.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	id ual 1	Institutional trustee	5	Key employee	est co o yee	er	,		organizations
	line)	Indivi	Instit	Officer	Keye	Highe	Former			-
(1) DANIEL K MILLER	25.00									
EXCUTIVE DIRECTOR		X		X				53393.	0.	0.
(2) NOAH H. LONG, JR.	1.00									
CHAIRMAN EMERITUS		X						0.	0.	0.
(3) LOUIS V. CARIELLO	10.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) KEITH HAMILTON	10.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) DAVID J CROWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KATHRYN DONOVAN	5.00									
DIRECTOR		Х						0.	0.	0.
(7) TONY EDMONDS	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) JAMES FARLEY JR.	1.00									_
DIRECTOR		х						0.	0.	0.
(9) PATRICK BRENNAN	1.00									
DIRECTOR		х						0.	0.	0.
(10) MIKE BLOUNT	1.00									
DIRECTOR		х						0.	0.	0.
(11) MARK HANDLEY	1.00									
DIRECTOR		X						0.	0.	0.
(12) CHARLIE HEWITT	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TRUDY HOFF	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JOSEPH HOGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ROBERT JOHNSON	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(16) DAVID KELLEY	1.00									•
DIRECTOR	1 00	X		<u> </u>				0.	0.	0.
(17) DAVID LAIB	1.00									•
DIRECTOR		X						0.	0.	0.

INC.

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Form 990 (2022) INC .									52-091	<u>J325</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(1-			ition			Reportable	Reportable		imated
	hours per	box	, unles	ss pe	erson	than is bot	h an		compensation	amo	ount of
	week	offic	cer an	dad	lirecto	or/trus	tee)	from	from related	0	other
	(list any	ctor						the	organizations	comp	ensation
	hours for	r dire				eq		organization	(W-2/1099-MISC/	fro	m the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orga	nization
	organizations	Itrus	al tri		yee	ompe		1099-NEC)		and	related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est ci loyee	ler			orgar	nizations
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former				
(18) KELLI LAPOINT	1.00								_		
DIRECTOR		Х						0.	0	•	0.
(19) MICHAEL LEMPKE	1.00										
DIRECTOR		Х						0.	0	•	0.
(20) THOMAS LUSCHER	1.00										•
DIRECTOR		Х						0.	0	•	0.
(21) ROBERT C. MARLAY	5.00										•
DIRECTOR		Х						0.	0	•	0.
(22) JAMES M. MCGARRAH	1.00								_		_
DIRECTOR		Х						0.	0	•	0.
(23) CHRISTOPHER MOSSEY	1.00										-
DIRECTOR	1	Х						0.	0	•	0.
(24) ROGER MOTZKO	1.00								0		0
DIRECTOR	1 00	X						0.	0	•	0.
(25) BRET MUILENBURG	1.00								0		0
DIRECTOR	1 00	X						0.	0	•	0.
(26) BARBARA RUSINKO	1.00							0	0		0
DIRECTOR		X						0. 53393.	0		0.
1b Subtotal									0		0.
c Total from continuation sheets to Part V								0.	0		0.
d Total (add lines 1b and 1c)								53393.	0	•	0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed a	bove	e) wł	no r	received more than \$100	,000 of reportable		
compensation from the organization											0
											Yes No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	im of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization		
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J i	for such individual		4	X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .		-		5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of comper	sation fro	om
the organization. Report compensation for	the calendar y	ear e	endii	ng v	vith	or w	ithii	n the organization's tax	year.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Compens	sation
2 Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	tho	se lis	stec	d above) who received m	nore than		

INC.

Form 990

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(A)			Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest							
	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	, .		Posi				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week					æ		from the	from related organizations	other
	(list any	tor				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	direc				ne be		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	related	tee or	istee			en sate				and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutio	cer	Key employee	hest c	Former			
	line)	Indi	Inst	Officer	Key	Higl	Бол			
(27) JIM SCHROEDER	1.00									
DIRECTOR		X						0.	0.	0.
(28) E. BRIAN SMITH	1.00									
DIRECTOR		X						0.	0.	0.
(29) JACK TANGEN	1.00									
DIRECTOR		X						0.	Ο.	0.
(30) MIKE TRAYLOR	1.00									
DIRECTOR		x						0.	Ο.	0.
(31) PERCY TRENT	1.00									
DIRECTOR		x						0.	0.	0.
(32) MIKE WILLIAMSON	1.00									
DIRECTOR		x						0.	0.	0.
		1								
		<u> </u>								
	-									
		<u> </u>								
Total to Part VII, Section A, line 1c										

