

January 16, 2025

To our committed Donors:

Please note that this accompanying Form 990 represents the full fiscal year of April 1, 2023 through March 31, 2024. It is denoted by the IRS guidelines to be a 2023 return, as the year is based upon the year in which the accounting period begins. As ours began in April of 2023, it must be filed on the 2023 form.

We classify this period (April 1, 2023 – March 31, 2024) as our fiscal year 2024.

You will note that our <u>prior</u> Form 990 only represents the stub period (January 1, 2023 – March 31, 2023 as our Board of Directors changed our fiscal period from a calendar year.

If you have any questions, please feel free to direct them to my office at 615.575.3630.

Respectfully submitted,

-DocuSigned by:

Barbara (Titus 4AF591958DB14BE...

Barbara L Titus, Senior Vice President – Operations/Business

Form 8868 (Rev. January 2024)	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.	
Electronic filing (c. filo)	You can electronically file Form 8868 to request up to a 6 menth sytemation of time to file any of the f	ormo

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<u>must use</u>	Form 7004 to request an extension of time to file incom-	e tax retur	ns.							
Part I - Io	lentification									
Type or	Name of exempt organization, employer, or other filer	Taxpayer	number (T I N)							
Print										
File by the	GARY SINISE FOUNDATION	80-05870								
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s PO BOX 40726	ee instruct	ions.							
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37204										
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)							
Applicati	on Is For	Return	Application Is For			Return				
••		Code				Code				
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09				
Form 472	20 (individua l)	03	Form 5227			10				
Form 990	ŀPF	04	Form 6069			11				
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12				
	-T (trust other than above)	06	Form 5330 (individual)			13				
Form 990)-T (corporation)	07	Form 5330 (other than individual)			14				
Form 104		08								
 After yo 	ou enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable o	only for an	extension of					
	e Form 5330.									
• If this a	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.							
Pla	n Name		2							
Pla	n Number									
Pla	n Year Ending (MM/DD/YYYY)									
Part II - A	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)							
	ooks are in the care of THE ORGANIZATION		•							
	PO BOX 680819 - E	RANKI	IN, TN 37068							
Teleph	none No. 615-575-3500		Fax No.							
	organization does not have an office or place of business	s in the Uni	ited States, check this box							
	is for a Group Return, enter the organization's four-digit (oup, check this				
	If it is for part of the group, check this box									
	quest an automatic 6-month extension of time until $[\mathbf{F}]$									
	organization named above. The extension is for the organization									
	calendar year 20 or									
X		. 20	2.3 , and ending	MAR 3	1.	, 20 24				
		,	,			,				
2 If th	he tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	Fina l retur	n					
0- 16 11	Change in accounting period		Annahadi in Anna Inna							
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. 3a										
any nonrefundable credits. See instructions. 3a \$										
	nis application is for Forms 990-PF, 990-T, 4720, or 6069			0	¢	0.				
	imated tax payments made. Include any prior year overp			3b	\$					
	ance due. Subtract line 3b from line 3a. Include your pa	-			Φ.	0.				
usi	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0									

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

	EXTENDED TO FEBRUARY 18, 20	n Income Tax	OMB No. 1545-0047
990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2023
artment of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection
nal Revenue Service		MAR 31, 2024	mapcetion
	of organization	D Employer identification	on number
applicable:			
Address GAR	Y SINISE FOUNDATION		
Name change Doing	business as	80-0587086	
Initial return Numb	er and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	
	BOX 40726	615-575-35	
	town, state or province, country, and ZIP or foreign postal code		92,113,681
	HVILLE, TN 37204	H(a) Is this a group return	
	and address of principal officer: DONNA MERCIER	for subordinates?	
	AS C ABOVE X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	H(b) Are all subordinates include	
ax-exempt status	X 501(c)(3) 501(c) () 4947(a)(1) or . •GARYSINISEFOUNDATION.ORG	527 If "No," attach a list.	
Vebsite: WWW orm of organization:		H(c) Group exemption nutrical formation: 2010 M Sta	
rt I Summa			ato or logar dormone
	ibe the organization's mission or most significant activities: AT THE G.	ARY SINISE FOUNI	DATION.
	VE OUR NATION BY HONORING OUR DEFENDERS		
2 Check this I			
		3	1
	ndependent voting members of the governing body (Part VI, line 1b)		
	er of individuals employed in calendar year 2023 (Part V, line 2a)		6
	er of volunteers (estimate if necessary)		578
		7a	C
b Net unrelate	d business taxable income from Form 990-T, Part I, line 11		0
		Prior Year	Current Year
8 Contribution	s and grants (Part VIII, line 1h)	10,460,737.	77,775,642
9 Program se	vice revenue (Part VIII, line 2g)	0.	C
	ncome (Part VIII, column (A), lines 3, 4, and 7d)	172,656.	2,907,987
	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,281.	679,744
	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		81,363,373
	similar amounts paid (Part IX, column (A), lines 1-3)		<u>19,104,525</u>
•	d to or for members (Part IX, column (A), line 4)		
15 Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1,977,952.	6,727,913
16a Professiona	fundraising fees (Part IX, column (A), line 11e) ising expenses (Part IX, column (D), line 25)	0.	C
b lotal fundra	sing expenses (Part IX, column (D), line 25) <u>4,266,379.</u>	7 647 520	40 220 240
	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>49,229,249</u> 75,061,687
•	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-5,244,987.	6,301,686
19 Revenue les	s expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
20 Total assets	(Part X, line 16)		85,641,059
	es (Part X, line 26)	6,803,013.	5,057,026
	or fund balances. Subtract line 21 from line 20		80,584,033
	re Block		, , _ 3 •
er penalties of perjur	y, I declare that I have examined this return, including accompanying schedules and stat te. Declaration of Wegarer (other than officer) is based on all information of which preparer officer	arer has any knowledge.	wledge and belief, it 10:30:42 Al
Signature of		υαισ	
D 037373	MERCIER, EXECUTIVE DIRECTOR		
DONNA	name and title		
DONNA Type or prin		Date Chack	PTIN
DONNA Type or prin Print/Type p	reparer's name Preparer's signature	Date Check	PTIN D007/8170
DONNA Type or prin Print/Type p LIOR T	reparer's name Preparer's signature, EMKIN LIOR FEMELEL	01/13/25 if self-employed	P00748170
e DONNA Type or prin Print/Type p LIOR T arer Firm's name	reparer's name Preparer's signature	01/13/25 if self-employed	

- 11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

332001 12-21-23

put from 600 or 600.cz?		1 990 (2023) GARY SINISE FOUNDATION	80-0587086	Page
Brown process Brown process <thbrown process<="" th="" throw=""></thbrown>	Pai			v
AT THE GARY SINISE FOUNDATION, WE SUPPORT OUR NATION'S HEROES, OUR VETERANS, MILITARY, THOSE SUPPERING FROM THE INVISIBLE WOUNDE OF WAR, FIRST RESPONDERS, THEIR FAMILIES, AND THE FAMILIES OF FALLEN HEROES. WE DO THEIS BY OUR UNIQUE FROGRAMS THAT UPLIFT, ENTERTAIN, AND HELP OF the regeneration underdee any significant program services during the year which were not lated on the proferom 980 or 980 52? If 'se' describe these new services on Schedule 0. If 'se' describe these new services on Schedule 0. If 'se' describe these new services on Schedule 0. If 'se' describe these changes on Schedule 10. If 'se' describe these changes on Schedule 10. If 'se' describe these changes on Schedule 0. If 'se' describe these changes on Schedule 10. If 'se' describe these changes on Schedule 0. If 'se' describe these these changes on Schedule 0. If 'se' describe these changes on Schedule 0. If 'se''			<u></u>	🛛 🗛
VETERANS, MILITARY, THOSE SUFFERING FROM THE INVISIBLE WOUNDE OF WAR, FIRST RESPONDERS, THEIR FAMILIES, AND THE FAMILIES OF PALLEN HEROSS. WE DO THIS BY OUR UNIQUE PROGRAMS THAT UPLIFT. ENTERTAIN, AND HELP Did the organization undertake any significant program services during the year witch were not fasted on the prof form 580 or 580 cf 2022 H 'Tek, 'describe these new services on Schedule O. Die the organization cause conducting, or make significant changes in how it conducts, any program services, an measured by expense. Section 501(k)31 and 501(k)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, Lifav, to each program service accompletiments for each of the three largest program services, an measured by expenses. Section 501(k)31 and 501(k)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, Lifav, to each program service accompletiments for each of the three largest program services. An measured by expenses. Section 501(k)31 and 501(k)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, Lifav, to each program service reported. RELIER AND RESILIENCY OUTREACH. SUPPORTS OUR TANTION 'S DEFENDERS, WOUNDED/LIL/INJURED VETERANS, THEIR LOVED ONES AND FAMILIES OF FALLEN HEROES AS THEY COPE WITH TRAMA AND LOSS. THE FOUNDATION HORTED 12,755 FAMILIES OF FALLEN HEROES AT TWO ANNUAL SLOVED ALL EVENTS (ONE FOR MILITARY PALLEN AND ONE FOR FIRST RESPONDER FALLEN FAMILIES) AND 11,393 ATTENDEES AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THESE FAMILIES ALL YEAR. LONG. OTHE VIETNAM AND KORE STORING INDEPENSIONE VIETNAMA AND PARTICINS' SOUTRALIES (NOE FOR MILITARY PALLEN AND ONE FOR FIRST RESPONDER FALLEN FAMILIES) AND 11,393 ATTENDEES AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THESE FAMILIES ALL YEAR. LONG. OTHER VIETNAMA AND ONEST SEVENT RESPONDER FALLEN FAMILIES (NOE SCHER FAMILIES AL	1			
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WE DO THIS BY OUR UNIQUE PROGRAMS THAT UPLIFT. ENTERTAIN, AND HELP Out the upprindent underlate any significant program services during the year which were not lated on the proference of the upprindent of				1
Due the organization understee any significant program services during the year which were not lated on the prior form 500 or 960 E27 If Yea's describe these new services on Schedule 0. Do the organization seeses conducting or make significant changes in how it conducts, any program services and schedule 0. Describe the organization service encoded to export the anound of grants and allocations to others, the total expenses, and revenue, if any, for each program service exported. Code: 1 (Code: 2 56, 424, 292. robust 2 5, 181, 121.) (Devenues) RELIEF AND RESILIENCY OUTREACH SUPPORTS OUR NATION'S DEPENDERS, WOUNDED/LIL/INJUED VETERANS, THEIEI LOVED ONES AND FAMILIES OF FALLEN HEROES AS THEY COPE WITH TRAUMA AND LOSS. THE FOUNDATION PROVIDED OVER STORES TO THESE INDIVIDUALS IN THEIR TIME OF UNGENT NEED. THE GARY SINISE FOUNDATION HOSTED 49 PARTICIPANTE FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VYEREANS FROM THE VIETNAM AND KOREAN WARS. IN 2023, THE FOUNDATION HOSTED 2, 755 PAMILIES AN PROTECTING ONE OF FIRST RESPONDER FALLEN FALLEN FROR MILITARY FALLEN AND ONE FOR FOR FIRST RESPONDER FALLEN FALLEN FOR MILITES ALL YEAR LONG. O (odd: 1) (Comess3 18, 355, 609. robust 2, 1, 560, 077.) (Devenues) THENDERS AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THESE FAMILIES ALL YEAR LONG. O (odd: 1) (Comess3 18, 355, 609. robust 2, 1, 560, 077.) (Devenues) THENDERS AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THESE FAMILIES ALLY EAR LONG. O (odd: 1) (Comess3 18, 355, 609. robust 2, 1, 560, 077.) (Devenues) THENDERS AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THESE FAMILIES ALLY EAR LONG. O (odd: 1) (Comess3 18, 355, 609. robust 2, 1, 560, 077.) (Devenues) THENDERS FOR OUR NATION'S MOUNDED VETERANS AND FIRST RESPONDERS. THIS INITIATIVE SUPPORTS OUR NATION'S MOUNDED HEROES, MANY WHO SUUFER FROM AUTATION'S MOSTRUCTING (ONE -OF-A-KIND SPECIALLY ADAPTED SMART HOMES FOR OUR NATION'S MOSTRUCTING MORTAGE-FREE HOMES EASE THE DAILY (CMALENS FACED BY THESE ENDOY MARTION S				
pior form 990 or 990 E29		WE DO THIS BY OUR UNIQUE PROGRAMS THAT UPLIFT, ENTE	RTAIN, AND HELP	
If "Yes," deache these moviences on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed	on the	
Did the organization cases conducting or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes	XN
Did the organization cases conducting or make significant changes in how it conducts, any program services?		If "Yes." describe these new services on Schedule O.		
In the second service accompletionents for each of its three largest program services, as measured by expenses. Section 501(e)(3) and 501(e)(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. (cote	3		services?	XN
Describe the organization's program services accomplet/memets for each of its three largest program services, are measured by expenses. Therefore, the otable organizations are required if organits and adlocations to others, the total expenses, and revenue, iffav, or each program service reports. State 12.1. [Network] 10: [Note: 10: [Network] 26.424.292. "Indefiguration's	•			
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RELIEF AND RESILIENCY OUTREACH SUPPORTS OUR NATION'S DEFENDERS, WOUNDED/ILL/INJURED VETERANS, THEIR LOVED ONES AND FAMILIES OF FALLEN HEROES AS THEY COPE WITH TRAUMA AND LOSS. THE FOUNDATION PROVIDED OVER 557 GRANTS TO THESE INDIVIDUALS IN THEIR TIME OF URGENT MEED. THE GARY SINISE FOUNDATION HOSTED 49 PARTICIPANTS FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VETERANS PROM THE VIETNAM AND KOREAN WARS. IN 2023, THE FOUNDATION HOSTED 2,755 FAMILIES OF FALLEN HEROES AT TWO ANNUAL SNOWBALL EVENTS (ONE FOR MILITARY FALLEN AND ONE FOR FIRST RESPONDER FALLEN FAMILIES) AND 1,393 ATTENDESS AT SMALLER VILTUAL AND IN-PERSON EVENTS TO ENGAGE THESE FAMILIES ALL YEAR LONG. • (cote)(Equenes! 18,365,609. medding periods 1,560,077.) (mercets] THROUGH OUR R.I.S.E (RESTORING INDEPENDENCE, SUPPORTING EMPOWERMENT) PROGRAM ME'RE CONSTRUCTING ONE-OF-A-KIND SPECIALLY ADAPTED SMART HOMES FOR OUR NATION'S MOST SEVERELY WOUNDED VETERANS AND FIRST RESPONDERS. THIS INITIATIVE SUPPORTS OUR NATION'S WOUNDED HEROES, MANY WHO SUFFER FROM AMPUTATIONS, TRAUMATIC BRAIN INJURIES (TBI), BURNS, AND POST TRAUMATIC STRESS. THESE 100% MORTGAGE-FREE HOMES EASE THE DAILY CHALLENGES FACED BY THESE HEROES AND THEIR FAMILIES WHO SACRIFICE ALONGSIDE THEM. DURING THE FISCAL YEAR, THE GARY SINISE FOUNDATION COMPLETED 9 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES. BY THE END OF THE YEAR, THE FOUNDATION HAD COMPLETED 90 HOMES FOR OUR INJURED HEROES AND THEIR FAMILIES SINCE INCEFTION. IN ADDITION, THROUGH THE GSF R.I.S.E. PROGRAM, THE FOUNDATION ASSISTED WITH 21 ADAPTED VEHICLES, 18 • (completed 9 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES. BY THE END OF THE YEAR, THE FOUNDATION ASSISTED WITH 21 ADAPTED VEHICLES, 18 • (completed SAND THE CONTRY, INCLUDING PROVIDING CHITICAL FINCILLE SID • (completed SAND THE CONTRY, INCLUDING PROVIDING CHITICAL FINCILLA ADD • (DOWNENTY OUTREACH AND EDUCATION WORKED HARD TO BRING JOY & RELIEF TO • OMMUNI VETERANS AND THROUGH CONTINUED SPONDORSHIP OF A HISTORIAM				
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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
2	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			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."			**
19		10		х
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		- 77
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A) line 12, K West Report to Parts I, and K		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Λ	

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Form **990** (2023)

Form	990 (2023) GARY SINISE FOUNDATION 80-058	1086	Р	age 4
Par	TIV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete		37	
	Schedule J	23	X	
24 a	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			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	04-		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	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?	330		
30	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			
0,	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		-	
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 98	;		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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GARY SINISE FOUNDATION

Form	<u>990 (2023)</u> GARY SINISE FOUNDATION 80-0587	086	P	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 68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
		7e		
e f		7e 7f		
f a	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g b	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
h o		70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	. !		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	. !		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		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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Form 990 (2023)

GARY SINISE FOUNDATION

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

80-0587086

Page **6**

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	<u></u>		X
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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 0.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	х	
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	- 23	
3				х
	of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		x	Δ
6	Did the organization have members or stockholders?	6	Δ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	77	
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
 15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		
40-				
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		х
	taxable entity during the year?	<u>16a</u>		<u></u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u> O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 615-575-3500			
	PO BOX 680819, FRANKLIN, TN 37068			
				(202

Form 990 (2023)	GARY SINISE FOUR		80-0587086	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Emplo	yees, and Independent Contract	ors								
Check if	Schedu l e O contains a response or note to	o any line in this Part VII								
Section A. Officer	, Directors, Trustees, Key Employees, a	nd 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.

