



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 prior 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 L 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 (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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. GARY SINISE FOUNDATION	Taxpayer identification number (TIN) 80-0587086
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 40726	
	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 a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
PO BOX 680819 - FRANKLIN, TN 37068

Telephone No. **615-575-3500** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 18**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **APR 1**, 20 **23**, and ending **MAR 31**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

EXTENDED TO FEBRUARY 18, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024

B Check if applicable: C Name of organization: GARY SINISE FOUNDATION
D Employer identification number: 80-0587086
E Telephone number: 615-575-3500
G Gross receipts \$: 92,113,681.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.GARYSINISEFOUNDATION.ORG
K Form of organization: Corporation
L Year of formation: 2010
M State of legal domicile: DE

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... AT THE GARY SINISE FOUNDATION, WE SERVE OUR NATION BY HONORING OUR DEFENDERS, VETERANS, FIRST. 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Signature of officer: DONNA MERCIER, EXECUTIVE DIRECTOR
Date: 1/15/2025 10:30:42 AM PST
Print/Type preparer's name: LIOR TEMKIN
Preparer's signature: LIOR TEMKIN
Date: 01/13/25
Check if self-employed:
PTIN: P00748170
Firm's name: SINGERLEWAK LLP
Firm's EIN: 95-2302617
Firm's address: 10960 WILSHIRE BOULEVARD, 11TH FLOOR, LOS ANGELES, CA 90024-3783
Phone no.: (310) 477-3924

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AT THE GARY SINISE FOUNDATION, WE SUPPORT OUR NATION'S HEROES, OUR VETERANS, MILITARY, THOSE SUFFERING FROM THE INVISIBLE WOUNDS OF WAR, FIRST RESPONDERS, THEIR FAMILIES, AND THE FAMILIES OF FALLEN HEROES. WE DO THIS BY OUR UNIQUE PROGRAMS THAT UPLIFT, ENTERTAIN, AND HELP

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

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

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

4a (Code:) (Expenses \$ 26,424,292. including grants of \$ 5,181,121.) (Revenue \$) 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 NEED. THE GARY SINISE FOUNDATION HOSTED 49 PARTICIPANTS FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VETERANS FROM 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 ATTENDEES AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THESE FAMILIES ALL YEAR LONG.

4b (Code:) (Expenses \$ 18,365,609. including grants of \$ 1,560,077.) (Revenue \$) THROUGH OUR R.I.S.E (RESTORING INDEPENDENCE, SUPPORTING EMPOWERMENT) PROGRAM WE'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 INCEPTION. IN ADDITION, THROUGH THE GSF R.I.S.E. PROGRAM, THE FOUNDATION ASSISTED WITH 21 ADAPTED VEHICLES, 18

4c (Code:) (Expenses \$ 12,969,936. including grants of \$ 6,644,258.) (Revenue \$) COMMUNITY OUTREACH AND EDUCATION WORKED HARD TO BRING JOY & RELIEF TO SO MANY ACROSS THE COUNTRY, INCLUDING PROVIDING CRITICAL FINANCIAL AID TO THOSE IN CRISIS. THE PROGRAM ALSO DOCUMENTED ORAL HISTORY STORIES FROM WWII VETERANS AND THROUGH CONTINUED SPONSORSHIP OF A HISTORIAN FROM THE WORLD WAR II MUSEUM, GSF HAS HELPED TO DEVELOP AN AI PROFILE FOR INTERVIEWS SO THAT GUESTS CAN ALMOST ASK ANY QUESTION THEY'D LIKE TO ASK AND GET A RESPONSE. 136,957 ACTIVE DUTY, VETERANS AND FIRST RESPONDERS WERE SERVED HEARTY, CLASSIC AMERICAN MEALS AS PART OF OUR SERVING HEROES PROGRAM, CLOSING IN ON 1,072,906 MEALS SINCE GSF BEGAN THIS TRADITION. THESE MEALS ARE A MESSAGE FROM GRATEFUL AMERICANS WHO APPRECIATE THEIR SERVICE AND ARE A REMINDER THAT THEIR SACRIFICES ARE NOT FORGOTTEN. THE FOUNDATION HAS 31 AMBASSADORS WHO REPRESENT ITS

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,894,835. including grants of \$ 5,719,069.) (Revenue \$ 287,420.)