Ра	rt v								
			Check if Schedule O contains a re	sponse	or note to any lin				
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
			1						sections 512 - 514
nts			1 8 H	a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues1	b					
Ån,		С	Fundraising events	lc	18260.				
Gifi lar		d	Related organizations1	d					
ini,		е	Government grants (contributions)	le					
rior S		f	All other contributions, gifts, grants, and						
the			similar amounts not included above 1f 126901 Noncash contributions included in lines 1a-1f 1g \$ 107						
d df		g							
aŭ		-	Total. Add lines 1a-1f			1287276.			
					Business Code				
ġ	2	а							
vic		b							
Sei		č							
E e		d							
Be		e e							
Program Service Revenue			All other program service revenue						
	3	y	Total. Add lines 2a-2f Investment income (including dividend						
	3					194359.	194359.		
			other similar amounts) Income from investment of tax-exemp		r	194559.	1943390		
	4								
	5		Royalties	Real	(ii) Personal				
				near	(II) Personal				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а		urities	(ii) Other				
			,	717.					
•		b	Less: cost or other basis	010					
nu				810.					
Revenue				907.		011008	01100		
			Net gain or (loss)			211907.	211907.		
ther	8	а	Gross income from fundraising events (no						
oth			including \$ 18260 . d						
			contributions reported on line 1c). See						
			Part IV, line 18		182102.				
		b	Less: direct expenses	8b	83569.				
		С	Net income or (loss) from fundraising	events		98533.			98533.
	9	а	Gross income from gaming activities.	See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		с	Net income or (loss) from gaming activ	vities					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a	44272.				
		b	Less: cost of goods sold		10001				
			Net income or (loss) from sales of inve			24438.	24438.		
Ś				2	Business Code				
» on	11	а							
nu		b							
Miscellaneous Revenue		č							
lis B			All other revenue						
Σ			Total. Add lines 11a-11d						
	12	-	Total revenue. See instructions			1816513.	430704.	0.	98533.

Form 990 (2022)

Form 990 (2022) INC .
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 respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
	b, 9b, and 10b of Part VIII.	ו טנמו פאףכווטפט	expenses	general expenses	expenses	
	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
	Grants and other assistance to domestic	262004	262004			
	individuals. See Part IV, line 22	263994.	263994.			
	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members					
	Compensation of current officers, directors,					
	trustees, and key employees	53393.	40210.	4504.	8679	
	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
	Other salaries and wages	89375.	68155.	7635.	13585	
	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes	10921.	8289.	929.	1703	
11	Fees for services (nonemployees):					
а	Management					
b	Legal	24200	1 8 1 6 1	181.61		
	Accounting	34322.	17161.	17161.		
	Lobbying					
	Professional fundraising services. See Part IV, line 17					
	Investment management fees					
-	Other. (If line 11g amount exceeds 10% of line 25,	11475.	2313.	20.	9142	
	column (A), amount, list line 11g expenses on Sch 0.)		2313.	20.	9142	
	Advertising and promotion	53280.	24635.	15956.	12689	
		55200.	24055.	135301	12005	
	Information technology					
	Royalties Occupancy					
	Travel	12467.	4987.	4987.	2493	
	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
	Conferences, conventions, and meetings					
	Interest					
21	Payments to affiliates	44429.		44429.		
	Depreciation, depletion, and amortization					
	Insurance	4063.		4063.		
24	Other expenses. Itemize expenses not covered					
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),					
	amount, list line 24e expenses on Schedule 0.)					
	MEMORIAL RENOVATION	14095.	14095.			
	TROPHIES AND PLAQUES	11188.	11188.			
-	REGISTRATION FEES	9258.	208.		9050	
d	BANK FEES	9181.	5749.	2288.	1144	
	All other expenses	2640.	963.	1399.	278	
	Total functional expenses. Add lines 1 through 24e	624081.	461947.	103371.	58763	
	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)				Form 990 (2023	

Form 990 (2022)

INC.