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

Name and title Average hours per hours per hou	(A)	(B)	(C)		(D)	(E)	(F)				
hours per vext, mixed and mixed a	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Weight any hours for related organizations below hole Norm related organizations below hole Norm related related organizations (W-2/1099-MISC) 1099-MEC) Compensation roombensation (W-2/1099-MISC) 1099-MEC) Compensation roombensation			box	box, unless person is both an			•				
(1) DONNA MERCIER 40.00 x 376,287. 0. 17,720. C2) DARABA TITUS 40.00 x 227,195. 0. 19,885. C3) JAMES RAVELLA 40.00 x 227,195. 0. 19,885. C3) JAMES RAVELLA 40.00 x 217,552. 0. 25,169. C4) DAVID KAHLE 40.00 x 196,433. 0. 24,483. C5) CS FURT R, BARTER 40.00 x 1869,411. 0. 21,487. C6) SRAIN HOLLIS 40.00 x 163,631. 0. 13,609. VP OF PHILANTHROPY X 163,631. 0. 13,609. 0. C6) SRAIN HOLLIS 40.00 X 154,525. 0. 16,504. C9 PHILANTHROPY X 163,631. 0. 13,609. 0. C6) SRAIN HOLLIS 40.00 X 159,938. 0. 8,706. C10) ROBERT KILDUFP 40.00						li ecto	l	.ee)			
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(1) DONNA MERCIER 40.00 x 376,287. 0. 17,720. C2) DARABA TITUS 40.00 x 227,195. 0. 19,885. C3) JAMES RAVELLA 40.00 x 227,195. 0. 19,885. C3) JAMES RAVELLA 40.00 x 217,552. 0. 25,169. C4) DAVID KAHLE 40.00 x 196,433. 0. 24,483. C5) CS FURT R, BARTER 40.00 x 1869,411. 0. 21,487. C6) SRAIN HOLLIS 40.00 x 163,631. 0. 13,609. VP OF PHILANTHROPY X 163,631. 0. 13,609. 0. C6) SRAIN HOLLIS 40.00 X 154,525. 0. 16,504. C9 PHILANTHROPY X 163,631. 0. 13,609. 0. C6) SRAIN HOLLIS 40.00 X 159,938. 0. 8,706. C10) ROBERT KILDUFP 40.00			truste	al tru		oyee	ompei			·····,	
(1) DONNA MERCIER 40.00 x 376,287. 0. 17,720. C2) DARABA TITUS 40.00 x 227,195. 0. 19,885. C3) JAMES RAVELLA 40.00 x 227,195. 0. 19,885. C3) JAMES RAVELLA 40.00 x 217,552. 0. 25,169. C4) DAVID KAHLE 40.00 x 196,433. 0. 24,483. C5) CS FURT R, BARTER 40.00 x 1869,411. 0. 21,487. C6) SRAIN HOLLIS 40.00 x 163,631. 0. 13,609. VP OF PHILANTHROPY X 163,631. 0. 13,609. 0. C6) SRAIN HOLLIS 40.00 X 154,525. 0. 16,504. C9 PHILANTHROPY X 163,631. 0. 13,609. 0. C6) SRAIN HOLLIS 40.00 X 159,938. 0. 8,706. C10) ROBERT KILDUFP 40.00		below	vidua	tution	er	emplo	iest co loyee	ner			organizations
EXECUTIVE DIRECTOR X 376,287. 0. 17,720. (2) BARBARA TITUS 40.00 X 227,195. 0. 19,885. (3) JAMES RAVELLA 40.00 X 217,552. 0. 25,169. (4) DAVID RAFLE 40.00 X 196,433. 0. 24,483. (5) CRISTIN K. BARTER 40.00 X 196,433. 0. 24,483. (5) CRISTIN K. BARTER 40.00 X 196,433. 0. 24,483. (6) SARAH HOLLIS 40.00 X 189,411. 0. 21,487. (7) STANNO WOODMAD 40.00 X 163,631. 0. 13,609. (7) SEANON WOODMAD 40.00 X 154,525. 0. 16,504. (9) PERICARS X 152,653. 0. 9,533. 0. 8,706. (10) ROBERT MILDUPF 40.00 X 135,564. 0. 24,676. (11) ROBERT GEORGE 40.00 X 152,653. 0. 9,533. (11) LOBERT MILDU		/	Indiv	Insti	Offic	Key	High emp	Form			
(2) BARBARA TITUS 40.00 X 227,195. 0. 19,885. (3) JABSA RAVELLA 40.00 X 217,552. 0. 25,169. (4) DAVID KAHLE 40.00 X 196,433. 0. 24,483. (5) CRISTIN K. BARTTER 40.00 X 196,433. 0. 24,483. (6) SARAH FOLLIS 40.00 X 208,081. 0. 9,622. (6) SARAH HOLLIS 40.00 X 189,411. 0. 21,487. (7) SHANON WOODMARD 40.00 X 163,631. 0. 13,609. (8) FANAR LUPPINO 40.00 X 154,525. 0. 16,504. (9) FRIN DANCER 40.00 X 159,938. 0. 8,706. (10) ROBERT KLUPF 40.00 X 135,564. 0. 24,676. (11) ROBERT KLOUFF 40.00 X 135,564. 0. 24,676. (11) ROBERT KLOUFF 40.00 X 135,245. 0. 16,105.	(1) DONNA MERCIER	40.00									
SR. VP - OPERATIONS/BUSINESS X 227,195. 0. 19,885. (3) JAMES RAVELLA 40.00 X 217,552. 0. 25,169. (4) DAVID KAHLE 40.00 X 196,433. 0. 24,483. (5) CRISTIN K. BARTER 40.00 X 196,433. 0. 24,483. (5) CRISTIN K. BARTER 40.00 X 189,411. 0. 21,487. (7) STANDO WOODWARD 40.00 X 163,631. 0. 13,609. (7) STANDO WOODWARD 40.00 X 154,525. 0. 16,504. (9) PP HILANTHROPY X 154,525. 0. 16,504. (9) PENGRAMS 40.00 X 152,653. 0. 9,533. (10) ROBERT MILDUFF 40.00 X 135,564. 0. 24,676. (11) ROBERT GEORGE 40.00 X 142,699. 0. 8,653. (11) ROBERT GEORGE 40.00 X 135,564. 0. 16,105. (12) CHRISTIN A KRIESEL 40.00 X 135,245. 0. 16,105. (13) LUBERT GEORO	EXECUTIVE DIRECTOR				Х				376,287.	0.	17,720.
(3) JAMES RAVELLA 40.00 X 217,552. 0.25,169. (4) DAVID KARLE 40.00 X 196,433. 0.24,483. (5) CRISTIN K, BARTTER 40.00 X 208,081. 0.9,622. (6) SARAH HOLLIS 40.00 X 189,411. 0.21,487. (7) SHANNO WOODWARD 40.00 X 163,631. 0.13,609. (8) HANNAH LUPPINO 40.00 X 154,525. 0.16,504. (9) PRIN DANCER 40.00 X 152,653. 0.9,533. (10) ROBERT KILDUFF 40.00 X 135,564. 0.24,676. (11) ROBERT GEORGE 40.00 X 135,564. 0.24,676. (12) CHRISTINA A KREIGER 40.00 X 135,564. 0.24,676. (13) LUREAT GEORGE 40.00 X 135,245. 0.16,105. (14) GLBERT M LOBERT 40.00 X 135,245. 0.16,105. (14) GLBERT M LOBERT 40.00 X 129,855. 0.2,588. (15) RAWA KRIEGER 40.00 X 142,699. 0.46,503. (14) GLBERT M LOBERT 40.000	(2) BARBARA TITUS	40.00									
SR. VP OF PROGRAMS X 217,552. 0. 25,169. (4) DAVID RAILE 40.00 X 196,433. 0. 24,483. SENIOR PHILANTHROPIC ADVIS X 208,081. 0. 24,483. (5) CRISTIN R. BARTER 40.00 X 208,081. 0. 9,622. (6) SARAH HOLLIS 40.00 X 189,411. 0. 21,487. (7) SHANNON WOODWARD 40.00 X 163,631. 0. 13,609. (8) HANNAH LUPPINO 40.00 X 154,525. 0. 16,504. (9) ERIN DANCER 40.00 X 154,525. 0. 16,504. (9) ERIN DANCER 40.00 X 152,653. 0. 9,533. (10) ROBERT KILDUPF 40.00 X 135,564. 0. 24,676. (12) CHRISTINA & KREISEL 40.00 X 135,245. 0. 16,105. (11) ROBERT GEORE 40.00 X 135,245. 0. 16,105. (13) LAWAM M REIGRER 40.00 X 142,699. 0. 8,653. (13) LAWAM M REIGRER </td <td>SR. VP - OPERATIONS/BUSINESS</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>227,195.</td> <td>0.</td> <td>19,885.</td>	SR. VP - OPERATIONS/BUSINESS				Х				227,195.	0.	19,885.
(4) DAVID KAHLE 40.00 X 196,433. 0.24,483. (5) CRISTIN K. BARTER 40.00 X 208,081. 0.9,622. (6) SARAH HOLLIS 40.00 X 189,411. 0.21,487. (7) SHANNON WOODWARD 40.00 X 163,631. 0.13,609. (8) HANNAH LUPPINO 40.00 X 154,525. 0.16,504. (9) FRILANTHROPY 40.00 X 159,938. 0.8,706. (9) FRIN DANCER 40.00 X 152,653. 0.9,533. (10) ROBERT KILDUFF 40.00 X 152,653. 0.24,4676. (11) ROBERT KILDUFF 40.00 X 152,653. 0.9,533. (11) ROBERT KILDUFF 40.00 X 142,699. 0.8,653. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0.8,653. (13) LAURA M KRIBGER 40.00 X 142,699. 0.91. (14) GILBERT M BOSWORH 40.00 X 142,699. 0.91. (15) MEGAN RIEGER 40.00 X 149,937. 0.991. (15) MEGAN RIEL 40.00 X	(3) JAMES RAVELLA	40.00									
SENIOR PHILANTHROPIC ADVIS X 196,433. 0. 24,483. (5) CRISTIN K. BARTTER 40.00 X 208,081. 0. 9,622. (6) SRAH HOLLIS 40.00 X 189,411. 0. 21,487. (7) SHANKON WOODWARD 40.00 X 163,631. 0. 13,609. VP OF PHILANTHROPY X 163,631. 0. 13,609. 0. (8) HANNAH LUPPINO 40.00 X 154,525. 0. 16,504. (9) ERINO RHILANTHROPIC ADVISOR X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 142,699. 0. 8,653. (12) CHRISTINA & KRIESEL 40.00 X 142,699. 0. 8,653. (13) LAURA X 135,245. 0. 16,105. (14) GILEERT M BOSWORTH 40.00	SR. VP OF PROGRAMS				Х				217,552.	0.	25,169.
(5) CRISTIN K. BARTTER 40.00 X 208,081. 0. 9,622. (6) SARAH HOLLIS 40.00 X 189,411. 0. 21,487. (7) SHANNON WOODWARD 40.00 X 163,631. 0. 13,609. (7) SHANNON WOODWARD 40.00 X 163,631. 0. 13,609. (8) HANNAH LUPPINO 40.00 X 154,525. 0. 16,504. (9) FRICKAMS X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LOREAM KRIEGER 40.00 X 142,699. 0. 8,653. (14) GLEBERT M BOSWORTH 40.00 X 142,699. 0. 991. JIRECTOR OF OUTREACH X 135,245. 0. 16,105. (14) GLEBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGARIRIEL	(4) DAVID KAHLE	40.00									
VP OF MARKETING X 208,081. 0. 9,622. (6) SARAH HOLLIS 40.00 X 189,411. 0. 21,487. (7) SHANNON WOODWARD 40.00 X 163,631. 0. 13,609. (8) HANNAH LUPPINO 40.00 X 154,525. 0. 16,504. (9) FRILANTHROPY X 159,938. 0. 8,706. (10) ROBERT KILDUPF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CHRISTINA A KREISEL 40.00 X 135,245. 0. 16,105. SENIOR OF OUTREACH X 135,564. 0. 24,676. 16,105. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 142,699. 0. 991. (15) MEGAN RIEL 40.00 X 149,937. 0. 991. (15) MACAN RIEL 40.00 <t< td=""><td>SENIOR PHILANTHROPIC ADVIS</td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td>196,433.</td><td>0.</td><td>24,483.</td></t<>	SENIOR PHILANTHROPIC ADVIS						X		196,433.	0.	24,483.
(6) SARAH HOLLIS 40.00 X 189,411. 0. 21,487. (7) SHANNON WOODWARD 40.00 X 163,631. 0. 13,609. (8) HANNAH LUPPINO 40.00 X 163,631. 0. 13,609. (9) FRILANTEROPY X 154,525. 0. 16,504. (9) ERIN DANCER 40.00 X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CHRISTINA & KREISEL 40.00 X 135,245. 0. 16,105. (14) GIBERT M BOSWORTH 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 149,937. 0. 2,588. (16) RAUEN STINGER 40.00 X 129,855. 0. 2,588. <t< td=""><td>(5) CRISTIN K. BARTTER</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) CRISTIN K. BARTTER	40.00									
VP OF PHILANTHROPY X 189,411. 0. 21,487. (7) SHANNON WOODWARD 40.00 X 163,631. 0. 13,609. (8) HANNAH LUPPINO 40.00 X 164,631. 0. 13,609. (9) ERIN DANCER 40.00 X 154,525. 0. 16,504. (9) ERIN DANCER 40.00 X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 142,699. 0. 8,653. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 142,699. 0. 8,653. (14) GILBERT M BOSWORH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER	VP OF MARKETING						X		208,081.	0.	9,622.
(7) SHANNON WOODWARD 40.00 VP OF PHILANTHROPY X (8) HANNAH LUPPINO 40.00 VP OF PROGRAMS X (9) ERIN DANCER 40.00 SENIOR PHILANTHROPIC ADVISOR X (10) ROBERT KILDUFF 40.00 (2FO (UNTLL 8/2023) X (11) ROBERT GEORGE 40.00 SR. DIRECTOR OF OUTREACH X (12) CHRISTINA A KREISEL 40.00 SENIOR DIRECTOR-CORP/COMMU X DIRECTOR OF RESEARCH-PHILA 40.00 VP OF OUTREACH & EDUCATION X 13) LAURA M KRIEGER 40.00 VP OF OUTREACH & EDUCATION X (14) GILBERT M BOSWORTH 40.00 VP OF OUTREACH & EDUCATION X (15) MEGAN RIEL 40.00 SR. SALESFORCE SPECIALIST X (15) MEGAN RIEL 40.000 SR. SALESFORCE SPECIALIST X (16) RAVEN STRINGER 40.00 SR. SALESFORCE SPECIALIST X (16) RAVEN STRINGER 40.00 SR. SALESFORCE SPECIALIST X (16) RAVEN STRINGER 40.00 <td>(6) SARAH HOLLIS</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) SARAH HOLLIS	40.00									
VP OF PHILANTHROPY X 163,631. 0. 13,609. (8) HANNAH LUPPINO 40.00 X 154,525. 0. 16,504. (9) ERIN DANCER 40.00 X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CRRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 142,699. 0. 8,653. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. 0.	VP OF PHILANTHROPY						X		189,411.	0.	21,487.
(8) HANNAH LUPPINO 40.00 X 154,525. 0. 16,504. (9) ERIN DANCER 40.00 X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. 0.	(7) SHANNON WOODWARD	40.00									
VP OF PROGRAMS X 154,525. 0. 16,504. (9) ERIN DANCER 40.00 X 159,938. 0. 8,706. SENIOR PHILANTHROPIC ADVISOR X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. SR. DIRECTOR OF OUTREACH X 135,564. 0. 24,676. (12) CHRISTINA & KREISEL 40.00 X 142,699. 0. 8,653. SENIOR OF RESEARCH-PHILA X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. 0.	VP OF PHILANTHROPY						X		163,631.	0.	13,609.
(9) ERIN DANCER 40.00 X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. 0.	(8) HANNAH LUPPINO	40.00									
SENIOR PHILANTHROPIC ADVISOR X 159,938. 0. 8,706. (10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 108,009. 0. 0. 0.	VP OF PROGRAMS						X		154,525.	0.	16,504.
(10) ROBERT KILDUFF 40.00 X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. 0.	(9) ERIN DANCER	40.00									
CFO (UNTIL 8/2023) X 152,653. 0. 9,533. (11) ROBERT GEORGE 40.00 X 135,564. 0. 24,676. SR. DIRECTOR OF OUTREACH X 135,564. 0. 24,676. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. DIRECTOR OF RESEARCH-PHILA X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. 0.	SENIOR PHILANTHROPIC ADVISOR						X		159,938.	0.	8,706.
(11) ROBERT GEORGE 40.00 SR. DIRECTOR OF OUTREACH X (12) CHRISTINA A KREISEL 40.00 SENIOR DIRECTOR-CORP/COMMU X (13) LAURA M KRIEGER 40.00 DIRECTOR OF RESEARCH-PHILA X (14) GILBERT M BOSWORTH 40.00 VP OF OUTREACH & EDUCATION X (15) MEGAN RIEL 40.00 SR. SALESFORCE SPECIALIST X (16) RAVEN STRINGER 40.00 ACCOUNTANT X (17) MOIRA SINISE 10.00 DIRECTOR X 0. 0.	(10) ROBERT KILDUFF	40.00									
SR. DIRECTOR OF OUTREACH X 135,564. 0. 24,676. (12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. SENIOR DIRECTOR-CORP/COMMU X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. DIRECTOR OF RESEARCH-PHILA X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0.	CFO (UNTIL 8/2023)						X		152,653.	0.	9,533.
(12) CHRISTINA A KREISEL 40.00 X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. 0.	(11) ROBERT GEORGE	40.00									
SENIOR DIRECTOR-CORP/COMMU X 142,699. 0. 8,653. (13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. DIRECTOR OF RESEARCH-PHILA X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0.	SR. DIRECTOR OF OUTREACH						X		135,564.	0.	24,676.
(13) LAURA M KRIEGER 40.00 X 135,245. 0. 16,105. DIRECTOR OF RESEARCH-PHILA 40.00 X 149,937. 0. 991. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0.	(12) CHRISTINA A KREISEL	40.00									
DIRECTOR OF RESEARCH-PHILA X 135,245. 0. 16,105. (14) GILBERT M BOSWORTH 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0.	SENIOR DIRECTOR-CORP/COMMU						X		142,699.	0.	8,653.
(14) GILBERT M BOSWORTH 40.00 X 149,937. 0.991. (15) MEGAN RIEL 40.00 X 129,855. 0.2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0.16,044. (17) MOIRA SINISE 10.00 X 0.00. 0.0.	(13) LAURA M KRIEGER	40.00									
VP OF OUTREACH & EDUCATION X 149,937. 0. 991. (15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. SR. SALESFORCE SPECIALIST X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0.	DIRECTOR OF RESEARCH-PHILA						X		135,245.	0.	16,105.
(15) MEGAN RIEL 40.00 X 129,855. 0. 2,588. SR. SALESFORCE SPECIALIST 40.00 X 108,009. 0. 16,044. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0.	(14) GILBERT M BOSWORTH	40.00									
SR. SALESFORCE SPECIALIST X 129,855. 0. 2,588. (16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. ACCOUNTANT 10.00 X 0. 0. 0. 0. DIRECTOR X 0 0. 0. 0. 0. 0.	VP OF OUTREACH & EDUCATION						X		149,937.	0.	991.
(16) RAVEN STRINGER 40.00 X 108,009. 0. 16,044. ACCOUNTANT 10.00 X 0. 0. 0. 0. UTPLECTOR X 0. 0. 0. 0. 0.	(15) MEGAN RIEL	40.00									
ACCOUNTANT X 108,009. 0. 16,044. (17) MOIRA SINISE 10.00 X 0. 0. 0. DIRECTOR X 0 0. 0. 0. 0.	SR. SALESFORCE SPECIALIST						X		129,855.	0.	2,588.
(17) MOIRA SINISE 10.00 X 0. 0. 0.	(16) RAVEN STRINGER	40.00									
DIRECTOR X 0. 0. 0.	ACCOUNTANT						X		108,009.	0.	16,044.
	(17) MOIRA SINISE	10.00									
	DIRECTOR		Х						0.	0.	

