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ARMANINO ADVISORY LLC

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

B Check if applicable: X Address change
C Name of organization: GARY SINISE FOUNDATION
D Employer identification number: 80-0587086
E Telephone number: 615-575-3500
G Gross receipts \$: 97,879,650.
H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.GARYSINISEFOUNDATION.ORG
K Form of organization: X Corporation
L Year of formation: 2010
M State of legal domicile: DE

Part I Summary

Table with 3 main sections: Activities & Governance (rows 1-7), Revenue (rows 8-12), Expenses (rows 13-19), and Net Assets or Fund Balances (rows 20-22). Each row includes a description and numerical values for Prior Year and Current Year.

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
Preparer's name: KATY BROWN, Preparer's signature: KATY BROWN, Date: 01/22/26, PTIN: P00650274
Firm's name: ARMANINO ADVISORY LLC, Firm's EIN: 94-6214841, Firm's address: 2700 CAMINO RAMON, STE. 350, SAN RAMON, CA 94583-5004, Phone no. 925-790-2600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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. (CONTINUED ON SCHEDULE O)

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 \$ 26,348,316. including grants of \$ 8,210,604.) (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 566 GRANTS TO THESE INDIVIDUALS IN THEIR TIME OF URGENT NEED. THE GARY SINISE FOUNDATION HOSTED 11,424 PARTICIPANTS IN MENTAL WELLNESS RETREATS ALLOWING VETERANS AND FIRST RESPONDERS TO EXPERIENCE PATHH & STRUGGLE WELL PROGRAMMING THIS YEAR. IN 2024, THE FOUNDATION HOSTED 2,587 FAMILIES OF FALLEN HEROES AT TWO ANNUAL SNOWBALL EVENTS (ONE FOR MILITARY FALLEN AND ONE FOR FIRST RESPONDER FALLEN FAMILIES) AND 3,117 ATTENDEES AT OTHER YEAR-ROUND PROGRAMMING EVENTS TO ENGAGE THE FAMILIES OF THE FALLEN ALL YEAR LONG.

4b (Code:) (Expenses \$ 21,365,001. including grants of \$ 3,586,024.) (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 4 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES. BY THE END OF THE YEAR, THE FOUNDATION HAD COMPLETED 94 HOMES FOR OUR INJURED HEROES AND THEIR FAMILIES SINCE INCEPTION. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 16,521,336. including grants of \$ 10,407,914.) (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. THIS INCLUDES, BUT IS NOT LIMITED TO, DISASTER RELIEF EFFORTS IN RESPONSE TO WILDFIRES, HURRICANES, AND OTHER NATURAL DISASTERS. THE PROGRAM ALSO DOCUMENTED ORAL HISTORY STORIES FROM WW II 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. 152,877 ACTIVE DUTY, VETERANS AND FIRST RESPONDERS WERE SERVED HEARTY, CLASSIC AMERICAN MEALS AS PART OF OUR SERVING HEROES PROGRAM, CLOSING IN ON 1,225,780 MEALS SINCE GSF BEGAN THIS TRADITION. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,675,843. including grants of \$ 5,308,746.) (Revenue \$ 279,706.)

4e Total program service expenses 73,910,496.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and organizational activities.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
BARBARA TITUS - 615-575-3500
PO BOX 680819, FRANKLIN, TN 37068-0819

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			454,103.	0.	36,752.	
(2) JAMES RAVELLA EXECUTIVE VICE PRESIDENT	40.00			X			259,128.	0.	32,098.	
(3) BARBARA TITUS SENIOR VP - OPERATIONS/BUSINESSS	40.00			X			230,197.	0.	22,125.	
(4) CRISTIN BARTTER-KAMPSNIDER VICE PRESIDENT - MARCOMMS	40.00				X		226,431.	0.	14,944.	
(5) SARAH HOLLIS VICE PRESIDENT - PHILANTHROPY	40.00				X		208,768.	0.	27,845.	
(6) ELIZABETH DOLAN PHILANTHROPIC ADVISOR	40.00					X	196,669.	0.	20,696.	
(7) GILBERT BOSWORTH VICE PRESIDENT - R.I.S.E. PROGRAM	40.00				X		161,811.	0.	29,966.	
(8) ROBERT GEORGE VICE PRESIDENT - OUTREACH	40.00				X		154,350.	0.	29,751.	
(9) HANNAH LUPPINO VICE PRESIDENT - PROGRAMS	40.00				X		157,391.	0.	20,060.	
(10) LAURA KRIEGER SR. DIRECTOR - PHILANTHROPIC STRATEG	40.00					X	155,787.	0.	20,695.	
(11) CHRISTINA KREISEL SR. DIRECTOR - CORP/COMMUNITY RELATI	40.00					X	157,657.	0.	11,110.	
(12) MEGAN RIEL SALESFORCE MANAGER	40.00					X	139,769.	0.	6,358.	
(13) ERIN DANCER SR. PHILANTHROPIC ADVISOR (THRU 9/24	40.00					X	118,666.	0.	10,096.	
(14) GARY SINISE CHAIRMAN/FOUNDER	20.00	X		X			0.	0.	0.	
(15) VINCENT BROOKS VICE CHAIRMAN	20.00	X		X			0.	0.	0.	
(16) JOHN HEUBUSCH SECRETARY	20.00	X		X			0.	0.	0.	
(17) JAMES SHUBERT TREASURER	20.00	X		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) GREGORY GADSON DIRECTOR	20.00	X						0.	0.	0.
(19) PATRICIA HOROHO DIRECTOR	20.00	X						0.	0.	0.
(20) ANDREA MANDELL DIRECTOR	20.00	X						0.	0.	0.
(21) ROBERT PENCE DIRECTOR	20.00	X						0.	0.	0.
(22) MOIRA SINISE DIRECTOR (THRU 3/25)	10.00	X						0.	0.	0.
(23) PASTOR VELASCO DIRECTOR	20.00	X						0.	0.	0.
1b Subtotal								2,620,727.	0.	282,496.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,620,727.	0.	282,496.