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
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	288746.	2	210662
3	Pledges and grants receivable, net	250461.	3	305119
4	Accounts receivable, net	34.	4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ຊູ 7	Notes and loans receivable, net		7	
7 Assels	Inventories for sale or use	1000	8	
⊄ 9	Prepaid expenses and deferred charges	1020.	9	
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	11.001.000	11	1 . 1
12	Investments - other securities. See Part IV, line 11	11601820.	12	10129029
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	36176.	15	33860
16	Total assets. Add lines 1 through 15 (must equal line 33)	12178257.	16	10678670
17	Accounts payable and accrued expenses	1495.	17	45113
18	Grants payable		18	
19	Deferred revenue		19	
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 any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		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	1495.	25	45113
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	1495.	26	45115
ŝ				
	and complete lines 27, 28, 32, and 33.	10230921.	07	8056004
	Net assets without donor restrictions	1945841.	27 28	2577553
28	Net assets with donor restrictions	1743041.	28	2377333
	Organizations that do not follow FASB ASC 958, check here			
5	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 20 Long and constant costs of Long 29 30 1 32 32 33 1 32 32 33 1 33 1 32 33 1 32 33 1 32 33 1 32 33 1 33	Retained earnings, endowment, accumulated income, or other funds	12176762.	31 32	10633557
_	Total net assets or fund balances	12178257.	32	10678670
33	Total liabilities and net assets/fund balances		აა	Form 990 (2022

Form **990** (2022)

SEABEE	MEMORIAL	SCHOLARSHIP	ASSOCIATION
	TIDHOR TID	Demonstructure	110000111111010

	1990 (2022) INC.	52-091	0325	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
			1.0.4		4 0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		165: 240			
2							
3	3 Revenue less expenses. Subtract line 2 from line 1 3						
4							
5	Net unrealized gains (losses) on investments	5	-273	333	21.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-23	16.		
10							
	column (B))	10	1063	335	57.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb				

Form **990** (2022)

(Fc	o rm 99 rtment o	f the Treasury	Co	omplete if the orgar 494 At	rity Status an hization is a section 50 47(a)(1) nonexempt cha ttach to Form 990 or Fo	1(c)(3) org iritable tru orm 990-E	anization ıst. Z.	or a section		OMB No. 1545-0047 2022 Open to Public
		nue Service			Form990 for instruction					Inspection
Nan	ne of t	he organizati	on SEAB INC.	EE MEMORIA	L SCHOLARSHI	P ASS	OCIAT	LON		identification number 2-0910325
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete ti	nis part.) S	See instruction		
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, cor	vention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2					Attach Schedule E (Forn					
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_	city, and state								
5		An organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	-		-	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
		•		omplete Part II.)						
8	\square			.,	(1)(A)(vi). (Complete Par	,				
9		-		5	in section 170(b)(1)(A)(-		-	-
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state c	f the colleg	e or
10		university:	on that narma	lly receives (1) more	than 33 1/3% of its sup	port from	oontributic	no mombor	hin food of	ad aross respire from
10					ct to certain exceptions;					
					(less section 511 tax) fr					
				mplete Part III.)			.5505 acqt		gamzation	
11					ively to test for public sa	fetv. See	section 50)9(a)(4).		
12		-	-	-	ively for the benefit of, to	•			arrv out the	e purposes of one or
		0	•		ed in section 509(a)(1) o					• •
				-	of supporting organizatio					
а		Type I. A su	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	<i>y</i> giving
		the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	iving
		control or n	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
			()	t complete Part IV,						
C			-	• • • •	g organization operated				ally integrate	ed with,
			0		s). You must complete I			-		
C			-	• •	oorting organization oper				°.	
				v	zation generally must sa	•		•	d an attent	iveness
					nplete Part IV, Sections written determination fro					
e			0		nally integrated support			атурет, туре	еп, туре п	
f	Ente									
				about the supporte						
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al									

Schedule A (Form 990) 2022

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Part II	Supp

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	975853.	855025.	341119.	1492068.	1469378.	5133443.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	975853.	855025.	341119.	1492068.	1469378.	5133443.
	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)						833638.
6	Public support. Subtract line 5 from line 4.						4299805.
	tion B. Total Support						12990000
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	975853.	855025.	341119.	1492068.	1469378.	5133443.
	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	124906.	143696.	136594.	130452.	194359.	730007.
9	Net income from unrelated business	1219000	143050.	1303940	130432.	1940090	, , , , , , , , , , , , , , , , , , , ,
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			10400.			10400.
	assets (Explain in Part VI.)			10400.			5873850.
	Total support. Add lines 7 through 10					10	5075050.
	Gross receipts from related activities,			6			
13	First 5 years. If the Form 990 is for th	-			-		
<u>So</u>	organization, check this box and stop ction C. Computation of Publ						L
	Public support percentage for 2022 (I			oolump (f))		14	73.20 %
	Public support percentage for 2022 (i Public support percentage from 2021					15	83.20 %
	33 1/3% support test - 2022. If the c						
108							
h	stop here. The organization qualifies						
ŭ	33 1/3% support test - 2021. If the c						
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			•		0	
	meets the facts-and-circumstances te	-		• • • •		47	
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17k	o, check this box a	and see instruction	s