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332007 12-21-23

Form 990 (2023)

Form 990 (2023) GARY SIN	ISE FOUN	DA	TI	ON	ſ				80-0	587(086 F	Page 8
Part VII Section A. Officers, Directors, Trus						ghes	t C	ompensated Employee	s (continued)			
(A)	(B)		;		C)			(D)	(E)		(F)	
Name and title	Average	(do			itior	ו than d		Reportable	Reportable	,	Estimat	ed
	hours per	box,	unles	ss pe	rson i	is both	n an	compensation	compensatio	n	amount	of
	week (list any		cer an	aaa	irecto	or/trus	(ee)	from	from related		othe	
	hours for	irecto						the organization	organization (W-2/1099-MIS		compens from tł	
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)		and rela	
	below	idua	tution	er	Key emp l oyee	est co oyee	ler	,			organizat	ions
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former					
(18) PASTOR VELASCO	10.00											•
DIRECTOR	10.00	Х						0.		0.		0.
(19) GREGORY D GADSON	10.00											•
DIRECTOR		Х						0.		0.		0.
(20) ROBERT PENCE	10.00											•
DIRECTOR	10.00	Х						0.		0.		0.
(21) PATRICIA HOROHO	10.00	37										0
DIRECTOR (22) ANDREA MANDELL	10.00	Х						0.		0.		0.
DIRECTOR (FROM 8/2023)	10.00	х						0.		٥.		0.
(23) JIM SHUBERT	10.00	Δ						0.				0.
DIRECTOR/TREASURER	10.00	х		х				0.		٥.		0.
(24) VINCENT BROOKS	10.00	27		23						~ 1		<u> </u>
DIRECTOR/VICE CHAIR OF THE	10.00	х		х				0.		0.		Ο.
(25) GARY SINISE	10.00			23						~ •		
CHAIR, PRESIDENT, DIRECTOR	10100	х		х				0.		0.		0.
(26) JOHN D HEUBUSCH	10.00											
DIRECTOR/SECRETARY		х		х				0.		0.		Ο.
1b Subtotal	•							2,847,015.		0.	235,7	75.
c Total from continuation sheets to Part VI							•	0.		0.		0.
d Total (add lines 1b and 1c)								2,847,015.		0.	235,7	75.
2 Total number of individuals (including but n								eceived more than \$100,0	000 of reportable	э		
compensation from the organization									-			16
										-	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual			4 X	
5 Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om	any	unre	ate	ed organization or individ	ual for services			
rendered to the organization? If "Yes." corr	plete Schedule	e J fo	or su	ich j	oers	on .	<u></u>				5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co									-	censat	ion from	
the organization. Report compensation for	the ca l endar ye	ear e	ndin	ig w	rith c	or wi	thin T		ear.			
(A) Name and business	(A)(B)(C)Name and business addressDescription of servicesCompensation									n		
SIGNATURE HOMES, INC.	2001633						-	CONSTRUCTION	ervices		ompensatio	
PO BOX 105738, JEFFERSON	CTUV M	\cap	65	11	^			SERVICES		1	220 1	85
SEYFARTH SHAW, LLP, 3807				<u> </u>	0		┦	ORVATCRO		<u> </u>	,220,1	
CENTER DRIVE, CHICAGO, II		± U.	10				┟	LEGAL SERVICE	.s	I	822 2	21
CENTER DRIVE, CHICAGO, IL 60606LEGAL SERVICES822,221.SINGERLEWAK LLP, 10960 WILSHIRE BLVD 11TH												
FLOOR, LOS ANGELES, CA 90				-				ACCOUNTING SH	ERVICES	1	345,7	98.
LAN SMITH SOSOLIK & JOHNS		C,	1	47	85		ſ				. = - / '	

PRESTON ROAD, SUITE 1125, DALLAS, TX 75254	LEGAL SERVICES	205,113.
NATHAN DAVIDSON, 1745 WILCOX AVE, APT 101,		
LOS ANGELES, CA 90028	MARKETING CONSULTING	120,657.
2 Total number of independent contractors (including but not limited to those list		
\$100,000 of compensation from the organization 6		

9

\$100,000 of compensation from the organization

Form 990 (2023)

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16070113 701224 PGM3021617

			2023) GARY SINISE FOUNDAT	ION		80-0587	086 Page 9
Pa	rt \	/	Statement of Revenue				
			Check if Schedule O contains a response or note to any				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b	-			
ي و و			Fundraising events 1c	-			
ifts r A			Related organizations 1d	-			
nila,			Government grants (contributions) 1e 331,71	7.			
Sic			All other contributions, gifts, grants, and	-			
her		•	similar amounts not included above 1f 77,443,92	25.			
ġ t		a	Noncash contributions included in lines 1a-1f				
Sor		-	Total. Add lines 1a 1f	77 775 642			
<u> </u>			Business Co				
ø	2	а					
, <u>ki</u>		b					
Ser		c					
Program Service Revenue		d					
n n n n n n n n n n n n n n n n n n n		е					
Pro		f	All other program service revenue				
			Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and				
			other similar amounts)	2,435,145.			2435145.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
			(i) Real (ii) Persona	al			
	6	а	Gross rents 6a				
		b	Less: rental expenses 6b				
		С	Rental income or (loss) 6c				
			Net rental income or (loss)				
	7	а	Gross amount from sales of (i) Securities (ii) Other	_			
			assets other than inventory 7a 11,190,084.	_			
		b	Less: cost or other basis				
nue			and sales expenses	_			
evenue			Gain or (loss)	470.040			470.040
Ε L	_		Net gain or (loss)	472,842.			472,842.
Other	8	а	Gross income from fundraising events (not				
0			including \$ of				
			contributions reported on line 1c). See				
		h	Part IV, line 18 8a Less: direct expenses 8b	-			
			Net income or (loss) from fundraising events				
	9		Gross income from gaming activities. See				
	Ŭ	ũ	Part IV, line 19 9a				
		b	Less: direct expenses 9b	-			
			Net income or (loss) from gaming activities				
	10		Gross sales of inventory, less returns				
			and allowances	36.			
		b	Less: cost of goods sold 10b 33,06	56.			
			Net income or (loss) from sales of inventory		287,420.		
ر م			Business Co				
sou:	11	а	OTHER INCOME 900099	392,324.	ļ	ļ	392,324.
Miscellaneous Revenue		b					ļ
cell Teve		с	 				
Ϋ́Ξ			All other revenue				
_			Total. Add lines 11a-11d				
	12		Total revenue. See instructions		287,420.	0.	3300311.
33200	9 12	-21-	23				Form 990 (2023)

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Form 990 (2023) GARY SINISE FOUNDATION 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).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			пріете соїйтіп (А).	
	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	14,264,471.	14,264,471.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,840,054.	4,840,054.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	883,807.	456,343.	97,215.	330,249.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,686,787.	2,419,964.	515,527.	1,751,296.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	78,000.	40,274.	8,580.	<u>29,</u> 146.
9	Other employee benefits	640,265.	330,593.	70,426.	<u>29,146.</u> 239,246.
10	Payroll taxes	439,054.	226,700.	48,294.	164,060.
11	Fees for services (nonemployees):				
а	Management				
	Legal	989,393.	217,813.	771,580.	
	Accounting	485,295.		485,295.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	204,577.		204,577.	
g					
•	column (A), amount, list line 11g expenses on Sch 0.)	7,278,248.	6,174,925.	707,561.	395,762.
12	Advertising and promotion	334,334.		333,251.	1,083.
13	Office expenses	1,015,790.	231,911.	334,957.	448,922.
14	Information technology	612,562.	164,803.	225,804.	221,955.
15	Royalties				
16	Occupancy	989,633.	521,734.	92,135.	375,764.
17	Travel	7,015,000.	5,851,574.	1,037,428.	125,998.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,232,591.	2,232,591.		
20	Interest	135,853.	24,657.	58,261.	52,935.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	223,753.	117,963.	20,831.	84,959.
23	Insurance	334,103.	269,640.	12,694.	51,769.
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.)				
а	PROGRAM OPERATIONS	12,604,597.	12,415,965.	188,632.	
b	CONSTRUCTION COSTS	9,719,120.	9,714,315.	4,805.	
с	FURNISHINGS	3,774,272.	3,774,272.	0.	0.
d	MERCHANDISE FEES	588,086.	75,816.	511,561.	709.
е	All other expenses	692,042.	288,294.	389,222.	14,526.
25	Total functional expenses. Add lines 1 through 24e	75,061,687.	64,654,672.	6,118,636.	4,288,379.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201) 12-21-23				Form 990 (2023)

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Form **990** (2023)

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	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	8,272,236.	1	4,423,628
2	Cash - non-interest-bearing Savings and temporary cash investments	18,790,651.	2	20,918,839
2	Pledges and grants receivable, net	2,803,782.	3	3,469,146
4	Accounts receivable, net	3,071,908.	4	2,362,387
5	Loans and other receivables from any current or former officer, director,	5707175001	-	2/302/30/
5	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		5	
0	under costion (050(0)), and nervous described in costion (050(0)(0)(0))		6	
7	Notes and loans receivable, net		7	
		326 027.		286,970
				1,041,310
		1,001,000	3	1,011,010
iva				
h	Less: accumulated depreciation	1 256 771.	100	1,105,220
				49,951,117
		50,055,427.		<u> </u>
	-	3 071 135.		2,082,442
		77 522 630.		85,641,059
				2,835,801
		0,001,001		
			21	
~~				
			22	
2 3				
			21	
_0				
		3,238,321.	25	2,221,225
26				5,057,026
	· · · · · · · · · · · · · · · · · · ·			
27		60,969,042.	27	70,361,466
				10,222,567
				· · ·
29			29	
30				
31				
		70,719,617.		80,584,033
				85,641,059
	b 11 12 13 14 15 16 21 22 23 24 25 26 27 28 29 30	9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,017,272. 10 Less: accumulated depreciation 10a 4,017,272. 11 Investments - publicly traded securities 10b 2,912,052. 11 Investments - other securities. See Part IV, line 11 11 13 Investments - program-related. See Part IV, line 11 11 14 Intangible assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable Grants payable 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Othe	9 Prepaid expenses and deferred charges 1,034,693. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,017,272. 10b 2,912,052. 1,256,771. 11 Investments - publicly traded securities 38,895,427. 12 Investments - program-related. See Part IV, line 11 3,071,135. 13 Investments - program-related. See Part IV, line 11 3,071,135. 14 Intangible assets 3,564,692. 17 Accounts payable and accrued expenses 3,564,692. 19 Deferred revenue 20 20 Tax-exempt bond liabilities 20 21 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 20 22 Loans and other payable to unrelated third parties 20 24 Unsecured notes and loans payable to unrelated third parties 20 25 Cherl liabilities not included on lines 17-24). Complete Part X of Schedule D 3,238,321. 26 Cotal liabilities not included on lines 17-24). Complete Part X of Schedule D 3,238,321. 26	9 Prepaid expenses and deferred charges 1,034,693.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,017,272. 10b 2,912,052. 1,256,771. 10c 11 Investments - bublicly traded securities 38,895,427. 11 11 Investments - other securities. See Part IV, line 11 12 13 13 Investments - other securities. See Part IV, line 11 13 14 14 Intargible assets 14 3,071,135. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 77,522,630. 16 17 Accounts payable and accrued expenses 3,564,692. 17 18 Grants payable 19 20 21 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 22 228 Scutum ottagages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 26 Total liabilities (ncluding federal income tax, payables to related third parties 6, 803, 013.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 81,363 2 Total expenses (must equal Part IX, column (A), line 25) 2 75,061 3 Revenue less expenses. Subtract line 2 from line 1 3 6,301	
1Total revenue (must equal Part VIII, column (A), line 12)181,3632Total expenses (must equal Part IX, column (A), line 25)275,061	
2 Total expenses (must equal Part IX, column (A), line 25)	
2 Total expenses (must equal Part IX, column (A), line 25)	
3 Revenue less expenses. Subtract line 2 from line 1 6,301	
	<u>,686.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 70,719	
5 Net unrealized gains (losses) on investments 5 3,562	<u>,730.</u>
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	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B)) 10 80 , 584	,033.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	🔲
	'es 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 on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
	x
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
	x
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2023)