4e Total program service expenses 64,654,672.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 98	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with 3 columns: Question, Yes, No. Rows include 2a (68 employees), 2b (X), 3a (X), 3b, 4a (X), 4b, 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b (X), 7c (X), 7d, 7e, 7f, 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 10		
b	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 officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section 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?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 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 only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA MERCIER EXECUTIVE DIRECTOR	40.00			X			376,287.	0.	17,720.	
(2) BARBARA TITUS SR, VP - OPERATIONS/BUSINESS	40.00			X			227,195.	0.	19,885.	
(3) JAMES RAVELLA SR, VP OF PROGRAMS	40.00			X			217,552.	0.	25,169.	
(4) DAVID KAHLE SENIOR PHILANTHROPIC ADVIS	40.00					X	196,433.	0.	24,483.	
(5) CRISTIN K. BARTTER VP OF MARKETING	40.00					X	208,081.	0.	9,622.	
(6) SARAH HOLLIS VP OF PHILANTHROPY	40.00					X	189,411.	0.	21,487.	
(7) SHANNON WOODWARD VP OF PHILANTHROPY	40.00					X	163,631.	0.	13,609.	
(8) HANNAH LUPPINO VP OF PROGRAMS	40.00					X	154,525.	0.	16,504.	
(9) ERIN DANCER SENIOR PHILANTHROPIC ADVISOR	40.00					X	159,938.	0.	8,706.	
(10) ROBERT KILDUFF CFO (UNTIL 8/2023)	40.00					X	152,653.	0.	9,533.	
(11) ROBERT GEORGE SR, DIRECTOR OF OUTREACH	40.00					X	135,564.	0.	24,676.	
(12) CHRISTINA A KREISEL SENIOR DIRECTOR-CORP/COMMU	40.00					X	142,699.	0.	8,653.	
(13) LAURA M KRIEGER DIRECTOR OF RESEARCH-PHILA	40.00					X	135,245.	0.	16,105.	
(14) GILBERT M BOSWORTH VP OF OUTREACH & EDUCATION	40.00					X	149,937.	0.	991.	
(15) MEGAN RIEL SR, SALESFORCE SPECIALIST	40.00					X	129,855.	0.	2,588.	
(16) RAVEN STRINGER ACCOUNTANT	40.00					X	108,009.	0.	16,044.	
(17) MOIRA SINISE DIRECTOR	10.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PASTOR VELASCO DIRECTOR	10.00	X					0.	0.	0.	
(19) GREGORY D GADSON DIRECTOR	10.00	X					0.	0.	0.	
(20) ROBERT PENCE DIRECTOR	10.00	X					0.	0.	0.	
(21) PATRICIA HOROHO DIRECTOR	10.00	X					0.	0.	0.	
(22) ANDREA MANDELL DIRECTOR (FROM 8/2023)	10.00	X					0.	0.	0.	
(23) JIM SHUBERT DIRECTOR/TREASURER	10.00	X		X			0.	0.	0.	
(24) VINCENT BROOKS DIRECTOR/VICE CHAIR OF THE	10.00	X		X			0.	0.	0.	
(25) GARY SINISE CHAIR, PRESIDENT, DIRECTOR	10.00	X		X			0.	0.	0.	
(26) JOHN D HEUBUSCH DIRECTOR/SECRETARY	10.00	X		X			0.	0.	0.	
1b Subtotal							2,847,015.	0.	235,775.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,847,015.	0.	235,775.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIGNATURE HOMES, INC. PO BOX 105738, JEFFERSON CITY, MO 65110	CONSTRUCTION SERVICES	1,220,185.
SEYFARTH SHAW, LLP, 3807 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60606	LEGAL SERVICES	822,221.
SINGERLEWAK LLP, 10960 WILSHIRE BLVD 11TH FLOOR, LOS ANGELES, CA 90024	ACCOUNTING SERVICES	345,798.
LAN SMITH SOSOLIK & JOHNSTON PLLC, 14785 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 listed above) who received more than \$100,000 of compensation from the organization 6