Schedule A (Form 990) 2022

SEABEE MEMORIAL SCHOLARSHIP ASSOCIATION	SEABEE	MEMORIAL	SCHOLARSHIP	ASSOCIATION
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Schedule A (Form 990) 2022

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

INC.

(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

Sec	cion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organizat	tion.
	•				•		, D
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the						and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	ate realization in the organizatio	ala not oncon a	20/ 0/ 110 17, 10	., o oo, oncor t			·····

Schedule A (Form 990) 2022

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Vee N-

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

INC.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
L		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
50 50		
00		
6		
7		
8		
0-		
9a		
9b		
9c		
40-		
10a		
10b		

		SEABLE MEMORIAL SCHOLARSHIP ASSOCIATION			
Sche	edule A	(Form 990) 2022 INC.	52-091032	<u>15 Pa</u>	age 5
Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations	· ·		
				Yes	No
1	more direct effect organ	The governing body, members of the governing body, officers acting in their official capacity, or membership of supported organizations have the power to regularly appoint or elect at least a majority of the organization's o tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one sup nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	officers,		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	Part	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in VI how providing such benefit carried out the purposes of the supported organization(s) that operated, rvised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations	Z		L
				Yes	No
1	or tru or ma	a majority of the organization's directors or trustees during the tax year also a majority of the directors astees of each of the organization's supported organization(s)? If "No," describe in Part VI how control anagement of the supporting organization was vested in the same persons that controlled or managed		Tes	
<u> </u>		upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			<u> </u>
				Yes	No

			163	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

SEABEE	MEMORIAL	SCHOLARSHIP	ASSOCIATION
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Sche	edule A (Form 990) 2022 INC .			52-0910325 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ving trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	nanization (see

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

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	dule A (Form 990) 2022 INC.	(-)(0) O		5	2-0910325 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
-	ion D - Distributions			<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	evide details is Dout M		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	ha avagaination is very series		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	2		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			10	
10	Line 8 amount divided by line 9 amount	(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	() Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

			MEMORIAL	SCHOLARSHIP	ASSOCIATION	
	(Form 990) 2022	INC.				52-0910325 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4b, nes 2 and 3; F	4c, 5a, 6, 9a, 9b, 9 Part IV, Section E,	9c, 11a, 11b, and 11c; I lines 1c, 2a, 2b, 3a, and	Part IV, Section B, lines 1 d 3b; Part V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,

Schedule B

(Form §	990)
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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Department of the Treasury Internal Revenue Service		
Name of the organization	EABEE MEMORIAL SCHOLARSHIP ASSOCIATION	Employer identification number
I	NC.	52-0910325
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	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 Ru	le. See instructions.
General Rule		
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor	

Special Rules

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

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

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

Schedule B (Form 990) (2022)	Page
Name of organization	Employer identification number
SEABEE MEMORIAL SCHOLARSHIP ASSOCIATION	
INC.	52-0910325
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$92285.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$31885.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$103989.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$32000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>315790.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of or SEABEI	ganization E MEMORIAL SCHOLARSHIP ASSOCIATION	Employer identification number	
INC.		52-0910325	
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	Listo received
		 s	

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)				Page 4			
Name of c	organization				Employer identification number			
	E MEMORIAL SCHOLARSHIP	ASSOCIATION						
INC.					52-0910325			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	through (e) and the following charitable, etc., contributions of \$1	a line entry. For or	rganizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfe	er of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		R	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held			
		(e) Transfer of gift						
	Transferee's name, address, a	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held			
		(e) Transfe	er of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