SCHEDULE A	Public Ch	narity Status an	d Duk	nlia Su	innort		OMB No. 1545-0047
(Form 990)		-					2023
		ganization is a section 501 4947(a)(1) nonexempt cha			or a section		Ζυζυ
Department of the Treasury		Attach to Form 990 or Fo					Open to Public
Internal Revenue Service		ov/Form990 for instruction	ns and the	e latest inf	ormation.		Inspection
Name of the organizati							identification number
	GARY SINISE F						0-0587086
Part I Reason	for Public Charity Status	S. (All organizations must c	omplete t	his part.) S	ee instructior	IS.	
The organization is not a	a private foundation because it i	s: (For lines 1 through 12, c	heck on l y	one box.)			
1 A church, co	nvention of churches, or associa	ation of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).		
	cribed in section 170(b)(1)(A)(ii						
3 A hospital or	a cooperative hospital service of	organization described in se	ection 170)(b)(1)(A)(i	ii).		
4 A medical res	search organization operated in	conjunction with a hospital	describec	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat							
_	ion operated for the benefit of a	college or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	(b)(1)(A)(iv). (Complete Part II.)						
	ate, or local government or gove						
•	ion that normally receives a sub	stantial part of its support fi	rom a gove	ernmental	unit or from ti	ne general p	oublic described in
	(b)(1)(A)(vi). (Complete Part II.)						
	/ trust described in section 170					lava el europet	
-	al research organization describ			-		-	-
	or a non-land-grant college of ac	griculture (see instructions).	Enter the	name, city	, and state of	the college	or
university: 10 An organizati	ion that normally receives (1) mo	are then 22 1/20/ of its supr	ort from o	ontributio	a mombarat	in food and	d groce receipte from
-	ated to its exempt functions, sub						-
	unrelated business taxable incor		. ,			• •	-
	509(a)(2). (Complete Part III.)		in busines	3363 2040		janization a	
	ion organized and operated excl	lusively to test for public sa	fetv. See	section 50	0.9(a)(4)		
	ion organized and operated exc		-			rrv out the	purposes of one or
0	y supported organizations descr	•	•			•	• •
	ough 12d that describes the typ						
	upporting organization operated						giving
the suppor	ted organization(s) the power to	regularly appoint or elect a	majority of	of the direc	tors or truste	es of the su	ipporting
	on. You must complete Part IV,						
b 📃 Type II. A s	supporting organization supervis	sed or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
control or r	management of the supporting o	organization vested in the sa	ame perso	ons that co	ntro l or mana	ge the supp	ported
organizatio	on(s). You must complete Part	IV, Sections A and C.					
c 📃 Type III fur	nctionally integrated. A support	rting organization operated	in connec	tion with, a	and functiona	lly integrate	d with,
its support	ed organization(s) (see instruction	ons). You must complete l	Part IV, Se	ections A,	D, and E.		
d 🔄 Type III no	on-functionally integrated. A su	upporting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
	functionally integrated. The orga	• •	•		•	I an attentiv	/eness
	nt (see instructions). You must o	· · ·					
	box if the organization received				Type I, Type	II, Type III	
	y integrated, or Type III non-func	ctionally integrated supporti	ng organiz	ation.			
g Provide the follow (i) Name of supp	ring information about the suppo ported (ii) EIN	(iii) Type of organization	(iv) is the ora	anization listed	(v) Amount o	f monetary	(vi) Amount of other
organization	• •	(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions)
		above (see instructions))	Yes	No			
Total							
							· · · · ·

Schedule A (Form 990) 2023 G	ARY SINIS	E FOUNDAT	ION		80-058	7086 Page 2
Part II Support Schedule for				b)(1)(A)(iv) and		
(Complete only if you checke	-		-			-
fails to qualify under the tests	listed below, plea	se comp l ete Part I	II.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	41933996.	48441737.	55761582.	60365269.	88236379.	294738963
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 \dots						
4 Total. Add lines 1 through 3	<u>41933996.</u>	<u>48441737.</u>	<u>55761582.</u>	60365269.	88236379.	294738963
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						778,692.
6 Public support. Subtract line 5 from line 4.						293960271
Section B. Total Support	1	1	1	1	1	1
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	<u>41933996.</u>	48441737.	55761582.	60365269.	88236379.	294738963
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,				1040550	0.050.001	
and income from similar sources \dots	567,818.	556,455.	819,520.	1043759.	2850801.	5838353.
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital		0 005		10.000	415 600	420 100
assets (Explain in Part VI.)		2,335.		12,223.	415,608.	
11 Total support. Add lines 7 through 10						301007482
12 Gross receipts from related activities,	•	,				,304,588.
13 First 5 years. If the Form 990 is for the						
organization, check this box and stop						
Section C. Computation of Publi						07.66
14 Public support percentage for 2023 (I					14	97.66 9
15 Public support percentage from 2022					15	96.11 %
16a 33 1/3% support test - 2023. If the						37
stop here. The organization qualifies		•			· · · · · ·	
b 33 1/3% support test - 2022. If the o						
and stop here. The organization qual						
17a 10% -facts-and-circumstances test						
and if the organization meets the fact			-		•	
meets the facts-and-circumstances te	•	•		•	47	
b 10% -facts-and-circumstances test						1U% Or
more, and if the organization meets the	JE JACIS AND CITCUN	USIALICES LEST. COA		uon nere Explain i		

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023 GARY SINISE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 beha l f						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third.	fourth, or fifth tax	vyear as a section	501(c)(3) organizati	on,
	-			·····		,
Section C. Computation of Publ						
15 Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by l	ine 13, co l umn (f))	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the	organization did r				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organization	ation	
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qua l ifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	
332023 12-21-23					Schedule	A (Form 990) 2023
		16	-			

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GARY SINISE FOUNDATION

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No

Yes

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.)

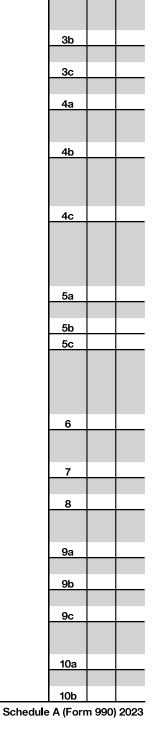
Section A. All Supporting Organizations

<u>Schedule A (Form</u> 990) 2023

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

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			_	
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Pa	t IV Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
L.	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	<u>11b</u>		
С	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	ne or	103	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	the 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent	ity (see instructior		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 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.* 332025 12-21-23

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3b | | Schedule A (Form 990) 2023

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hedule A (Form 990) 2023 GARY SINISE FOUNDATION			80-0587086 _{Page}
Part V Type III Non-Functionally Integrated 509(a)(3) Support			
Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions
All other Type III non-functionally integrated supporting organizations me	ust complete a	Sections A through E.	(B) Current Year
ection A - Adjusted Net Income		(A) Prior Year	(optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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		
3 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
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		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
3 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 GARY SINISE F			8	0-0587086 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
_4	Amounts paid to acquire exempt-use assets			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.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 9	990) 2023			FOUNDATI			80-0587086	Page 8
Part I line 1; Sectio	/, Section A, lines Part IV, Section I on D, lines 5, 6, an	1, 2, 3b, 3c, 4b, 4), l ines 2 and 3; Pa	c, 5a, 6, art IV. Se	9a, 9b, 9c, 11a, ection E, l ines 1c,	11b. and 11c: Part I	V, Section B, line Part V, line 1; Pa	a or 17b; Part III, line 12; s 1 and 2; Part IV, Sectio rt V, Section B, line 1e; F	on C.
(See i	nstructions.)					-		
332028 12-21-23				0.1			Schedule A (Form	990) 2023
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	Supplementa	al Financial Statements	OMB No. 1545-0047
CHEDULE D orm 990)	Complete if the orga	anization answered "Yes" on Form 990,	2023
), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
partment of the Treasury ernal Revenue Service		00 for instructions and the latest information.	
ame of the organizat			Employer identification number
Part I Organiz	GARY SINISE FOUNDA	d Funds or Other Similar Funds or A	80-0587086
	on answered "Yes" on Form 990, Part IV, lir		ACCOUNTS. Complete if the
organizatio		(a) Donor advised funds	(b) Funds and other accounts
I Total number at e	nd of year		
	of contributions to (during year)		
	of grants from (during year)		
	at end of year		
		writing that the assets held in donor advised fu	Inds
are the organizati	on's property, subject to the organization's	exclusive legal control?	Yes No
Did the organizat	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	lonly
for charitable pur	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	erring
impermissible priv			Yes No
		ganization answered "Yes" on Form 990, Part I	IV, line 7.
	servation easements held by the organizati		
	n of land for public use (for example, recrea	, <u> </u>	storically important land area
	of natural habitat	Preservation of a ce	ertified historic structure
	n of open space	~ · · · · · · · · · · · · · ·	
Complete lines 2a day of the tax yea		fied conservation contribution in the form of a c	Held at the End of the Tax Year
•	rvation easements on a certified historic str	ucture included on line 2a	
	rvation easements included on line 2c acqu		. 20
	cture listed in the National Register	-	
Number of conse		leased, extinguished, or terminated by the orga	
Number of conse year		leased, extinguished, or terminated by the orga	
Number of conse year Number of states	rvation easements modified, transferred, re	leased, extinguished, or terminated by the orga sement is located	
 Number of conse year Number of states Does the organization 	rvation easements modified, transferred, re where property subject to conservation eas	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of	anization during the tax
 Number of conse year Number of states Does the organization violations, and end 	rvation easements modified, transferred, re where property subject to conservation eas ation have a written policy regarding the per forcement of the conservation easements i	leased, extinguished, or terminated by the orga sement is located	anization during the tax
Number of conse year Number of states Does the organize violations, and en	rvation easements modified, transferred, re where property subject to conservation eas ation have a written policy regarding the per forcement of the conservation easements i	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of t holds?	anization during the tax
 Number of conseyear Number of states Does the organizations, and end Staff and voluntee 	rvation easements modified, transferred, re- where property subject to conservation eas ation have a written policy regarding the per forcement of the conservation easements in er hours devoted to monitoring, inspecting,	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of t holds?	anization during the tax
Number of conse year Number of states Does the organiza violations, and en Staff and volunte Amount of expen	rvation easements modified, transferred, re- where property subject to conservation ease ation have a written policy regarding the per- forcement of the conservation easements in er hours devoted to monitoring, inspecting, ses incurred in monitoring, inspecting, hand	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat dling of violations, and enforcing conservation e	anization during the tax
Number of conse year Number of states Does the organiza violations, and en Staff and volunte Amount of expen	rvation easements modified, transferred, re- where property subject to conservation ease ation have a written policy regarding the per forcement of the conservation easements in er hours devoted to monitoring, inspecting, ses incurred in monitoring, inspecting, hand rvation easement reported on line 2d above	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat dling of violations, and enforcing conservation e e satisfy the requirements of section 170(h)(4)(B	Anization during the tax
Number of conse year Number of states Does the organiza violations, and en Staff and volunte Amount of expen Does each conse and section 170(t	rvation easements modified, transferred, re- where property subject to conservation ease ation have a written policy regarding the per forcement of the conservation easements is er hours devoted to monitoring, inspecting, ses incurred in monitoring, inspecting, hand rvation easement reported on line 2d above a)(4)(B)(ii)?	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat dling of violations, and enforcing conservation e e satisfy the requirements of section 170(h)(4)(B	Anization during the tax Yes No tion easements during the year easements during the year (i) Yes No
Number of conse year Number of states Does the organiza violations, and en Staff and volunted Amount of expen Does each conse and section 170(h In Part XIII, descr	rvation easements modified, transferred, re- where property subject to conservation ease ation have a written policy regarding the per forcement of the conservation easements in er hours devoted to monitoring, inspecting, sess incurred in monitoring, inspecting, hand rvation easement reported on line 2d above moder (H)(H)(ii)?	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat dling of violations, and enforcing conservation e e satisfy the requirements of section 170(h)(4)(B con easements in its revenue and expense state	Anization during the tax
Number of conse year Number of states Does the organiza violations, and en Staff and volunter Amount of expen Does each conse and section 170(t In Part XIII, descr balance sheet, ar	rvation easements modified, transferred, re- where property subject to conservation ease ation have a written policy regarding the per- forcement of the conservation easements in er hours devoted to monitoring, inspecting, ses incurred in monitoring, inspecting, hand rvation easement reported on line 2d above h)(4)(B)(ii)?	leased, extinguished, or terminated by the orga sement is located riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat dling of violations, and enforcing conservation e e satisfy the requirements of section 170(h)(4)(B	Anization during the tax
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^{2023.05030} GARY SINISE FOUNDATION

	dule D (Form 990) 2023 GARY SII	NISE FOUNDA	TION , Historical Tre	asures, or C	Other S	ہ Similar	30-05 Assets	87086 (continu	Page 2
3	Using the organization's acquisition, accession								
	collection items (check all that apply).		, ,	0	0				
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations	-							
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's	s exemp	t purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	•		•					
•	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par	gements Complet							
19	Is the organization an agent, trustee, custodia		any for contribution	s or other asset	s not in	cluded			
ia	on Form 990, Part X?		-					Yes	No
h	If "Yes," explain the arrangement in Part XIII						····· ∟	_ 165	
U			Jowing table.					Amount	
	Beginning balance					1c		, arroarre	
с С	0 0					1d			
u	Additions during the year								
e r	Distributions during the year					1e 1f			
f	Ending balance Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.				-				
Par							<u></u>		
		(a) Current year	(b) Prior year	(c) Two years b		N Three v	ears back	(e) Four y	/ears back
10	Beginning of year balance	14,375,836.	16,722,709.	14,740,6	`		85,130.		193,846.
1a ⊾		14,575,050.	10,722,705.	11,710,0	, <u>, , , , , , , , , , , , , , , , , , </u>	13,1	55,150.	,-	199,040.
b	Contributions	2,940,576.	-2,279,439.	2,043,5	566	1 6	09,579.	2 (045,993.
c	Net investment earnings, gains, and losses	2,540,570.	-2,215,455.	2,043,5	,	1,0		2,0	J45,555.
d	Grants or scholarships								
е	Other expenditures for facilities	1 500 000							
	and programs	1,500,000.	67,434.	61 /	07		54,069.		54,709.
f	Administrative expenses	76,237. 15,740,175.		61,4 16,722,7			40,640.	10 1	<u>185,130.</u>
g	End of year balance		14,375,836.		••••	14,7	40,040.	13,1	185,130.
2	Provide the estimated percentage of the curr) he l d as:					
a	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
с		%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	id administered	for the			5	
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	<u> </u>
	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI Land, Buildings, and Equipm		Dest N/ Kee 11a O	Farma 000 D	t. V . E.a.	- 10			
	Complete if the organization answered								
	Description of property	(a) Cost or ot		or other		umulate	d	(d) Book	value
		basis (investm	,	()	depre	eciation			<u> </u>
1a	Land		9	4,640.				94	,640.
b	Buildings				1				4.0.0
	Leasehold improvements			4,694.)2,29			,400.
	Equipment			2,547.		57,47			,071.
	Other			5,391.		12,28			<u>,109.</u>
Tota	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990. Part λ	<u>(, line 10c, column</u>	<u>(B))</u>					,220.
						:	Schedule	D (Form	990) 2023

332052 09-28-23

Part VII Investments - Other Securities

Schedule D (Form 990) 2023 GARY SINISE FOUNDATION

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book va l ue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part V Other Liphilities	

Part X | Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	2,221,225.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. line 25, col. (B))	2,221,225.

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) 2023

332053 09-28-23

	dule D (Form 990) 2023 GARY SINISE FOUNDATION				0587086 Pa	_{age} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		h Revenue per Re	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		-		
1				1	86,027,3	/6.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		3,562,730.			
b	Donated services and use of facilities		1,068,207.	_		
С	Recoveries of prior year grants			_		
d	Other (Describe in Part XIII.)		33,066.			
е	Add lines 2a through 2d			2e	4,664,00	
3	Subtract line 2e from line 1			3	81,363,3	73.
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			_		
b	Other (Describe in Part XIII.)	. 4 b				
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.)	<u> </u>		5	81,363,3	73.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per l	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			-		<u> </u>
1	Total expenses and losses per audited financial statements			1	76,162,90	60.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2 a	1,068,207.	_		
b	Prior year adjustments			_		
С	Other losses			_		
d	Other (Describe in Part XIII.)		33,066.			
е	Add lines 2a through 2d			2e	1,101,2	
3	Subtract line 2e from line 1			3	75,061,68	87.
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	75,061,68	87.
Pa	t XIII Supplemental Information					

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

PART V, LINE 4:

IN FEBRUARY 2016, THE FOUNDATION'S BOARD OF DIRECTORS ESTABLISHED A
BOARD-DESIGNATED ENDOWMENT FUND IN THE AMOUNT OF \$10,000,000 IN ORDER TO
PROVIDE THE FOUNDATION WITH A STEADY SOURCE OF OPERATING INCOME. EARNINGS
FROM THE FUND ARE INTENDED TO BE USED TO FINANCIALLY SUPPORT THE
FOUNDATION'S VARIOUS CHARITABLE PROGRAMS AND GENERAL OPERATIONS.
PART X, LINE 2:
THE ORGANIZATION IS A NONPROFIT CHARITABLE NONSTOCK CORPORATION ORGANIZED
UNDER THE LAWS OF DELAWARE AND IS EXEMPT FROM FEDERAL AND STATE INCOME

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

CORRESPONDING STATE PROVISIONS.