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	331,717.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	77,443,925.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 9,878,780.			
	h	Total. Add lines 1a-1f		77,775,642.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,435,145.		2435145.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				11,190,084.			
	7 b	Less: cost or other basis and sales expenses		10,717,242.			
	7 c	Gain or (loss)		472,842.			
d	Net gain or (loss)		472,842.		472,842.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		320,486.				
			33,066.				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory		287,420.	287,420.			
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	392,324.	392,324.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			392,324.		
12	Total revenue. See instructions			81,363,373.	287,420.	0.	
						3300311.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.	29,146.
9 Other employee benefits	640,265.	330,593.	70,426.	239,246.
10 Payroll taxes	439,054.	226,700.	48,294.	164,060.
11 Fees for services (nonemployees):				
a Management				
b Legal	989,393.	217,813.	771,580.	
c Accounting	485,295.		485,295.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	204,577.		204,577.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	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 O.)				
a PROGRAM OPERATIONS	12,604,597.	12,415,965.	188,632.	
b CONSTRUCTION COSTS	9,719,120.	9,714,315.	4,805.	
c FURNISHINGS	3,774,272.	3,774,272.	0.	0.
d MERCHANDISE FEES	588,086.	75,816.	511,561.	709.
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	8,272,236.	1	4,423,628.
	2	Savings and temporary cash investments	18,790,651.	2	20,918,839.
	3	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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	326,027.	8	286,970.
	9	Prepaid expenses and deferred charges	1,034,693.	9	1,041,310.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,017,272.		
	b	Less: accumulated depreciation	10b 2,912,052.	10c	1,105,220.
	11	Investments - publicly traded securities	38,895,427.	11	49,951,117.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,071,135.	15	2,082,442.
16	Total assets. Add lines 1 through 15 (must equal line 33)	77,522,630.	16	85,641,059.	
Liabilities	17	Accounts payable and accrued expenses	3,564,692.	17	2,835,801.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,238,321.	25	2,221,225.
	26	Total liabilities. Add lines 17 through 25	6,803,013.	26	5,057,026.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	60,969,042.	27	70,361,466.
	28	Net assets with donor restrictions	9,750,575.	28	10,222,567.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	70,719,617.	32	80,584,033.
33	Total liabilities and net assets/fund balances	77,522,630.	33	85,641,059.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	81,363,373.
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,061,687.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,301,686.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,719,617.
5	Net unrealized gains (losses) on investments	5	3,562,730.
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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		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)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41933996.	48441737.	55761582.	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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	41933996.	48441737.	55761582.	60365269.	88236379.	294738963
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	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 assets (Explain in Part VI.)		2,335.		12,223.	415,608.	430,166.
11 Total support. Add lines 7 through 10						301007482
12 Gross receipts from related activities, etc. (see instructions)					12	2,304,588.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.66 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.11 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 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	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	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: \$		
a	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:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: GARY SINISE FOUNDATION; Employer identification number: 80-0587086

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,375,836.	16,722,709.	14,740,640.	13,185,130.	11,193,846.
b Contributions					
c Net investment earnings, gains, and losses	2,940,576.	-2,279,439.	2,043,566.	1,609,579.	2,045,993.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,500,000.				
f Administrative expenses	76,237.	67,434.	61,497.	54,069.	54,709.
g End of year balance	15,740,175.	14,375,836.	16,722,709.	14,740,640.	13,185,130.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		94,640.		94,640.
b Buildings				
c Leasehold improvements		2,314,694.	1,602,294.	712,400.
d Equipment		702,547.	567,476.	135,071.
e Other		905,391.	742,282.	163,109.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,105,220.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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 value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	86,027,376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	3,562,730.	
	b Donated services and use of facilities	2b	1,068,207.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	33,066.	
	e Add lines 2a through 2d	2e		4,664,003.
3	Subtract line 2e from line 1		3	81,363,373.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	81,363,373.