	HEDULE D n 990)	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990,			OMB No. 1545-0047
Depart	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ttach to Form 990.			Open to Public
-	I Revenue Service		0 for instructions and the latest informat HOLARSHIP ASSOCIATION			Inspection
	e of the organizati	INC.			5	identification number 2-0910325
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lir	ed Funds or Other Similar Funds	or Acco	ounts.	Complete if the
			(a) Donor advised funds	(b) Fu	inds and	d other accounts
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advise			—
•			exclusive legal control?			Yes No
6	-		advisors in writing that grant funds can be	-		
			or donor advisor, or for any other purpose o	•		Yes No
Par	impermissible prive		ganization answered "Yes" on Form 990, P			
1		servation easements held by the organizat	-	arriv, inte	1.	
•		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a historical	ly impor	tant land area
		f natural habitat				
		of open space			liotorilo	
2			fied conservation contribution in the form o	of a conser	vation e	asement on the last
	day of the tax year	.			_	at the End of the Tax Year
а	Total number of co	onservation easements		2a		
b						
с			ructure included in (a)			
d	Number of conser	vation easements included in (c) acquired	after July 25,2006, and not on a			
	historic structure li	isted in the National Register		2d		
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	on durir	ig the tax
	year					
4		where property subject to conservation ea				
5	-	tion have a written policy regarding the pe				
6			t holds? handling of violations, and enforcing cons			
0	Stall and voluntee	r nours devoted to morntoring, inspecting,	filanding of violations, and enforcing cons	ervationea	semen	is during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easem	ents du	ring the year
8			ve satisfy the requirements of section 170(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-						Yes No
9			ion easements in its revenue and expense			
			note to the organization's financial stateme	ents that de	escribes	sthe
Par		ounting for conservation easements.	f Art, Historical Treasures, or Ot	her Sim	ilar Ag	sets
1 41		the organization answered "Yes" on Form				
1a			58, not to report in its revenue statement a	nd balance	sheet	works
Ĩŭ	•		blic exhibition, education, or research in fu			
		-	ncial statements that describes these item			
b	· •		58, to report in its revenue statement and b		et work	ks of
			c exhibition, education, or research in furth			
		ng amounts relating to these items:				
	•	č			\$	
					<u> </u>	
2	If the organization		asures, or other similar assets for financial			
		unts required to be reported under FASB A				
а	Revenue included	on Form 990, Part VIII, line 1	-		\$	
b	Assets included in	Form 990, Part X			\$	
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Sche	dule D (Form 990) 2022

232051 09-01-22

	SEABEE MEMORIAL	SCHOLARSHIP	ASSOCIATION
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Coho	T)10	MEMORIAL 5	CHOLIAKSHIP	ASSOCIALI		52-09	1032	5 Page 2
	dule D (Form 990) 2022 INC. t III Organizations Maintaining C	Collections of A	rt. Historical Tr	easures, or Oth				
3	Using the organization's acquisition, accessi		-	-				lucuj
3	collection items (check all that apply):	on, and other record	is, check any of the	TOILOWING THAT MAKE	Signinean			
а	Public exhibition	d		hange program				
b	Scholarly research	e		nange program				
c	Preservation for future generations	· · · ·						
4	Provide a description of the organization's co	ollections and evolai	n how they further t	he organization's ex	omnt nurn	neo in Par	+ ¥Ш	
5	During the year, did the organization solicit of					550 III ai	CAIII.	
5	to be sold to raise funds rather than to be ma						Yes	🗌 No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa					s, r arc rv,	1110 0, 01	
	Is the organization an agent, trustee, custod		liary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	
b	If "Yes," explain the arrangement in Part XIII					······		
							Amoun	t
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	years back
1a	Beginning of year balance	11601820.	6639895.	5234020.				
	Contributions	1118258.	3677063.	120000.				
с	Net investment earnings, gains, and losses	-2327055.	1756937.	1699288.				
d	Grants or scholarships	263994.	410243.	413413.				
	Other expenditures for facilities							
	and programs							
f	Administrative expenses		61832.					
g	End of year balance	10129029.	11601820.	6639895.				
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	75.8100	%					
b	Permanent endowment 24.1900	%						
с	Term endowment .0000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the			
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or o basis (investr			Accumulate epreciation		(d) Boo	k value
1a	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment							
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 INC.		52-	-0910325 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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) INTERNATIONAL GROWTH ADM	384165.	END-OF-YEAR MARKET	VALUE
(B) 500 INDEX FUND ADM	5813715.	END-OF-YEAR MARKET	VALUE
(C) INDEX FUND ADMIN	1552895.	END-OF-YEAR MARKET	VALUE
(D) INTERNATIONAL TERM GROWTH			
(E) ADM	460652.	END-OF-YEAR MARKET	VALUE
(F) SHORT-TERM CORP BND 1X AD	934321.	END-OF-YEAR MARKET	VALUE
(G) VANGUARD PRIME MONEY			
(H) MARKET FUND	272316.	END-OF-YEAR MARKET	VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10129029.		-
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(2) 20011 12120		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)Part IXOther Assets.	en Ferre 000. Dect IV/ line d	1d Cas Form 000 Part V line 15	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Description	1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Description	1d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (2)	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	1e or 11f. See Form 990, Part X, line 25.	