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION MANAGEMENT ONE INC. 8625 INKSTER ROAD, TAYLOR, MI 48180	CONCERT SETUP/TEAR DOWN	1,379,876.
SIGNATURE HOMES OF JEFFERSON CITY, INC. P.O. BOX 105738, JEFFERSON CITY, MO 65110	CONSTRUCTION PROJECT MANAGEMENT	1,259,658.
MLA GENERAL CONTRACTORS INC. P.O. BOX 733, BONSALE, CA 92003	CONSTRUCTION PROJECT MANAGEMENT	1,070,753.
JUDY SEALE INTERNATIONAL 109 RIVERS EDGE COURT, NASHVILLE, TN 37214	PROMOTIONS/SUPPORT FOR BASE ENTERTAINMEN	766,128.
PARKING LOT PRODUCTIONS, INC. 795 HAVANA AVENUE, LONG BEACH, CA 90804	VIDEOTAPING/AUDIO-VISUAL	727,028.

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 46

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	292,870.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	76,966,480.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 8,372,766.			
	h	Total. Add lines 1a-1f		77,259,350.			
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)		2,507,770.		2,507,770.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	130,683.			
			(ii) Personal				
	6 b	Less: rental expenses ...	6b	0.			
	6 c	Rental income or (loss)	6c	130,683.			
	d	Net rental income or (loss)		130,683.		130,683.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	16,849,895.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	7b	12,137,609.			
	7 c	Gain or (loss)	7c	4,712,286.			
d	Net gain or (loss)		4,712,286.		4,712,286.		
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		503,091.				
10 b	Less: cost of goods sold	10b	223,385.				
c	Net income or (loss) from sales of inventory		279,706.	279,706.			
Miscellaneous Revenue	11 a	REBATES & REIMBURSEMEN	Business Code	900099	628,861.	628,861.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		628,861.			
12	Total revenue. See instructions		85,518,656.	279,706.	0.	7,979,600.	

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 ...	18,344,655.	18,344,655.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,168,633.	9,168,633.		
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	2,180,998.	1,569,409.	259,089.	352,500.
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	4,820,714.	2,438,890.	587,580.	1,794,244.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,556.	33,443.	8,856.	30,257.
9 Other employee benefits	734,921.	383,261.	97,625.	254,035.
10 Payroll taxes	494,087.	279,970.	60,306.	153,811.
11 Fees for services (nonemployees):				
a Management				
b Legal	793,427.	100,000.	693,427.	
c Accounting	272,591.	141,706.	130,885.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	229,261.		229,261.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,007,862.	7,372,762.	362,974.	272,126.
12 Advertising and promotion	312,253.	198,518.	113,735.	
13 Office expenses	1,762,326.	1,092,221.	270,129.	399,976.
14 Information technology	1,338,438.	547,543.	404,087.	386,808.
15 Royalties				
16 Occupancy	1,527,593.	979,935.	547,658.	
17 Travel	5,911,056.	5,644,435.	149,543.	117,078.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	177,120.	175,621.	1,080.	419.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	220,435.	114,592.	105,843.	
23 Insurance	379,080.	314,746.	64,334.	
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 CONSTRUCTION COSTS	10,651,365.	10,651,310.	55.	0.
b PROGRAM OPERATIONS	10,058,754.	10,058,754.		
c FURNISHINGS	3,081,878.	3,011,092.	70,786.	0.
d MERCHANDISE COSTS	1,033,018.	682,233.	332,513.	18,272.
e All other expenses	1,140,558.	606,767.	479,499.	54,292.
25 Total functional expenses. Add lines 1 through 24e	82,713,579.	73,910,496.	4,969,265.	3,833,818.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,423,628.	1	2,888,343.
	2 Savings and temporary cash investments	20,918,839.	2	14,967,782.
	3 Pledges and grants receivable, net	3,469,146.	3	4,478,675.
	4 Accounts receivable, net	2,362,387.	4	2,479,351.
	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	286,970.	8	471,884.
	9 Prepaid expenses and deferred charges	1,041,310.	9	1,697,528.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,202,128.		
	b Less: accumulated depreciation	10b 3,132,485.	1,105,220.	10c 1,069,643.
	11 Investments - publicly traded securities	49,951,117.	11	58,911,516.
	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	2,082,442.	15	2,046,418.
16 Total assets. Add lines 1 through 15 (must equal line 33)	85,641,059.	16	89,011,140.	
Liabilities	17 Accounts payable and accrued expenses	2,835,801.	17	3,517,322.
	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	2,221,225.	25	2,095,111.
	26 Total liabilities. Add lines 17 through 25	5,057,026.	26	5,612,433.
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	70,361,466.	27	74,359,718.
	28 Net assets with donor restrictions	10,222,567.	28	9,038,989.
	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	80,584,033.	32	83,398,707.
33 Total liabilities and net assets/fund balances	85,641,059.	33	89,011,140.	