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

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

1	Total expenses and losses per audited financial statements		1	76,162,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,068,207.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	33,066.	
	e Add lines 2a through 2d	2e		1,101,273.
3	Subtract line 2e from line 1		3	75,061,687.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	75,061,687.

Part XIII Supplemental Information

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

PART 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 TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE PROVISIONS.

Part XIII Supplemental Information (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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number
80-0587086

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVALON ACTION ALLIANCE 3282 NORTHSIDE PARKWAY NORTHWEST SU ATLANTA, GA 30327-2279	88-0748620	501(C)(3)	2,000,000.	0.			VETERANS AND FIRST RESPONDERS SUPPORT
CU ANSCHUTZ ADVANCEMENT OFFICE 13001 E. 17TH PLACE, MS A065 SUITE AURORA, CO 80045	84-6000555	501(C)(3)	500,000.	0.			EDUCATIONAL SUPPORT
MUNICIPAL EMERGENCY SERVICES 12 TURNBERY LANE - 2ND FLOOR SANDY HOOK, CT 06482	65-1051374	501(C)(3)	499,256.	0.			FIRST RESPONDER EQUIPMENT
ANGELS OF AMERICA 'S FALLEN 10010 DEVONWOOD CT COLORADO SPRINGS, 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	01-0611469	501(C)(3)	400,000.	0.			MENTAL WELLNESS INITIATIVES SUPPORT
WARRIORS HEART 756 PURPLE SAGE RD BANDERA, TX 78003	37-1742449	501(C)(3)	302,920.	0.			SOBER LIVING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **80.**
- 3** Enter total number of other organizations listed in the line 1 table **65.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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.	0.			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

GARY SINISE FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARRIORS HEART - VA 20500 DEVASIA LANE MILFORD, VA 22514	37-1742449	N/A	125,000.	0.			ORGANIZATION SUPPORT GRANT
CASCO INDUSTRIES, INC. 607 WEST 62ND STREET SHREVEPORT, LA 71148-8007	72-0698936	N/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

GARY SINISE FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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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/A	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.	0.			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

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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	47-0902295	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.	0.			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

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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	N/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	36-6005924	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.	0.			VETS VISITING UNIVERSITY HOSPITALS SUPPORT
MOLINE, INC, D/B/A BIG SKY FIRE EQUIPMENT - 207 WEST JANEAUX STREET - LEWISTOWN, MT 59457	56-2424629	N/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

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DINGES FIRE COMPANY 243 E. MAIN ST AMBOY, IL 61310	82-4485864	N/A	37,612.	0.			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 CAMPBELL 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.	0.			FIRST RESPONDER EQUIPMENT

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FRANCIS P. CHIARAMONTE FAMILY FOUNDATION - 44 CANAL CENTER 325 - ALEXANDRIA, VA 22314	46-4423662	501(C)(3)	30,000.	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.			EDUCATIONAL 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.	0.			MARINE CORPS COMMUNITY SERVICE

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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	N/A	22,213.	0.			ORGANIZATION SUPPORT GRANT
CITY OF HOLLYWOOD 3250 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33021	59-6000338	501(C)(3)	21,838.	0.			FIRST RESPONDER EQUIPMENT

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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 N/A		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	20-1939904	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.	0.			ORGANIZATION SUPPORT GRANT
COUNTY OF VENTURA 800 SOUTH VICTORIA AVENUE L#3340 VENTURA, CA 93009-0002	03-0409212	N/A	16,924.	0.			FIRST RESPONDER EQUIPMENT