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GARY SINISE FOUNDATION Part XIII Supplemental Information (continued) Continued) Continued Continued)

LT. DAN BAND LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY THAT IS A DISREGARDED ENTITY UNDER THE INTERNAL REVENUE CODE. HOWEVER, LT. DAN BAND LLC IS SUBJECT TO A CALIFORNIA STATE LLC FEE AS WELL AS OTHER STATE AND TAX JURISDICTIONS. FOR CALIFORNIA INCOME TAX PURPOSES, A LIMITED LIABILITY COMPANY IS REQUIRED TO PAY A FEE BASED ON ITS GROSS RECEIPTS AS DEFINED, PLUS \$800 MINIMUM TAX ANNUALLY.

THE ORGANIZATION'S FEDERAL INCOME TAX AND INFORMATIONAL RETURNS FOR TAX YEARS ENDING DECEMBER 31, 2020 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE RETURNS FOR CALIFORNIA, THE ORGANIZATION'S MOST SIGNIFICANT JURISDICTION, REMAIN SUBJECT TO EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD FOR TAX YEARS ENDING DECEMBER 31, 2019 AND SUBSEQUENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

33,066.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

33,066.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)			Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22} .	Other Assistance to Organizations, , and Individuals in the United State ^{zation answered "Yes" on Form 990, Part IV, line 21} 0	se to Organi s in the Unit on Form 990, Parl	zations, ed States :IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa [.]	tion.		Open to Public Inspection
Name of the organization	GARY	SINISE FOUNDATION	TION					Employer identification number 80-0587086
Part I General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	o substantiate th€ tance?	e amount of the grants	or assistance, the g	yrantees' eligibility f	or the grants or assis	tance, and the selectic	
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of	cedures for monit	oring the use of grant f	grant funds in the United States.	States.]
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organi:	zations and Domestic		omplete if the orga	nization answered "Ye	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(p)		(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AVALON ACTION ALLIANCE 3282 NORTHSIDE PARKWAY NORTHWEST ATLANTA, GA 30327-2279	.IANCE .RKWAY NORTHWEST SU -2279	88-0748620	501(C)(3)	°000'000'z	.0			VETERANS AND FIRST RESPONDERS SUPPORT
CU ANSCHUTZ ADVANCEMENT OFFICE 13001 E. 17TH PLACE, MS A065 S AURORA, CO 80045	CEMENT OFFICE CE, MS A065 SUITE	84-6000555	501(C)(3)	500,000.	0.			EDUCATIONAL SUPPORT
MUNICIPAL EMERGENCY SERVICES 12 TURNBERY LANE - 2ND FLOOR SANDY HOOK, CT 06482	ICY SERVICES - 2ND FLOOR 482	65-105137 4	501(C)(3)	499,256.	0.			FIRST RESPONDER EQUIPMENT
ANGELS OF AMERICA'S 10010 DEVONWOOD CT COLORADO SPRINGS, CC	L'S FALLEN T CO 80920	45-5029479	501(C)(3)	450,000.	0.			SUPPORT CHILDRENS OF FALLEN SERVICE MEMBERS
FRIENDS OF FIREFIGHTERS INC. 199 VAN BRUNT STREET BROOKLYN, NY 11231	GHTERS INC. EET 1	01-0611469	501(C)(3)	400,000.				MENTAL WELLNESS INITIATIVES SUPPORT
WARRIORS HEART 756 PURPLE SAGE RD BANDERA, TX 78003	д	37-1742449	501(C)(3)	302,920.	0.			SOBER LIVING SUPPORT
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government or	ganizations listed in the	line 1 table				80. 65
For Paperwork Reduc	5 ETHER TOTAL THURINGEL OF OUTLER OF A THE AND A THE THE THE ADDR THE FOR A THE FOR THE ADDR THE FOR A THE FOR THE PAGE A	e Instructions for	r Form 990.					Schedule I (Form 990) 2023

LHA 332101 11-01-23

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	TION mestic Organizations	and Domestic Go		(Schedule I (Form 990). Part II.)		80-0587086 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	200,000.	.0			VETS FOR SERVICE ANIMALS SUPPORT
WARRIORS REUNION FOUNDATION 35 HICKORY MEADOW RD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	170,000.	.0			REUNIONS SUPPORT
CREATIVETS 672A WESTBORO DRIVE NASHVILLE, TN 37209	46-3617663	501(C)(3)	165,791.	• 0			ART + MUSIC PROGRAMMING FOR VETERANS
SAFE INDUSTRIES 5031 HIGHWAY 153 EASLEY, SC 29642	20-2653111	N/A	158,007.	0.			FIRST RESPONDER EQUIPMENT
2SERVE TOGETHER FOUNDATION 2603 MAITLAND CENTER PKWY MAITLAND, FL 32751	93-1373247	501(C)(3)	150,000.	0.			WOMEN VETERANS SUPPORT
NEVER ALONE WIDOWS, INC. 245 BLACKROCK TRACE ALPHARETTA, GA 30004	47-5259109	501(C)(3)	150,000.	0.			NATIONAL CONFERENCE SUPPORT
RICHARD NIXON FOUNDATION 18001 YORBA LINDA BOULEVARD YORBA LINDA, CA 92886	52-1278303	501(C)(3)	150,000.				POW SUPPORT PACKAGE
SEATTLE FIRE FOUNDATION 255 S KING ST SUITE 800 SEATTLE, WA 98104	83-2715866	501(C)(3)	144,507.	.0			FIRST RESPONDER EQUIPMENT
JF SHEA THERAPEUTIC RIDING CENTER, INC - 26284 OSO ROAD - SAN JUAN CAPISTRANO, CA 92675	95-3351363	501(C)(3)	126,175.	.0			ORGANIZATION SUPPORT GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION	TION mestic Organizations (and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARRIORS HEART - VA 20500 DEVASYA LANE MILFORD, VA 22514	37-1742449	N/A	125,000.				ORGANIZATION SUPPORT GRANT
CASCO INDUSTRIES, INC. 607 WEST 62ND STREET SHREVEPORT, LA 71148-8007	72-0698936	A/A	107,186.	.0			ORGANIZATION SUPPORT GRANT
SJX JET BOATS, INC. 10110 HWY 12 SUITE A OROFINO, ID 83544	26-4691062	N/A	104,295.	• 0			ORGANIZATION SUPPORT GRANT
ESI EQUIPMENT, INC. 119 KEYSTONE DRIVE MONTGOMERYVILLE, PA 18936	23-2604738	N/A	103,603.	0.			FIRST RESPONDER EQUIPMENT
CENTER FOR AMERICAN VALUES INC 101 SOUTH MAIN STREET RIVERWALK #10 PUEBLO, CO 81003	27-2779073	501(C)(3)	100,000.	0.			EDUCATIONAL SUPPORT
GUITARS FOR VETS 13400 BISHOPS LANE STE 120 BROOKFIELD, WI 53005	51-0662347	501(C)(3)	100,000.	0.			SUPPORT MUSIC AS HEALING
ROSIE THE RIVETER TRUST 1014 FLORIDA AVENUE RICHMOND, CA 94804	94-3335350	501(C)(3)	100,000.	0			ORGANIZATION SUPPORT GRANT
THE INDEPENDENCE FUND 412 LOUISE AVENUE CHARLOTTE, NC 28204	26-0322088	501(C)(3)	100,000.	• 0			WOUNDED HEROES EVENT SUPPORT
USO MIDWEST 2111 WILSON BOULEVARD, STE 1200 ALRINGTON, VA 22201	13-1610451	501(C)(3)	100,000.	.0			SERVING OFFICERS SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	TION mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HOMETOWN HEROES PO BOX 227 GRAFTON, WI 53024-0227	20-1561839	501(C)(3)	85,000.	.0			SUPPORT CAMPS FOR CHILDREN OF US SERVICE MEMBERS
HOMETOWN HEROES, INC. 885 BADGER CIRCLE GRAFTON, WI 53024	90-0421984	501(C)(3)	85,000.	.0			SUPPORT CAMP FOR CHILDREN OF MILITARY
SEA-WESTERN INC. PO BOX 51 KIRKLAND, WA 98083	91-0998307	₹/N	79,676.	.0			FIRST RESPONDER EQUIPMENT
AIR AND SPACE FORCES ASSOCIATION 1501 LANGSTON BOULEVARD SUITE 400 ARLINGTON, VA 22209	52-6043929	501(C)(3)	75,000.	0.			EVENTS FEATURING VIETNAM VETS SUPPORT
SONS & DAUGHTERS IN TOUCH P.O. BOX 100366 ARLINGTON, VA 22210	54-1655310	501(C)(3)	75,000.	0.			ORGANIZATION SUPPORT GRANT
THE GRATITUDE INITIATIVE 101 VINTAGE DRIVE SUITE 100 RED OAK, TX 75154	46-3306022	501(C)(3)	75,000.	0.			EDUCATIONAL SUPPORT FOR CHILDREN OF MILITARY
NORTH AMERICA FIRE EQUIP. INC. PO BOX 2928 DECATUR, AL 35602	63-0725655	N/A	72,480.	ò			FIRST RESPONDER EQUIPMENT
AMERICAN STUDIES CENTER/AMERICAN VETERANS - 1100 N. GLEBE ROAD, SUITE 900 - ARLINGTON, VA 22201	51-0232804	501(C)(3)	71,000.	.0			MEMORIAL DAY EVENT SUPPORT
SAN DIEGO POLICE FOUNDATION 444 WEST BEECH STREET SUITE 250 SAN DIEGO, CA 92101	33-0785173	501(C)(3)	68,266.	.0			FIRST RESPONDER EQUIPMENT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	TION mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	NIƏ (q)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRE DEPARTMENT SERVICE & SUPPLY 1902 CAMPUS PLACE SUITE 3 LOUISVILLE, KY 40299	61-0852591	501(C)(3)	65,600.	.0			FIRST RESPONDER TRAINING EQUIPMENT
SPEC RESCUE INTERNATIONAL, INC 2697 INTERNATIONAL PKWY, 128-3 VIRGINIA BEACH, VA 23452	23-2757525	N/A	58,908.	.0			RESCUE EQUIPMENT SUPPORT
DIVE RESCUE INTERNATIONAL, INC. 201 NORTH LINK LANE SUITE A FORT COLLINS, CO 80524	84-0916789	N/A	51,401.	0			DIVE RESCUE EQUIPMENT
AIR WARRIOR COURAGE FOUNDATION P.O. BOX 877 SILVER SPRING, MD 20918	77-0490412	501(C)(3)	50,000.	.0			SUPPORT MILITARY FAMILIES IMPACTED BY THE GUAM TYPHOON
CHILDREN OF FALLEN PATRIOTS 1818 LIBRARY STREET SUITE 500 RESTON, VA 20190	4 7−0902295	501(C)(3)	50,000.	.0			EDUCATIONAL SCHOLARSHIPS
THE DANIEL R. SAYRE MEMORIAL FOUNDATION - P.O. BOX 1285 - KAILUA-KONA, HI 96745	26-1097159	501(C)(3)	50,000.	.0			RESCUE BOAT SPONSOR
PRELL CO. 120 GRASSHOPPER WAY HAWLEY, PA 18428	38-2110228	N/A	49,981.	.0			SAFETY EXTENSIONS SUPPORT
HOOSIER FIRE EQUIPMENT INC. 4009 MONTDALE PARK DRIVE VALPARAISO, IN 46382	35-1082161	N/A	48,000.	·			FIRST RESPONDER EQUIPMENT
AMERICA'S BEST LOCAL CHARITIES 100 SMITH RANCH ROAD STE. 122 SAN RAFAEL, CA 94903	94-3042430	501(C)(3)	45,932.	.0			ORGANIZATION SUPPORT GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION ssistance to Domestic	TION mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	 (f) Method of valuation (book, FMV, appraisal, other) 	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WREATHS ACROSS AMERICA 4 POINT ST PO BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	45,000.	.0			SUPPORT NASHVILLE NATIONAL CEMETERY
R&R FIRE TRUCK REPAIR 751 DOHENY DR NORTHVILLE, MI 48167	38-3070042	A/A	44,245.	·0			FIRST RESPONDER EQUIPMENT
WITMER PUBLIC SAFETY GROUP INC 101 INDEPENDENCE WAY COATESVILLE, PA 19320	23-2383776	N/A	40,503.	0			ORGANIZATION SUPPORT GRANT
TALBOT COUNTY DEPARTMENT OF EMERGENCY SER - 605 PORT ST, - EASTON, MD 21601	52-6001028	N/A	40,401.	.0			EMERGENCY EQUIPMENT SUPPORT
CITY OF HIGHLAND PARK HIGHLAND PARK FIRE DEPARTMENT 1130 CENTRAL AVENUE - HIGHLAND PARK, IL 60035	36-600592 4	N/A	40,000.	•0			SUPPORT OF HIGHLAND PARK FIRE DEPARTMENT
SAN DIEGO DUCKS SLED HOCKEY MISSION EDGE SAN DIEGO PO BOX 10289 PASADENA, CA 91189-2894	27-2938491	501(C)(3)	40,000.	0.			2024 SLED HOCKEY TOURNAMENT SPONSOR
UNIVERSITY HOSPITALS 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-0714775	501(C)(3)	40,000.				VETS VISITING UNIVERSITY HOSPITALS SUPPORT
MOLINE, INC. D/B/A BIG SKY FIRE EQUIPMENT - 207 WEST JANEAUX STREET - LEWISTOWN, MT 59457	56-2424629	A/A	39,434.	.0			FIRST RESPONDER EQUIPMENT
MED-EQUIP 5303 WESCONNETT BLVD, STE 101 JACKSONVILLE, FL 32210	03-0521373	N/A	38,742.	.0			FIRST RESPONDER EQUIPMENT Schedule (Form 900)
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	TION mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DINGES FIRE COMPANY 243 E. MAIN ST AMBOY, IL 61310	82-4485864	N/A	37,612.	o			FIRST RESPONDER TRAINING AND SAFETY EQUIPMENT
TJ II, INC. DBA 3 RIVERS FIRE EQUIPMENT - 1319 AIRBRAKE AVENUE - TURTLE CREEK, PA 15145	20-3952494	N/A	37,265.	.0			FIRST RESPONDER EQUIPMENT
VINCENT COMMUNICATIONS INC 5773 EAST SHIELDS AVE FRESNO, CA 93727	04-3443109	N/A	35,330.	•0			COMMUNICATION EQUIPMENTS
SHERIFF ARNOTT'S DISTINGUISHED POSSE, INC - 5335 SOUTH CAMPBEL SUITE D - SPRINGFIELD, MO 65810	83-0838842	501(C)(3)	35,000.	0.			ORGANIZATION SUPPORT GRANT
SPRINGFIELD POLICE DEPARTMENT 321 E. CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802	44-6000268	501(C)(3)	35,000.	0.			WELLNESS INITIATIVES SUPPORT
sonoma volunteer firefighters Association - 630 2nd street west - sonoma, ca 95476	23-7335141	501(C)(3)	34,500.	0.			ORGANIZATION SUPPORT GRANT
CASCADE FIRE EQUIPMENT COMPANY PO BOX 4248 MEDFORD, OR 97501	93-0883255	N/A	31,881.	. 0			FIRST RESPONDER TRAINING AND SAFETY EQUIPMENT
ULTIMATE TRAINING MUNITIONS 55 READINGTON RD NORTH BRANCH, NJ 08876	APPLIED FOR	N/A	31,603.	.0			FIRST RESPONDER TRAINING EQUIPMENT
NEW ENGLAND FIRE EQUIPMENT & APPARATUS CO - 10 STILLMAN ROAD - NORTH HAVEN, CT 06473	06-1439094	N/A	30,160.				FIRST RESPONDER EQUIPMENT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic (TION mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCIS P. CHIARAMONTE FAMILY FOUNDATION - 44 CANAL CENTER 325 - ALEXANDRIA, VA 22314	46-4423662	501(C)(3)	°000'0E	°0			ORGANIZATION GRANT FOR VETERANS
KNIGHTS OF HEROES FOUNDATION 13395 VOYAGER PARKWAY SUITE 130 PMB 106 - COLORADO SPRINGS, CO 80921	26-0786719	501(C)(3)	30,000.	0			EDUCATIONAL SUPPORT
MCCS MARKETING 2008 ELLIOT ROAD QUANTICO, VA 22134	33-0340335	501(C)(3)	29,950.	0.			ORGANIZATION SUPPORT GRANT
G&W DIESEL SERVICES INC/EVS PO BOX 257 MEMPHIS, TN 38101	65-0045102	N/A	27,594.	0.			FIRST RESPONDER EQUIPMENT
FELD FIRE 113 NORTH GRIFFITH ROAD CARROLL, IA 51401	42-1056649	N/A	25,000.	0.			FIRST RESPONDER EQUIPMENT
HEART OF AMERICA PATRIOTS FOUNDATION - 13725 METCALF #364 - OVERLAND PARK, KS 66223	45-4785558	501(C)(3)	25,000.	0.			EQUCATIONAL SCHOLARSHIPS TO VETERANS CHILDREN
ROBERT IRVINE FOUNDATION, INC. 1227 NORTH FRANKLIN STREET TAMPA TAMPA, FL 33602	46-5420676	501(C)(3)	25,000.	0.			GOLF TOURNAMENT SPONSORSHIP
FIREPENNY 8940 w 192ND STREET SUITE MOKENA, IL 60448	20-8082873	N/A	24,733.	0.			PUBLIC SAFETY SUPPORT
MCCS MARKETING SAN DIEGO 2008 ELLIOT ROAD QUANTICO, VA 22134	33-0340335	501(C)(3)	24,400.				MARINE CORPS COMMUNITY SERVICE
							Schedule (Form 990)