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	85,518,656.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,713,579.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,805,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,584,033.
5	Net unrealized gains (losses) on investments	5	9,597.
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	83,398,707.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.
- 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? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,441,737.	55,761,582.	60,365,269.	88,236,379.	77,259,350.	330,064,317.
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	48,441,737.	55,761,582.	60,365,269.	88,236,379.	77,259,350.	330,064,317.
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)						2,643,353.
6 Public support. Subtract line 5 from line 4.						327,420,964.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	48,441,737.	55,761,582.	60,365,269.	88,236,379.	77,259,350.	330,064,317.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	556,455.	819,520.	1,043,759.	2,850,801.	2,638,453.	7,908,988.
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.	628,861.	1,059,027.
11 Total support. Add lines 7 through 10						339,032,332.
12 Gross receipts from related activities, etc. (see instructions)					12	1,376,834.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	96.58	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.66	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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? Sub-rows 11a, 11b, 11c.

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, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

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). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 2,335.
 2022 AMOUNT: \$ 12,223.
 2023 AMOUNT: \$ 415,608.
 2024 AMOUNT: \$ 628,861.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,417,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,307,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,709,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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	15,740,175.	14,375,836.	16,722,709.	14,740,640.	13,185,130.
b Contributions					
c Net investment earnings, gains, and losses	753,115.	2,940,576.	-2,279,439.	2,043,566.	1,609,579.
d Grants or scholarships					
e Other expenditures for facilities and programs		1,500,000.			
f Administrative expenses	82,796.	76,237.	67,434.	61,497.	54,069.
g End of year balance	16,410,494.	15,740,175.	14,375,836.	16,722,709.	14,740,640.

- 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 .0000 %
 - c Term endowment .0000 %
- 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? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		94,640.		94,640.
b Buildings				
c Leasehold improvements		2,374,741.	1,666,731.	708,010.
d Equipment		777,956.	643,522.	134,434.
e Other		954,791.	822,232.	132,559.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,069,643.

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	2,095,111.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,095,111.

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	91,083,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,597.	
b	Donated services and use of facilities	2b	5,561,223.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	223,385.	
e	Add lines 2a through 2d	2e		5,794,205.
3	Subtract line 2e from line 1		3	85,289,395.
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	229,261.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		229,261.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	85,518,656.

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	88,268,926.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,561,223.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	223,385.	
e	Add lines 2a through 2d	2e		5,784,608.
3	Subtract line 2e from line 1		3	82,484,318.
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	229,261.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		229,261.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	82,713,579.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 223,385.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 223,385.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOULDER CREST FOUNDATION 33735 SNICKERSVILLE TURNPIKE BLUEMONT, VA 20135	27-3228310	501(C)(3)	4,500,000.	0.			ALLIANCE - FUND STRUGGLE WELL/BC RETREATS
HYPERFORMANCE FOUNDATION 2790 NINE MILE RIDGE RD DUCK RIVER, TN 38454	92-2471033	501(C)(3)	2,000,000.	0.			SPORTS/REC PROVIDER GRANT
METANOIA FILMS, LLC 8055 W MANCHESTER AVE-STE 555 PLAYA DEL REY, CA 90293	20-3059595		1,841,750.	0.			MENTAL HEALTH SEMINARS
FRIENDS OF FIREFIGHTERS, INC 199 VAN BRUNT STREET BROOKLYN, NY 11231	01-0611469	501(C)(3)	570,000.	0.			ALLIANCE SUPPORT-FDNY
TRAINING TO PERFORM UNDER PRESSURE LLC - 815 SW 11TH AVE - CAPE CORAL, FL 33991	88-3826643		427,254.	0.			TRAINING FOR FIRST RESPONDERS
TRAVIS MILLS FOUNDATION 647 CASTLE ISLAND ROAD MOUNT VERNON, ME 04352	46-4239670	501(C)(3)	350,000.	0.			SUPPORTING TM MISSION/PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **68.**