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NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM - 200 LIBERTY ST, 16TH FLOOR NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM - NEW YORK CITY, MEMORIAL & MUSEUM - NEW YORK CITY,	61-1745872	501(C)(3)	16,800.	0.			ORGANIZATION SUPPORT GRANT
ADVANCED RESCUE SYSTEMS PO BOX 9, 3459 FM 36 SOUTH CADDO MILLS, TX 75135	85-3487452	N/A	16,663.	0.			FIRST RESPONDER EQUIPMENT
CARDIO PARTNERS INC PO BOX 772834 DETROIT, MI 48277-2834	80-0874694	N/A	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 MATHWS 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 WOODBIDGE, VA 22193	36-3274346	501(C)(3)	15,000.	0.			SPONSORSHIP FOR MILITARY CHILD NATIONWIDE
EQUINOX INDUSTRIES LTD 401 CHRISLIND STREET WINNIPEG, CANADA R2C5G4	10-1666097	N/A	14,965.	0.			FIRST RESPONDER EQUIPMENT

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ADAMS EMERGENCY VEHICLES P.O. BOX 752 WESTBROOK, ME 04098	00-5748981	N/A	14,650.	0.			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	59-3064874	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 PERRYVILLE, OH 44864	87-1283950	N/A	12,100.	0.			ORGANIZATION SUPPORT GRANT
JBER MARKETING BLDG. 10480 SIJANVEROOM 104 - JOINT BASE ELMENDORF-RICHARDSON, AK 99506	APPLIED FOR	N/A	12,000.	0.			ORGANIZATION SUPPORT GRANT
CAMP 4 HEROES - NC 176 ZIMP ROAD FAIRMONT, NC 28340	81-1555077	501(C)(3)	11,200.	0.			EDUCATIONAL SUPPORT

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EDEN GARDEN RESORT CHAUSSEE D'UVIRA, GATUMBA PO BOX 40 BUJUMBURA, BURUNDI 00000	23-2250023	N/A	11,083.	0.			ORGANIZATION SUPPORT GRANT
RESCUE ESSENTIALS 3811 INTERNATIONAL BOULEVARD NORTHEAST STE 100 - LELAND, NC 28451	26-3669072	N/A	11,022.	0.			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

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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 CANNBERA DRIVE HILL AIRFORCE BASE, UT 84056	APPLIED FOR	N/A	10,000.	0.			ORGANIZATION SUPPORT GRANT
JBLM MWR BOX 339500 MS 20 JOINT BASE LEWIS, WA 98433	91-0976994	N/A	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.	0.			SUPPORT SOLDIERS RETREAT

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STAY IN STEP 13085 TELECOM PARKWAY NORTH, TEMPLE TERRACE, FL 33637	82-3364065	N/A	10,000.	0.			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)	9,000.	0.			SUPPORT FIREFIGHTERS TRAINING PROGRAM
ALL HAND FIRE EQUIPMENT PO BOX 1245 WALL, NJ 07719	58-2671638	N/A	8,395.	0.			FIRST RESPONDER EQUIPMENT
WEIDNER 135 WEST 7065 S MIDVALE, UT 84047	87-0284314	N/A	8,050.	0.			ORGANIZATION SUPPORT GRANT

GARY SINISE FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUENEME IIT 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 CORPUS 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	81-0813498	501(C)(3)	7,500.	0.			SUPPORT MARINE VETERANS
PARTY JUMP 5387 FAUGHT ROAD SANTA ROSA, CA 95403	68-0379200	N/A	7,334.	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	N/A	6,310.	0.			ORGANIZATION SUPPORT GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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.