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Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic (TION mestic Organizations	and Domestic Go	vernments (Sche	(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE-MECKLENBURG POLICE DEPARTMENT - 601 EAST TRADE STREET - CHARLOTTE, NC 28202	20-0422513	501(C)(3)	24,149.	0			SUPPORT COMMUNITY ENGAGEMENT PROGRAM
DESOTO COUNTY BOARD OF SUPERVISORS 365 LOSHER STREET SUITE 320 HERNANDO, MS 38632	45-2295090	501(C)(3)	24,019.	.0			RESCUE EQUIPMENT
3 RIVERS FIRE EQUIPMENT 1319 AIRBRAKE AVENUE TURTLE CREEK, PA 15145	20-3952494	N/A	23,255.	0			FIRST RESPONDER EQUIPMENT
MCCS SOUTH CAROLINA 2008 ELLIOT ROAD QUANTICO, VA 22134	33-0340335	501(C)(3)	23,249.	0.			MARINE CORPS COMMUNITY SERVICE
ROI FIRE & BALLISTICS EQUIPMENT INC - 10373 WEST 6TH AVENUE - LAKEWOOD, CO 80215	27-1597747	N/A	22,928.	0.			FIRST RESPONDER EQUIPMENT
NAFECO 1515 MOULTON STREET W DECATUR, AL 35601	83-1828499	501(C)(3)	22,694.	0.			FIRST RESPONDER EQUIPMENT
RHINEHART FIRE SERVICES PO BOX 36 CANDLER, NC 28715	16-0811319	N/A	22,294.	0.			FIRST RESPONDER EQUIPMENT
CLASSY INC 815 E STREET #121270 SAN DIEGO, CA 92101	20-4850697	A/N	22,213.	0			ORGANIZATION SUPPORT GRANT
CITY OF HOLLYWOOD 3250 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33021	59-6000338	501(C)(3)	21,838.	o			FIRST RESPONDER EQUIPMENT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	TION mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREK BICYCLE NEWINGTON 1030 MAIN STREET, NEWINGTON NEWINGTON, CT 06111	APPLIED FOR	N/A	21,523.	. 0			FIRST RESPONDER EQUIPMENT
AMPUTEE BLADE RUNNER 410 42ND AVENUE NORTH SUITE 207 NASHVILLE, TN 37209	45-3782439	501(C)(3)	21,400.	.0			SUPPORT PROSTHETICS FOR VETERAN
C. W. WILLIAMS FIRST RESPONDER SPECIALIST - 574 ENGLISH RD - ROCKY MOUNT, NC 27804	APPLIED FOR	А/А	20,223.	0.			FIRST RESPONDER EQUIPMENT
COASTAL ELECTRONICS INC. PO BOX 192 214 GARDINER ROAD WISCASSET, ME 04578	26-3306422	N/A	20,026.	0.			FIRST RESPONDER EQUIPMENT
ERIE POLICE ATHLETIC LEAGUE 626 STATE ST ERIE, PA 16501	20-193990 4	501(C)(3)	20,000.	0.			ORGANIZATION SUPPORT GRANT
LOS ANGELES POLICE FOUNDATION 633 WEST 5TH STREET SUITE 960 LOS ANGELES, CA 90071	95-4700442	501(C)(3)	20,000.	0.			PHYSICAL/MENTAL WELLNESS
MCCS MCB CAMP S. D. BUTLER 2008 ELLIOT ROAD QUANTICO, VA 22134	33-0340335	501(C)(3)	18,777.	0.			MARINE CORPS COMMUNITY SERVICE
VILLAGE OF CAMERON 300 N 1ST ST, PO BOX 387 CAMERON, WI 54822	APPLIED FOR	N/A	18,684.				ORGANIZATION SUPPORT GRANT
COUNTY OF VENTURA 800 SOUTH VICTORIA AVENUE L#3340 VENTURA, CA 93009-0002	03-0409212	N/A	16,924.				FIRST RESPONDER EQUIPMENT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic (<u>TION</u> mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	NIƏ (q)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM - 200 LIBERTY ST, 16TH FLOOR NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM - NEW YORK CITY,	61-1745872	501(C)(3)	16,800.				ORGANIZATION SUPPORT GRANT
ADVANCED RESCUE SYSTEMS PO BOX 9, 3459 FM 36 SOUTH CADDO MILLS, TX 75135	85-3487452	A/A	16,663.	.0			FIRST RESPONDER EQUIPMENT
CARDIO PARTNERS INC PO BOX 772834 DETROIT, MI 48277-2834	80-0874694	A/N	16,302.	.0			ORGANIZATION SUPPORT GRANT
MOBILE COMMUNICATION SERVICE INC DBA MOBI - PO BOX 1234 - MEADVILLE, PA 16335-0734	46-3325861	N/A	16,270.	0.			FIRST RESPONDER EQUIPMENT
CURTIS TOOLS FOR HEROES 1635 SOUTH GRAMERCY ROAD SALT LAKE CITY, UT 84104	94-1214350	N/A	15,539.	0.			FIRST RESPONDER EQUIPMENT
DIVE RIGHT IN SCUBA 24222 W. LOCKPORT ST PLAINFIELD, IL 60544	46-3356309	N/A	15,144.	.0			FIRST RESPONDER EQUIPMENT
CITY OF TOPEKA 620 SE MADISON - ATTN: RACHELLE MATHEWS FINANCIAL SERVICES 2ND FLOOR - TOPEK	48-6028701	N/A	15,142.	0.			FIRST RESPONDER EQUIPMENT
ARMED SERVICES YMCA NATIONAL HQ 14040 CENTRAL LOOP SUITE B WOODBRIDGE, VA 22193	36-3274346	501(C)(3)	15,000.				SPONSORSHIP FOR MILITARY CHILD NATIONWIDE
EQUINOX INDUSTRIES LTD 401 CHRISLIND STREET WINNIPEG, CANADA R2C5G4	10-1666097	N/A	14,965.	.0			FIRST RESPONDER EQUIPMENT Cohodelio (Come 000)
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	T I ON mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS EMERGENCY VEHICLES P.O. BOX 752 WESTBROOK, ME 04098	00-5748981	N/A	14,650.				FIRST RESPONDER EQUIPMENT
ABSOLUTE SUPPLIERS INC 1901 BELL AVENUE STE 6 DES MOINES, IA 50315-1067	46-0900714	N/A	14,298.	0			ORGANIZER SUPPORT GRANT
NRS 1638 S BLAINE ST MOSCOW, ID 83843	54-1733775	501(C)(3)	14,257.	.0			FIRST RESPONDER EQUIPMENT
LIFESAVERS, INC 39 PLYMOUTH STREET FAIRFIELD, NJ 07004	95-4631906	501(C)(3)	13,950.	0.			FIRST RESPONDER EQUIPMENT
DIRIGO WIRELESS, INC 41 LEWISTON ROAD GRAY, ME 04039	59-306487 <u>4</u>	N/A	13,854.	0.			FIRST RESPONDER EQUIPMENT
FEDERAL EASTERN INTERNATIONAL 1523 CHAFFEE RD S UNIT 12 JACKSONVILLE, FL 32221	27-1774570	N/A	13,024.	0.			FIRST RESPONDER EQUIPMENT
FORGE & FIRE COMPANY 3844 PLEASANT HILL RD PERRYSVILLE, OH 44864	87-1283950	N/A	12,100.	•0			ORGANIZATION SUPPORT GRANT
JBER MARKETING BLDG. 10480 SIJANAVEROOM 104 - JOINT BASE ELMENDORF-RICHARDSON, AK 99506	APPLIED FOR	N/A	12,000.				ORGANIZATION SUPPORT GRANT
CAMP 4 HEROES - NC 176 ZIMP ROAD FAIRMONT, NC 28340	81-1555077	501(C)(3)	11,200.	.0			EDUCATIONAL SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION ssistance to Domestic	T I ON mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(p) EIN	(c) I RC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDEN GARDEN RESORT CHAUSSEE D'UVIRA, GATUMBA PO BOX 40 BUJUMBURA, BURUNDI 00000	23-2250023	A/A	11,083.	.0			ORGANIZATION SUPPORT GRANT
RESCUE ESSENTIALS 3811 INTERNATIONAL BOULEVARD NORTHEAST STE 100 - LELAND, NC 28451	26-3669072	N/A	11,022.	o			FIRST RESPONDER EQUIPMENT
NHL-NASHVILLE HOCKEY 2817 WEST END AVE, STE 126 NASHVILLE, TN 37203	23-1347596	501(C)(3)	11,000.	0			SPONSORSHIP FOR YOUTH OF THE FALLEN
AMERICAN EMERGENCY PRODUCTS 30 COUNTY ROAD 370 SUITE B CRANE HILL, AL 35053-3800	82-2319173	N/A	10,739.	0.			FIRST RESPONDER EQUIPMENT
HERBERGER THEATER CENTER 6040 W. CAROL ANN WAY GLENDALE, AZ 85306	95-2466183	501(C)(3)	10,481.	0.			SUPPORT COMMUNITY DIVERSE EXPERIENCES
ALBION POLICE DEPARTMENT 106 NORTH PLATT STREET ALBION, NY 14411	APPLIED FOR	N/A	10,321.	0.			ORGANIZER SUPPORT GRANT
CHRISTY GARDNER 22 MOXIE'S PLACE OXFORD, ME 04270	APPLIED FOR	N/A	10,000.	.0			SUPPORT TO US WOMEN'S SLED HOCKEY MILITARY ATHLETES
FLAGS FOR VETS, INC. PO BOX 1348 AUBURN, AL 36831	82-0771399	501(C)(3)	10,000.	.0			ORGANIZATION SUPPORT GRANT
GREATER TUCSON FIRE FOUNDATION 8987 E. TANQUE VERDE RD., SUITE 309 TUCSON, AZ 85749	27-3155431	501(C)(3)	10,000.	.0			FIREFIGHTER SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	<u>TION</u> mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMISFAIR CONSERVANCY PO BOX 1262 SAN ANTONIO, TX 78295	46-5764124	501(C)(3)	10,000.	.0			MEAL SUPPORT FOR VETERANS
HILL AFB TOP 3 7485 CANBERRA DRIVE HILL AIRFORCE BASE, UT 84056	APPLIED FOR	A/A	10,000.	.0			ORGANIZATION SUPPORT GRANT
JBLM MWR BOX 339500 MS 20 JOINT BASE LEWIS, WA 98433	91-0976994	۲/N	10,000.	.0			MORALE/SUPPORT FOR ENLISTED TROOPS
LOUISVILLE METRO POLICE FOUNDATION 982 EASTERN PARKWAYBOX 5 LOUISVILLE, KY 40217	61-1498961	501(C)(3)	10,000.	0.			GRANT FOR SUPPORT FOLLOWING SHOOTING
MARINE CORPS LEAGUE , CAL DET. 329 193RD STREET LANSING, IL 60438	23-1598250	501(C)(3)	10,000.	0.			BENEFIT GALA FOR MARINES
NATURAL STONE INSTITUTE 380 EAST LORAIN STREET OBERLIN, OH 44074	38-2817639	501(C)(3)	10,000.	0.			ORGANIZATION SUPPORT GRANT
OM FOUNDATION 227 VIRGINIA DRIVE WINTER PARK, FL 32789	38-4100305	501(C)(3)	10,000.	0.			USWRA NATIONAL TOURNAMENT SUPPORT
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET LIBERTY PLAZA, SUITE 4000 - NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	10,000.	.0			SUPPORTING UBHC VETS4WARRIORS PROGRAM
SONGWRITINGWITH INC. 632 FOGG STREET #8 NASHVILLE, TN 37203	26-1626709	501(C)(3)	10,000.				SUPPORT SOLDIERS RETREAT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION Assistance to Domestic	T I ON mestic Organizations	and Domestic Gov		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAY IN STEP 13085 TELECOM PARKWAY NORTH, TEMPLE TERRACE, FL 33637	82-3364065	N/A	10,000.	o			ORGANIZATION SUPPORT FOR VETERANS
THE MIDDLE TENNESSEE FRATERNAL ORDER OF L - 2000 MALLORY LANE SUITE 290 - FRANKLIN, TN 37067	81-0813498	501(C)(3)	10,000.	.0			FIREFIGHTER TRAINING SUPPORT
THE WARRIOR CONNECTION 2140 HALL-JOHNSON ROAD STE 102-323 GRAPEVINE, TX 76051-8753	30-0653682	501(C)(3)	10,000.	.0			SPONSORSHIP FOR RETREAT
THE WOUNDED BLUE 6600 WEST CHARLESTON AVENUE STE 132 LAS VEGAS, NV 89146-1067	82-3066282	501(C)(3)	10,000.	0.			SUMMIT SUPPORT
DALLAS ZOO 650 S.R. L. THORNTON FREEWAY DALLAS, TX 75203	75-0964982	501(C)(3)	9,655.	0.			ORGANIZATION SUPPORT GRANT
AAH ACQUISITION LLC DBA SNAP-TITE HOSE - PO BOX 280 - INDIANA, PA 15701-0280	APPLIED FOR	N/A	9,240.	0.			ORGANIZATION SUPPORT GRANT
INTERNATIONAL ASSOCIATION OF FIRE FIGHTER - 1750 NEW YORK AVENUE NW - WASHINGTON, DC 20006	53-0088290	501(C)(3)	.000,9	.0			SUPPORT FIREFIGHTERS TRAINING PROGRAM
ALL HAND FIRE EQUIPMENT PO BOX 1245 WALL, NJ 07719	58-2671638	N/A	8,395.	°			FIRST RESPONDER EQUIPMENT
WEIDNER 135 WEST 7065 S MIDVALE, UT 84047	87-0284314	A/A	8,050.	, 0			ORGANIZATION SUPPORT GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	SE FOUNDATION	T I ON mestic Organizations	and Domestic Gov		(Schedule I (Form 990), Part II.)		80-0587086 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUENEME ITT 311 MAIN ROAD SUITE 1, HUENEME SITE MWR N9V - POINT MUGU, CA 93042-5000	95-1734665	N/A	8,000.	0.			ORGANIZATION SUPPORT GRANT
NAVY SUPPLY CORPS FOUNDATION PO BOX 97 JACKSONVILLE, FL 32212-0012	23-7066533	501(C)(3)	8,000.	.0			ORGANIZATION SUPPORT GRANT
MATHENY MOTOR TRUCK COMPANY PO BOX 1304 PARKERSBURG, WV 26102	55-0320770	N/A	7,859.	.0			ORGANIZATION SUPPORT GRANT
NATIONAL WOOD FLOORING ASSOCIATION 14 RESEARCH PARK DRIVE ST. CHARLES, MO 63304	62-1289602	501(C)(3)	7,528.	0.			MEMBERSHIP SPONSORSHIP
MIDDLE TENNESSE FRATERNAL ORDER OF LEATHE - 2000 MALLORY LANE - FRANKLIN, TN 37067	81-0813 4 98	501(C)(3)	7,500.	0.			SUPPORT MARINE VETERANS
PARTY JUMP 5387 FAUGHT ROAD SANTA ROSA, CA 95403	68-0379200	N/A	7,33 4 .	.0			CHILDREN EVENT SPONSORSHIP
EMERGENCY SERVICES NATIONAL ACADEMY - 26 NORTH CENTER STREET - REXBURG, ID 83440	83-2201251	501(C)(3)	7,035.	0.			ORGANIZATION SUPPORT GRANT
THE WEINEL GROUP CORP. DBA ROCK-N-RESCUE - 300 DELWOOD RD - BUTLER, PA 16001	25-1425966	N/A	7,013.	0.			FIRST RESPONDER EQUIPMENT
THE SHELTER MAN 231 ROOSEVELT TRAIL WINDHAM, ME 04062	APPLIED FOR	A/A	6,310.	.0			ORGANIZATION SUPPORT GRANT
							Schedule I (Form 990)