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

Schedule D (Form 990) 2022

SEABEE	MEMORIAL	SCHOLARSHIP	ASSOCIATION
TNO			

52-0910325 Page 4

Sche	edule D (Form 990) 2022 INC •				J910325 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per F	leturr).
	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	-815721.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2733321.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	101087.		
е	Add lines 2a through 2d			2e	-2632234.
3	Subtract line 2e from line 1			3	1816513.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	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	1816513.
<u> </u>					
<u> </u>	rt XII Reconciliation of Expenses per Audited Financial Stateme				
<u> </u>		ents Wi			rn.
<u> </u>	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per		
Pa	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per	Retu	rn.
Pa 1	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per	Retu	rn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per	Retu	rn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expenses per	Retu	rn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	th Expenses per	Retu	rn. 727484.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	Retu	rn. 727484. 103403.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	Retu	rn. 727484.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	1 2e	rn. 727484. 103403.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per	1 2e	rn. 727484. 103403.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi 2a 2b 2c 2d 4a	th Expenses per	1 2e	rn. 727484. 103403.
Pa 1 2 3 4 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi 2a 2b 2c 2d 4a 4b	th Expenses per	1 2e	rn. 727484. 103403. 624081. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d 4a 4b	th Expenses per	1 2e 3	rn. 727484. 103403. 624081.

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 V, LINE 4:

ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS TO CHILDREN AND

GRANDCHILDREN OF INDIVIDUALS WHO HAVE SERVED IN THE U.S. NAVY SEABEES

PART X, LINE 2:

THE ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC)

AND COMPARABLE STATE LAW, AND CONTRIBUTIONS TO THE ASSOCIATION ARE TAX

DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE IRC. THE ASSOCIATION

HAS IMPLEMENTED THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN

INCOME TAXES USING THE PROVISION OF FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS

SEABEE MEMORIAL SCHOLARSHIP ASSOCIATION Schedule D (Form 990) 2022 INC. 52-0910325 Page 5 Part XIII Supplemental Information (continued)
INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS
MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY
THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION,
CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,
DISCLOSURE, AND TRANSITION. AS OF DECEMBER 31, 2022, THE ASSOCIATION HAS
NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SURRENDER VALUE CHANGE IN INSURANCE CONTRACT -2316.
FUNDRAISING EXPENSES 83569.
COST OF GOOD SOLD 19834.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 101087.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 83569.
COST OF GOOD SOLD 19834.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 103403.

SEABEE MEMORIAL SCHOLARSHIP ASSOCIATIO	.ON
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 Schedule D (Form 990)
 INC .

 Part XIII
 Supplemental Information (continued)

Part VII Investments - Other Securities. 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
VANGUARD INFLATION ADM	174087.	FMV
LOOMIS SAYLES INFLATION SECURITIES	173180.	FMV
SCHWAB US TIPS ETF	174114.	FMV
VANGUARD SHORT TERM INFLATION ETF	189584.	FMV
		Sabadula D (Earm 0

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Fun	drais	ing or Gaming	Activ	ities	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19, c	or if the	2022
Department of the Treasury			ich to Form 990 d						Open to Public
Internal Revenue Service						he latest informatio			Inspection
Name of the organization	INC.	MEMORIAL					ļ	52-091	
	complete this par		rganization answe	ered "Y	'es" or	n Form 990, Part IV,	line 17	. Form 990-	EZ filers are not
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indiv	or oral agreement (art VII) or entity in viduals or entities (e Solicita f Solicita g Special with any individual connection with p	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, o	Y e	
(i) Name and addres or entity (fund	s of individual	(ii) Ac	stivity	(iii) fundr have c or cor contrib	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by ndraiser d in col. (i)	
				Yes	No				
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or l	icensed to solicit	contrib	outions	s or has been notified	d it is e	xempt from	registration