PART I, LINE 2:

GRANTS ARE PROVIDED TO THOSE WHO SUBMIT FORMAL REQUESTS OR ARE REFERRED TO THE FOUNDATION FROM TRUSTED PARTNER ORGANIZATIONS. ONCE APPLICATIONS ARE REVIEWED, THE FOUNDATION HAS PROCEDURES IN PLACE TO RETRIEVE PROPER BACKGROUND/BACKUP INFORMATION NEEDED TO SUPPORT THE GRANT RECIPIENT BASED ON THEIR SPECIFIC NEEDS. WRITTEN MOU'S ARE ENTERED INTO THE FOUNDATION AND THE GRANT RECIPIENT WHEN DEEMED APPROPRIATE UNDER THE CIRCUMSTANCES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2023

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 4A:

PER CONFIDENTIALITY AGREEMENTS SIGNED BY THE ORGANIZATION, SEVERANCE

PACKAGES PAID TO EMPLOYEES ARE NOT OPEN FOR PUBLIC INSPECTION.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **GARY SINISE FOUNDATION** Employer identification number **80-0587086**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

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	(e) Sharing of organization's revenues?	
				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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **GARY SINISE FOUNDATION** Employer identification number **80-0587086**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock	X	89	889,542.	FMV
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (CONSTRUCTION)	X	37	8,989,238.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONDERS, THEIR FAMILIES, AND THOSE IN NEED. WE DO THIS BY CREATING
AND SUPPORTING UNIQUE PROGRAMS DESIGNED TO ENTERTAIN, EDUCATE, INSPIRE,
STRENGTHEN, AND BUILD COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM IN THEIR GREATEST TIME OF NEED THROUGH BUILDING COMMUNITIES OF
SUPPORT.

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

MOBILITY DEVICES, AND 37 HOME MODIFICATIONS FOR AMERICA'S INJURED,
WOUNDED, ILL/AGING DEFENDERS.

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

MISSION THROUGH SPEAKING ENGAGEMENTS AND LEADERSHIP OPPORTUNITIES. THE
ROSTER OF SPEAKERS INCLUDES PHILANTHROPIC CELEBRITIES, SEVERELY INJURED
VETERANS, AND CONGRESSIONAL MEDAL OF HONOR RECIPIENTS. THE AMBASSADOR
COUNCIL INSPIRES, EDUCATES AND REMINDS COMMUNITIES TO NOT ONLY
RECOGNIZE THEIR LOCAL VETERANS, BUT TO REMEMBER THE SACRIFICES MADE BY
ALL OF AMERICA'S DEFENDERS.

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

WHETHER THE LT. DAN BAND IS BOOSTING MORALE ON MILITARY BASES AT HOME
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 (Form 990) 2023

LHA 332211 11-14-23

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT.DAN BAND ENDED THE FISCAL YEAR PERFORMING 20 CONCERTS FOR ATTENDEES WORLDWIDE WITH MORE THAN 40,000 PARTICIPANTS. EXPENSES \$ 6,894,835. INCL GRANTS OF \$ 5,719,069. REVENUE \$ 287,420.

FIRST RESPONDERS OUTREACH RECOGNIZED AND SUPPORTS AMERICA 'S FIREFIGHTERS, POLICE AND EMTS NATIONWIDE. THESE MEN AND WOMEN ARE INDISPENSABLE TO MAINTAINING THE SAFETY AND SUPPORT OF OUR LOCAL COMMUNITIES. GRANTS ASSISTED FIRST RESPONDERS WITH URGENT NEEDS FROM PROTECTIVE GEAR TO SAFETY EQUIPMENT. IN 2023, THE PROGRAM ASSISTED FIRE DEPARTMENTS THROUGHOUT THE U.S. WITH OVER 2,135 PIECES OF 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 A MAJORITY OF ALL DIRECTORS THEN IN OFFICE IN ORDER TO BE EFFECTIVE.

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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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

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

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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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

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2023

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GARY SINISE FOUNDATION

FORM 990 PAGE 10

80-0587086

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	223,753.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding policy statements and requirements for vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2023 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2023 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44