Schedule I (Form 990)

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Schedule I (Form 990) GARY SINISE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	E FOUNDATION ssistance to Domestic (TION mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Part I		80-0587086 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODY WILLIAMS FOUNDATION INC 12123 SHELBYVILLE RD, STE 100 LOUISVILLE, KY 40243	06-1840409	501(C)(3)	5,805.	.0			ORGANIZATION SUPPORT GRANT
FIRST RESPONDER SUPPORT NETWORK, INC 4460 REDWOOD HIGHWAY SUITE 16-362 - SAN RAFAEL, CA 94903	73-1628834	501(C)(3)	5,500.	.0			FIRST RESPONDER RETREAT SUPPORT
STARS AND STRIPES CENTRAL OFFICE 633 3RD ST. NW SUITE 500 - WASHINGTON, DC 20001-3050	20-4468387	501(C)(3)	5,500.	0.			ADVERTISING SUPPORT
IMWRF, FORT MCCOY DEPT OF ARMY, IMNE-MCY-MWBM 1668 SOUTH J STREET - FORT MCCOY, WI 54656	30-0416683	N/A	5,315.	.0			MORALE/SUPPORT FOR ENLISTED TROOPS
							Schedule I (Form 990)

Schedule I (Form 990) 2023 GARY SINISE FOU	FOUNDATION				80-0587086 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete Part III can be duplicated if additional space is needed. Complete	. Complete if the	organization answei	if the organization answered "Yes" on Form 990, Part IV, line 22.	00, Part IV, line 22.	
(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
FINANCIAL ASSISTANCE TO VETERANS AND THEIR FAMILIES THROUGH OUR RELIEF AND RESILIENCY PROGRAM	557	2,622,435.	.0		
PURCHASED 21 ADAPTIVE VEHICLES	21	1,043,651.	0.		
PURCHASED 18 MOBILITY ASSISTANCE DEVICES	18	139,466.	0.		
HOME MODIFICATIONS FOR 37 VETERANS	37	1,034,502.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column ((b); and any other add	litional information.	
PART I, LINE 2:					
GRANTS ARE PROVIDED TO THOSE WHO SU	SUBMIT FOR	FORMAL REQUESTS	OR ARE	REFERRED TO	
THE FOUNDATION FROM TRUSTED PARTNER	R ORGANIZATIONS.		ONCE APPLICATIONS	LIONS ARE	
REVIEWED, THE FOUNDATION HAS PROCEDURES	NI	PLACE TO R	RETRIEVE PRO	PROPER	
BACKGROUND/BACKUP INFORMATION NEEDED	TO	SUPPORT THE G	GRANT RECIPIENT	LENT BASED	
ON THEIR SPECIFIC NEEDS. WRITTEN MOU'S	ARE	ENTERED IN	ENTERED INTO THE FOUNDATION AND	IDATION AND	
THE GRANT RECIPIENT WHEN DEEMED API	APPROPRIATE	ATE UNDER THE	CIRCUMSTANCES	ICES.	

Schedule I (Form 990) 2023

SC	HEDULE J	Compensa	tion Information		OMB No. 1	545 - 004	47
(Fo	rm 990)		, Trustees, Key Employees, and Highest		20	7 7	2
			nsated Employees wered "Yes" on Form 990, Part IV, line 23.		20	ZJ)
Depar	tment of the Treasury		to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for	r instructions and the latest information.		Inspe		
Nam	ne of the organization	ADV GINING HOUNDAM	T 0.11	Employer ide			mber
Do		ARY SINISE FOUNDAT: ding Compensation	LON	80-05	8708	b	
Га							<u> </u>
1a		omplete Part III to provide any relevan rel	the following to or for a person listed on Form nt information regarding these items. Housing allowance or residence for perso Payments for business use of personal re Health or social club dues or initiation fee	nal use sidence		Yes	No
	Discretionary spending a		Personal services (such as maid, chauffer				
b	•		low a written policy regarding payment or				
2			e? If "No," complete Part III to explain allowing expenses incurred by all directors,		. <u>1b</u>		
2	•		ding the items checked on line 1a?		2		
3	CEO/Executive Director. Che	ck all that apply. Do not check any be e CEO/Executive Director, but explain be	tablish the compensation of the organization's oxes for methods used by a related organization n in Part III. Written employment contract X Compensation survey or study X Approval by the board or compensation of the boar	on to			
4	organization or a related organization:						
а	F F					Х	
b							X
с					<u>4c</u>		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
5			nust complete lines 5-9. e organization pay or accrue any compensatic	n			
а	The organization?				5a		X
b	Any related organization?				5b		X
	If "Yes" on line 5a or 5b, desc						
6	For persons listed on Form 99 contingent on the net earning		e organization pay or accrue any compensatic	n			
а	The organization?				6a		X
b	Any related organization?				6b		X
_	If "Yes" on line 6a or 6b, desc						
7			e organization provide any nonfixed payments		_		v
•					7		X
8			d pursuant to a contract that was subject to the $4(a)(3)$? If "Yes," describe in Part III				x
9		anization also follow the rebuttable pr			. 8		
J	Regulations section 53.4958-				9		
For		otice, see the Instructions for Form		Schedul		n 990)) 2023

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Schedule J (Form 990) 2023

80-0587086
FOUNDATION
SINISE
GARY

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DONNA MERCIER	Ξ	376,287.	0.	0.	2,351.	15,369.	394,007.	0.
EXECUTIVE DIRECTOR	(ii)	• 0	• 0	• 0		0.	0.	• 0
(2) BARBARA TITUS	Ξ	227,195.	0.	.0	5,500.	14,385.	247,080.	0.
SR. VP - OPERATIONS/BUSINESS		.0	.0	.0	.0	.0	.0	.0
(3) JAMES RAVELLA	Ξ	217,552.	0.	.0	1,406.	23,763.	242,721.	0.
SR. VP OF PROGRAMS	(ii)	• 0	• 0	• 0	• 0	• 0	• 0	0.
(4) DAVID KAHLE	(i)	196,433.	• 0	.0	7,528.	16,955.	220,916.	0.
SENIOR PHILANTHROPIC ADVIS	(ii)	• 0	• 0	• 0	• 0			• 0
(5) CRISTIN K. BARTTER	(i)	208,081.	• 0	.0	1,350.	8,272.	217,703.	0.
VP OF MARKETING	(ii)	• 0	• 0	• 0	• 0	0.	0.	0.
(6) SARAH HOLLIS	(i)	189,411.	• 0	.0	1,263.	20,224.	210,898.	0.
VP OF PHILANTHROPY	(ii)	• 0	• 0	• 0	• 0	0.	0.	• 0
(7) SHANNON WOODWARD	(i)	163,631.	• 0	• 0	• 0	13,609.	177,240.	• 0
VP OF PHILANTHROPY	(ii)	0.	0.	0.	0.		0.	0.
(8) HANNAH LUPPINO	Ξ	154,525.	.0	.0	2,119.	14,385.	171,029.	.0
VP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERIN DANCER	Ξ	159,938.	.0	.0	420.	8,286.	168,644.	.0
SENIOR PHILANTHROPIC ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT KILDUFF	Ξ	152,653.	.0	.0	.0	9,533.	162,186.	.0
CFO (UNTIL 8/2023)	(ii)	0.	0.	0.	0.		0.	0.
(11) ROBERT GEORGE	Ξ	135,564.	0.	0.	913.	23,763.	160,240.	.0
SR. DIRECTOR OF OUTREACH	(ii)	0.	0.	0.	0.	0.	0.	.0
(12) CHRISTINA A KREISEL	Ξ	142,699.	.0	.0	367.	8,286.	151,352.	.0
SENIOR DIRECTOR-CORP/COMMU	(ii)	0.	0.	0.		0.	0.	.0
(13) LAURA M KRIEGER	Ξ	135,245.	.0	.0	736.	15,369.	151,350.	.0
DIRECTOR OF RESEARCH-PHILA	(ij)	0.	0.	0.	0.	.0	0.	.0
(14) GILBERT M BOSWORTH	Ξ	149,937.	0.	0.	991.	.0	150,928.	.0
VP OF OUTREACH & EDUCATION	0	0.	.0	0.	.0	.0	0.	.0
	Ξ							
	9							
	Ξ							
	<u>(</u>							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 GARY SINISE FOUNDATION Part III Supplemental Information	80-0587086	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	part for any additional information.	
PART I, LINE 4A:		
CONF		
PACKAGES PAID TO EMPLOYEES ARE NOT OPEN FOR PUBLIC INSPECTION.		
	Schedule J (Form 990) 2023	990) 2023

SCHEDULE L		Tra	Insactior	ıs V	Vith	Inte	erested	P	ersons			Or	MB No. ⁻	1545-004	47	
(Form 990)	Complete if t	he org	ganization ansv 28b, or 28c; (ine 25a, 25b, 26, 40b.	27, 2	8a,		2	02	3	
Department of the Treasury Internal Revenue Service	Go	to ww	Attac w.irs.gov/Form				orm 990-EZ.		information.				pen to spect	Publion	ic	
Name of the organization										Em	oloyer	ident			mber	
Ū	GARY S	INI	SE FOUND	ATI	ON						-	870				
Part I Excess E						ion 501	(c)(4), and se	ctior	n 501(c)(29) orgai							
									Form 990-EZ, Pa							
1 (a) Name of disquali			Relationship bety person and or	ween d	disqua				escription of tran					Corre		
				iyaniza				,					Y	es	No	
(2)																
(3)																
(4)																
(5)																
(6)																
2 Enter the amount o	f tax incurred by	the o	rganization man	agers	or disc	qualified	d persons dur	ing t	the year under							
section 4958											\$					
3 Enter the amount o																
Part II Loans to	and/or Fron	n Inte	erested Pers	sons												
	f the organization	n ansv	vered "Yes" on l	Form 9	90.F7	Part \	/ line 38a or	Forr	n 990, Part IV, Iin	e 26.	or if th	ne ora:	nizati	on		
•	amount on Forr					, rait v	, 1110 000, 01	. 011	1 000, 1 art 10, 11	0 20,	01 11 11	lo orge	a nzati	011		
(a) Name of	(b) Relatio		(c) Purpose		an to or	(6) Original	6	f) Balance due	(a)) In		proved	(i) W	ritten	
interested person	with organi		of loan	fror	n the ization?		ipal amount	") Dalance due		ault?		ard or	d or agreement?		
				To	From	1				Yes	No	Yes		Yes	No	
(1)										163	NO	163		163		
(2)																
(3)																
(4)																
<u>(5)</u> (6)								-								
(7)								-								
<u>(8)</u>								-								
<u>(9)</u>								-								
<u>(10)</u> Total							\$									
Part III Grants o	or Assistance	Ben	efiting Inter	ester	d Per	sons	Φ									
	f the organizatior		-				ne 27									
(a) Name of intere	-						Amount of		(d) Type	of		10) Durn	ose of		
	sted person		(b) Relationship interested pers the organiza	son an			assistance		assistan			•	assista			
(1)		1														
(2)																
(3)		+														
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		+														
(7)		+														
(7)(8)		+														
		+														
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

LHA 332131 11-06-23

(10)

Schedule L (Form 990) 2023 GARY SINISE FOUNDATION Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
(1)ROBERT GEORGE	SON-IN-LAW OF BOARD	135,564.	COMPENSATIO		X
(2)CAMDEN FELDMAN	SON-IN-LAW OF BOARD	83,226.	COMPENSATIO		X
(3)JIM SHUBERT	DIRECTOR AND TREASU	195,000.	PROVIDED DE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT GEORGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON-IN-LAW OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: CAMDEN FELDMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON-IN-LAW OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: JIM SHUBERT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR AND TREASURER

(D) DESCRIPTION OF TRANSACTION: PROVIDED DESIGN SERVICES AND SOLD

FURNITURE AND FIXTURES TO THE ORGANIZATION AT DISCOUNTED PRICES.

Schedule L (Form 990) 2023

332132 11-30-23

SC	HEDULE M		Nonc	ash Contr	ibutions		OMB No. 1	545 - 004	17
(Fo	rm 990)						20	23	2
		Complete if the org	ganizations		n Form 990, Part IV, lines 2	9 or 30.			
	ment of the Treasury Revenue Service	Go to www.ir	s.gov/Form	Attach to Form 9 990 for instruction	90. Is and the latest information	n.	Open to Inspe		,C
Name	e of the organization		-ige e				r identification	on nur	nber
		GARY SINISE	FOUNDA	TION		8	80-0587	086	
Par	tl Types of	f Property				•			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution ar	0	s
1	Art - Works of art								
2	Art - Historical trea								
3		erests							
4		ations							
5		ehold goods							
6		hicles							
7									
8		ty							
9 10		ly traded y held stock	X	89	889,542.	FMV			
11	Securities Partne								
12		laneous							
13	Qualified conserva								
	Historic structures	; 							
14	Qualified conserva	ation contribution - Other							
15	Real estate - Resid	lential							
16	Real estate - Comr	mercial							
17		r							
18									
19									
20		l supplies							
21									
22 23									
23 24	Archeological artifa	ns acts							
25		STRUCTION)	X	37	8,989,238.	FMV			
26	Other ()			, , , , , , , , , , , , , , , , , , , ,				
27	Other (,)							
28	Other ()							
29	Number of Forms	8283 received by the organ	ization during	g the tax year for co	ontributions				
	for which the orga	nization completed Form 82	283, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a		•			orted in Part I, lines 1 throug				
		•	~		ch isn't required to be used f				v
		for the entire holding period	7				<u>30a</u>		X
		the arrangement in Part II.	nolicy that re	ouires the review of	of any nonstandard contribut	ions?	04	x	
31 32a	-	tion have a gift acceptance					31	- 23	<u> </u>
52 8	contributions?	uon nire or use uniru parties		-			32a	x	
b	If "Yes," describe i								
33	-	didn't report an amount in o	co l umn (c) fo	r a type of property	for which co l umn (a) is chec	ked,			
	describe in Part II.								
For F	aperwork Reducti	ion Act Notice, see the Ins	tructions for	Form 990.		Sche	dule M (Forn	n 990)	2023

Schedule M (Form 990) 2023 GARY SINISE FOUNDATION

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

STATES SECURITIES ARE SOLD UPON RECEIPT, UNLESS FOUNDATION CURRENTLY IS

INVESTED IN THESE SECURITIES.