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022

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

		5 5	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SD GOLF	VAB GOLF		(add col. (a) through
			EVENT	EVENT	4	col. (c)
e			(event type)	(event type)	(total number)	coi. (cj)
Revenue	1	Gross receipts	59805.	57738.	82819.	200362.
	2	Less: Contributions	6354.	2338.	9598.	18290.
	3	Gross income (line 1 minus line 2)	53451.	55400.	73221.	182072.
	4	Cash prizes	1000.	1000.	2217.	4217.
	5	Noncash prizes	550.		1744.	2294.
bensea	6	Rent/facility costs	8260.	6942.	16463.	31665.
Direct Expenses	7	Food and beverages	7747.	9622.	11947.	29316.
_	8	Entertainment				
	9	Other direct expenses	9092.	917.	6068.	16077.
ŀ	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			83569.
•	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			98503.

omplete it the orga answered "Yes on Forms

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
S	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
lirect E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes%	Yes%	Yes%	
	7 Direct expense summary. Add lines 2 through	ז 5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization condu a Is the organization licensed to conduct gaming a b If "No," explain:	ctivities in each of these			Yes No
	a Were any of the organization's gaming licenses re o If "Yes," explain:		U U	year?	Yes No

Sch	iedule G (Form 990) 2022	INC. 52-	0910)325	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
		ficiary or trustee of a trust, or a member of a partnership or other entity formed			
				Yes	No No
13	Indicate the percentage of gaming		•		
			13a		%
		e person who prepares the organization's gaming/special events books and records:	·		
	Name				
	Address				
15 a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amount			
	of gaming revenue retained by the	e third party \$			
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$		Yes No Yes No Yes No Yes No Yes No	
			Yes No 13a % 13b % Yes No Yes No Yes No		
	Description of services provided				
	Director/officer				
17	Mandatory distributions:				
		state law to make charitable distributions from the gaming proceeds to			
-				Yes	No No
t					
Pa	0		Part III, I	ines 9,	9b, 10b,
					-
			and records:		
		ger compensation \$			

	(=			SCHOLARSHIP	ASSOCIATION	52-0910325 Page 4
Schedule G	(Form 990) Supplemental Inform	INC.	tinued)			52-0910525 Page 4
raren						

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Name of the organization SEABEE MEMORIAL SCHOLARSHIP ASSOCIATION INC. Part I General Information on Grants and Assistance							OMB No. 1545-0047 2022 Open to Public Inspection Employer identification number 52-0910325
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr Part II Grants and Other Assistance to 	stance? ocedures for monit	toring the use of grant	funds in the Unite	d States.			Yes X No
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	ional space is nee (d) Amount of cash grant	ded. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a							

3 Enter total number of other organizations listed in the line 1 table

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52-0910325

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP GRANTS FOR COLLEGE EDUCATION	189	263994.	0.		

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

Schedule I (Form 990) 2022

SCHEDULE O (Form 990)

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. SEABEE MEMORIAL SCHOLARSHIP ASSOCIATION



Employer identification number 52 - 0910325

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

INC.

THE FINANCE AND AUDIT COMMITEES REVIEW THE FINANCIAL STATEMENT AND 990

BEFORE PRESENTATION TO THE BOARD OF DIRECTORS.

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

ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN AN ANNUAL CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE DIRECTOR IS THE ONLY EMPLOYEE OF THE ORGANIZATION WHOSE

COMPENSATION WAS REVIEWED BY THE BOARD CHAIRMAN.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, LA, VA

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

FULL DOCUMENTS ARE AVAILABLE UPON REQUEST. ALSO, THE ASSOCIATION MAINTAINS

A WEBSITE THAT PROVIDES THE MOST RECENT FINANCIAL STATEMENTS TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SURRENDER VALUE CHANGE IN INSURANCE CONTRACT

-2316.

-2316.

ROUNDING DIFFERENCES

TOTAL TO FORM 990, PART XI, LINE 9

FORM 990, PART XII, LINE 2C:

NO CHANGE.

Schedule O (Form 990) 20	22	VENADELE		200072555	Page
Name of the organization	SEABEE INC.	MEMORIAL	SCHOLARSHIP	ASSOCIATION	Employer identification number 52-0910325
	INC.				JZ-09103ZJ