Schedule M (Form 990) 2023

332142 09-11-23

(Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	2023 Open to Public Inspection
Name of the organization	GARY SINISE FOUNDATION	Employer identification number 80-0587086
		•
FORM 990, PAI	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
RESPONDERS,	HEIR FAMILIES, AND THOSE IN NEED. WE DO THIS	BY CREATING
AND SUPPORTIN	IG UNIQUE PROGRAMS DESIGNED TO ENTERTAIN, EDUC	ATE, INSPIRE,
STRENGTHEN, A	ND BUILD COMMUNITIES.	
<u>BIRENGIIIEN, Z</u>		
FORM 990, PA	T III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
THEM IN THEIR	GREATEST TIME OF NEED THROUGH BUILDING COMMU	NITIES OF
SUPPORT.		
FORM 990, PAN	T III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
MOBILITY DEV	CES, AND 37 HOME MODIFICATIONS FOR AMERICA'S	INJURED,
WOUNDED, ILL,	AGING DEFENDERS.	
FORM 990, PAN	T III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
	T III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	
MISSION THROU		UNITIES. THE
MISSION THROU	IGH SPEAKING ENGAGEMENTS AND LEADERSHIP OPPORT	UNITIES. THE
MISSION THROU ROSTER OF SPI VETERANS, ANI	IGH SPEAKING ENGAGEMENTS AND LEADERSHIP OPPORT	UNITIES. THE VERELY INJURED
MISSION THROU ROSTER OF SPI VETERANS, ANI COUNCIL INSP:	IGH SPEAKING ENGAGEMENTS AND LEADERSHIP OPPORT CAKERS INCLUDES PHILANTHROPIC CELEBRITIES, SEV	UNITIES. THE VERELY INJURED C AMBASSADOR ONLY
MISSION THROU ROSTER OF SPI VETERANS, ANI COUNCIL INSP: RECOGNIZE THI	IGH SPEAKING ENGAGEMENTS AND LEADERSHIP OPPORT CAKERS INCLUDES PHILANTHROPIC CELEBRITIES, SEV O CONGRESSIONAL MEDAL OF HONOR RECIPIENTS. THE CRES, EDUCATES AND REMINDS COMMUNITIES TO NOT	UNITIES. THE VERELY INJURED C AMBASSADOR ONLY

WHETHER THE LT. DAN BAND IS BOOSTING MORALE ON MILITARY BASES AT HOME

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

AND ABROAD OR RAISING AWARENESS AT BENEFIT CONCERTS ACROSS THE COUNTRY,

THE BAND ENTERTAINS, EDUCATES, INSPIRES AND BUILDS COMMUNITIES WITH ITS

 EXPLOSIVE LIVE SHOW EVERYWHERE IT GOES. THE MISSION OF EVERY CONCERT

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

LHA 332211 11-14-23

orm 990 or 990-EZ. Schedule O (Form 990) 2023

20

Schedule O (Form 990) 2023	Page 2
Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT.DAM	N BAND ENDED
THE FISCAL YEAR PERFORMING 20 CONCERTS FOR ATTENDEES WORLDW	NIDE WITH
MORE THAN 40,000 PARTICIPANTS.	
EXPENSES \$ 6,894,835. INCL GRANTS OF \$ 5,719,069. REVENUE	E \$ 287,420.
FIRST RESPONDERS OUTREACH RECOGNIZED AND SUPPORTS AMERICA	'S
FIREFIGHTERS, POLICE AND EMTS NATIONWIDE. THESE MEN AND WOM	MEN ARE
INDISPENSABLE TO MAINTAINING THE SAFETY AND SUPPORT OF OUR	LOCAL
COMMUNITIES. GRANTS ASSISTED FIRST RESPONDERS WITH URGENT N	NEEDS FROM
PROTECTIVE GEAR TO SAFETY EQUIPMENT. IN 2023, THE PROGRAM	ASSISTED FIRE
DEPARTMENTS THROUGHOUT THE U.S. WITH OVER 2,135 PIECES OF H	EQUIPMENT,
TOTALING \$5.6 MILLION DOLLARS. FIRE DEPARTMENTS WERE ALSO	ASSISTED

WITH FIRE CONFERENCE ATTENDANCE, AND TRAINING FOR VEHICLE EXTRICATION,

ROPE RESCUE AND MENTAL HEALTH SUPPORT.

FORM 990, PART VI, SECTION A, LINE 2:

GARY SINISE AND MOIRA SINISE ARE MARRIED.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOUNDATION'S SOLE MEMBER IS GARY SINISE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER HAS THE RIGHT TO APPOINT THE MEMBERS OF THE FOUNDATION'S

GOVERNING BODY. THE FULL BOARD ACKNOWLEDGES THE APPOINTMENT OF ALL NEWLY

APPOINTED BOARD OF DIRECTORS. THE APPOINTMENT OF A DIRECTOR FOR A SECOND,

THIRD, AND/OR FOURTH CONSECUTIVE TERM ALSO REQUIRES THE AFFIRMATIVE VOTE OF

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A MAJORITY OF ALL DIRECTORS THEN IN OFFICE IN ORDER TO BE EFFECTIVE.

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Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
GARY SINISE FOUNDATION	80-0587086

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN GOVERNANCE DECISIONS OF THE FOUNDATION ARE RESERVED TO ITS SOLE

MEMBER.

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

FORM 990 IS REVIEWED BY THE FOLLOWING: (1) DONNA MERCIER, EXECUTIVE

DIRECTOR (2) BARBARA TITUS, SR. VP OPERATIONS/ACTING CFO (3) JOHN

HEUBUSCH, DIRECTOR/SECRETARY AND (4) LEGAL COUNSEL. THE RETURN IS THEN

PROVIDED TO THE AUDIT COMMITTEE BEFORE FINAL FILING.

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

ALL INTERESTED PERSONS MUST DISCLOSE TO THE BOARD OR COMMITTEE OF WHICH THEY ARE A MEMBER ALL FINANCIAL INTERESTS AND BOARD MEMBERSHIPS AND ALL MATERIAL FACTS RELATING TO ANY ORGANIZATION ENTERING INTO A TRANSACTION OR ARRANGEMENT WITH THE FOUNDATION WHICH MAY RESULT IN A CONFLICT OF INTEREST. ANNUALLY THE BOARD OF DIRECTORS RECEIVE AN ANNUAL CONFLICT OF INTEREST POLICY AFFIRMATION AND DISCLOSURE STATEMENT. EACH BOARD MEMBER IS REQUIRED TO SIGN AND RETURN TO THE FOUNDATION THE ACKNOWLEDGEMENT AND CERTIFICATION.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MI,MN,MS,MO,NH,NJ,NY,NC,ND,OH OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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FORM 990, PART VI, SECTION C, LINE 18:

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023

Name of the organization

GARY SINISE FOUNDATION

Page 2 Employer identification number 80-0587086

THE ORGANIZATION'S FORM 990 MAY ALSO BE INSPECTED ON WWW.GUIDESTAR.ORG

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

AUDITED FINANCIAL STATEMENTS MADE AVAILABLE ON GARYSINISEFOUNDATION.ORG

Schedule O (Form 990) 2023

332212 11-14-23

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	Polated Automication and Handahad Devidence	OMB No. 1545-0047
SCHEDULE R (Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	2023
	Attach to Form 990.	Oncer to Dishlic
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization		Employer identification number

GARY SINISE FOUNDATION

Employer identification number 80-0587086

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	e End-of-year assets		(f) Direct controlling entity
LT. DAN BAND LLC - 80-0697116 2555 MERIDIAN BLVD, STE 300 FRANKLIN, TN 37067	MUSICAL ENTERTAINMENT PRIMARILY FOR MILITARY BASES.	DELAWARE		5.	27,753. GARY SINISE FOUNDATION	FOUNDATION
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year. Image: Complete tax year. Image: Complete tax year.	ations. Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt	Part IV, line 34, b	ecause it had one	or more related tax-exe	npt
(a) Name. address. and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)

(g) Section 512(b)(13) controlled entity?	Ŷ						
(c Section 5 contr contr enti	Yes						
(f) Direct controlling entity							
(e) Public charity status (if section	501(c)(3))						
(d) Exempt Code section							
(c) Legal domicile (state or foreion country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 GARY SINISE FOUNDATION Part III Identification of Related Organizations Taxable as a Partnership.	<pre>C SINISE FOU ganizations Taxable utnership during the t</pre>	FOUNDATION table as a Partnersh the tax year.		f the organiz	80 – 0587086 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	, Part IV, line	34, becaus	80-0	<u>80-0587086</u> d one or more relate	3 6 ated	Page 2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total s income er	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) 31 General or F 00X managing Ule partner? 065) Yes No	al or Perc ging own er?	(k) Percentage ownership
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corpol ing the tax y	on or Trust.	omplete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	swered "Yes" on	Form 990, Pa	art IV, line 3.	4, because it h	ad one o	r more r	elated
(a) Name, address, and EIN of related organization	Nuc	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	· · ·	(i) Section 512(b)(13) controlled entity?
332162 09-28-23				61			-		Sche	Schedule R (Form 990) 2023	orm 99	0) 2023

80-0587086 Page 3

GARY SINISE FOUNDATION Schedule R (Form 990) 2023

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Υ.	Yes N	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ity			1 a		
b Gift, grant, or capital contribution to related organization(s)				đ		
c Gift, grant, or capital contribution from related organization(s)				ې ۲		
Loans or loan guarantees to or for related organization(s)				þ		
Loans or loan quarantees by related organization(s)				e.		
				2		
f Dividends from related organization(s)				¥	-	
				1g		
				두		
Exchange of assets with related organization(s)				÷		
j Lease of facilities, equipment, or other assets to related organization(s)				÷		
k Lease of facilities, equipment, or other assets from related organization(s)				¥	+	
Performance of services or membership or fundraising solicitations for related organization(s)	Janization(s)			÷		
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1 T		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1		
 Sharing of paid employees with related organization(s) 				٩ و		
b Reimbursement paid to related organization(s) for expenses				ę	-	
				₽ ₽		
-				-		
r Other transfer of cash or property to related organization(s)				₽		
Other transfer of cash or property from related organization(s)				t t		
	who must complete th	is line, including covered r	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(b) 332163 09-28-23	_		Schedule	Schedule R (Form 990) 2023	990) 20	023

Schedule R (Form 990) 2023 GARY SINISE FOUNDATION Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	GARY SINISE FOUNDATION tions Taxable as a Partnership. Complete i	TION mplete if the organ	ization answered "Yes" or	i Form 990, Part	IV, line 37.		80-0587086	7086	Page 4
Provide the following information for each entity taxed as a partnership through that was not a related organization. See instructions regarding exclusion for cert	entity taxed as a partnersh structions regarding exclus	ip through which the sion for certain inve	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	I more than five	percent of its activities (i	measured by	r total assets or g	jross rev	(enue)
(a) Name, address, and EIN of entity	(b) Primary activity	mici l e oreign ry)	Predominant income partic (related, unrelated, 501 excluded from tax under 901 sections 512-514) ves	(f)	of Share of End-of-year	(h) Dispropor- tionate allocations' Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F managing partner?	(k) Percentage ownership
						3		8	
								_	
							Schedule	R (For	Schedule R (Form 990) 2023

332164 09-28-23

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Schedule R	(Form 990) 2023 GARY SINISE FOUNDATION Supplemental Information	80-0587086 Page 5
	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
332165 09-28-2	³ 64	Schedule R (Form 990) 2023

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Form 4562			iation and					OMB No. 1545-0172	
Form TUUL		(Including	Information o		Property)	990		2023	
Department of the Treasury	Cata		Attach to your ta		the latest in	formation		Attachment Seguence No. 179	
Internal Revenue Service Name(s) shown on return	Go to v	www.irs.gov/Fo	rm4562 for instruc		r activity to which			Identifying number	
GARY SINISE	FOUNDATION			FORM	990 PA	GE 10		80-0587086	
	pense Certain Property	Under Section 17	79 Note: If you have				V before yo	ou complete Part I.	
1 Maximum amount (s	ee instructions)						1	1,160,000.	
2 Total cost of section	179 property placed	d in service (see	instructions)				2		
3 Threshold cost of se								2,890,000.	
4 Reduction in limitation	on. Subtract line 3 fr	om line 2. If zero	or less, enter -0-						
5 Dollar limitation for tax year						<u></u>			
6	(a) Description of prop	perty	(b) C	ost (business ı	use only)	(c) Elected c	ost		
7 Listed property. Ent			in onlynn (n) linns						
8 Total elected cost of9 Tentative deduction									
10 Carryover of disallov11 Business income lim									
12 Section 179 expens									
13 Carryover of disallov	12								
Note: Don't use Part II of									
	preciation Allowan	,		include lis	sted property	.)			
14 Special depreciation									
the tax year	. 14								
15 Property subject to									
16 Other depreciation (. 16								
Part III MACRS D									
17 MACRS deductions	17								
18 If you are electing to group									
	ion Syste	<u>n</u>							
(a) Classification	of property	(b) Month and year placed	(c) Basis for deprec (business/investmer	nt use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
		in service	only - see instructi	ons)	period				
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property g 25-year property					25 yrs.		S/L		
g 25-year property	,	/			27.5 yrs	ММ	S/L		
h Residential renta	al property	/			27.5 yrs	MM	S/L		
		/			39 yrs.	MM	S/L		
i Nonresidential r	eal property	/			00 910.	MM	S/L		
Se	ction C - Assets Pla	aced in Service	During 2023 Tax	ear Using	the Alterna			em	
20a Class life					·		S/L		
b 12-year					12 yrs.		S/L		
c 30-year		/			30 yrs.	MM	S/L		
d 40-year		/			40 yrs.	MM	S/L		
Part IV Summary	(See instructions.)								
21 Listed property. Ent	er amount from line :	28					21		
22 Total. Add amounts	from line 12, lines 1	4 through 17, l in	es 19 and 20 in col	umn (g), ar	nd line 21.				
Enter here and on th	ne appropriate lines o	of your return. Pa	artnerships and S c	orporations	s see instr		22	223,753.	
23 For assets shown at	pove and placed in s	ervice during the	e current year, ente	the					
portion of the basis	attributable to sectio	n 263A costs			. 23				

Forr	m 4562 (2023)	GAR	Y SINIS	E FO	UNDA	ГIС	N					80-	0587	086	Page 2
Pa	Listed Propert				her vehic	es, c	ertain aircr	aft, an	d property	used for	•				
	entertainment, Note: For any			,	standar	d mile	eage rate o	r dedu	cting lease	expens	e, comp	lete or	n iv 24a,		
	24b, columns (a) through (c) of Section A,	all of S	ection B,	and	Section C	if app l i	cable.						
		-	on and Other			ution		_						- -	
<u>24a</u>	Do you have evidence to s	<u> </u>		nt use cla	aimed?		Yes	_ No							<u>No</u>
	(a) Type of property	(b) Date	(c) Business/		(d)		(e) Basis for depr	eciation	(f) Recovery		g) hod/		(h) eciation		(i) cted
	(list vehicles first)	placed in service	investment use percentad		Cost or ther basis		(business/inve use on		period		ention		luction	sectio	n 179
05	Special depreciation allo			<u> </u>	unlacod i									CO	ISL
	used more than 50% in a										25				
	Property used more that					<u></u>					20				
				6											
				6											
			0	6											
27	Property used 50% or le	ss in a qualif	ied business ι	ise:											
			0	6						S/L-					
		: :	9	6						S/L -					
		: :	0	6						S/L-					
28	Add amounts in co l umn	(h), l ines 25	through 27. E	nter here	e and on	line 2	21, page 1				28				
29	Add amounts in co l umn	(i), line 26. E	nter here and	on line 7	7, page 1		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>		. 29		
			-				on on Use								
	nplete this section for ve														
to yo	our emp l oyees, first ans	wer the ques	tions in Sectio	on C to s	see if you	mee	t an excep	tion to	completin	g this se	ction fo	r those	vehicles.		
				, I				1							
~ ~	Total huginaga/investment	milaa drivan du	ring the		a) iolo 1	,	(b) /abiala 0		(c)		d) No.4		(e) Violo E	(f	
			-	ven						Vern	JIE 4	ver		Venic	
30 Total business/investment miles driven during the year (don't include commuting miles) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 31 Total commuting miles driven during the year															
	Total other personal (no														
	driven														
	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle availabl			Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
	Was the vehicle used pr														
	than 5% owner or relate	d person?													
36	ls another vehicle availa	b l e for perso	nal												
	use?														
		Section C	 Questions f 	or Empl	loyers W	'ho P	rovide Veł	nic l es f	or Use by	Their E	mploye	es			
	wer these questions to c	-		ception	to comp	leting	g Section E	3 for ve	hic l es use	d by em	ployees	who a	ren't		
	e than 5% owners or re <mark>l</mark> a	· · ·													
	Do you maintain a writte				-				-	-				Yes	No
	employees?														
	Do you maintain a writte		•	•				•							
	employees? See the ins				_										
	Do you treat all use of ve														
	Do you provide more that														
	the use of the vehicles, a Do you meet the require														
	Note: If your answer to :														I
	IT VI Amortization	2, , 20, 00, 4	0, 01 T 10 10	o, uon											
	(a)			(b)			c)		(d)		(e)			(f)	
	Description of	costs	Date	amortization begins		Amort	tizab l e ount		Code section		Amortiza period or per	tion		nortization or this year	
42	Amortization of costs th	at begins du	ring your 2023		ar:							v: 1			
				: :											
				: :											
43	Amortization of costs th	at began bef	ore your 2023	tax yea	.r							43			
	Total. Add amounts in c											44			