3 Enter total number of other organizations listed in the line 1 table **101.**

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

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE FAMILY RETREAT, INC. 2555 NORTHWINDS PKWY-STE 800 ALPHARETTA, GA 30009	58-2509728	501(C)(3)	284,625.	0.			RETREAT FOR MILITARY/FR W/CHILDHOOD CANCER
CENTERSTONE PO BOX 197608 NASHVILLE, TN 37219-7608	62-1674308	501(C)(3)	250,000.	0.			ALLIANCE SUPPORT - MENTAL WELLNESS
NO GREATER SACRIFICE FOUNDATION 601 PENNSYLVANIA AVE NW - SOUTH BLDG-STE 900 - WASHINGTON, DC 20004	26-1572599	501(C)(3)	250,000.	0.			SCHOLARSHIPS FOR CHILDREN OF FALLEN
MES SERVICE COMPANY, LLC 12 TURNBERRY LAND - 2ND FL SANDY HOOK, CT 06482	20-2019745		229,920.	0.			EQUIPMENT GRANT FULFILLMENTS
NEVER ALONE WIDOWS, INC. 11770 HAYNES BRIDGE ROAD - #205-360 ALPHARETTA, GA 30009	47-5259109	501(C)(3)	220,500.	0.			SUPPORT WIDOWS OF HEROES
VALOR PARTNERS FOUNDATION 13725 METCALF AVE #364 OVERLAND PARK, KS 66212	45-4785558	501(C)(3)	200,000.	0.			EDUCATIONAL SCHOLARSHIP GRANTS
WARRIORS HEART VIRGINIA 756 PURPLE SAGE RD BANDERA, TX 78003	88-4199251		200,000.	0.			ADDICTION TREATMENT SUPPORT
2SERVE TOGETHER FOUNDATION 2603 MAITLAND CENTER PKWY MAITLAND, FL 32751	93-1373247	501(C)(3)	150,000.	0.			SUPPORT FOR WOMEN VETERANS
COOLIDGE NATIONAL MEDAL OF HONOR HERITAGE - PO BOX 11467 - CHATTANOOGA, TN 37401	58-1739072	501(C)(3)	150,000.	0.			ALLIANCE SUPPORT-MEDAL OF HONOR GALA

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GRATITUDE INITIATIVE 101 VINTAGE DR. STE 100 RED OAK, TX 75154	46-3306022	501(C)(3)	150,000.	0.			COLLEGE PREP COUNSELING-CHILDREN OF FALLEN
CASCO INDUSTRIES, INC. PO BOX 8007 SHREVEPORT, LA 71148-8007	72-0698936		145,991.	0.			EQUIPMENT GRANT FULFILLMENT
THE DOUGHBOY FOUNDATION 1455 PENNSYLVANIA AVE STE 400 WASHINGTON, DC 20004	46-3321814	501(C)(3)	118,500.	0.			WW1 WARRIOR SUPPORT
STRYKER SALES, LLC 1941 STRYKER WAY PORTAGE, MI 49002	22-2183590		115,073.	0.			EQUIPMENT GRANT FULFILLMENT
L. N. CURTIS & SONS, INC. 185 LENNON LANE - STE 110 WALNUT CREEK, CA 94598	94-1214350		110,321.	0.			TURNOUT GEAR EQUIPMENT GRANT
SPECIAL FORCES CHARITABLE TRUST PO BOX 536477 SOUTHERN PINES, NC 28388	27-4209721	501(C)(3)	100,000.	0.			CAREGIVER GRANTS
THE INDEPENDENCE FUND 412 LOUISE AVE CHARLOTTE, NC 28204	26-0322088	501(C)(3)	100,000.	0.			GRANT SUPPORTING WOUNDED HEROES
UNITED SERVICE ORGANIZATIONS, INC. 2111 WILSON BOULEVARD - STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	100,000.	0.			SUPPORT FOR USO CONNECTION PROGRAM
L.N. CURTIS & SONS- CA 185 LENNON LANE - STE 110 WALNUT CREEK, CA 94598	94-1214350		99,866.	0.			EQUIPMENT GRANT FULFILLMENT

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTOROLA SOLUTIONS INC. 500 W. MONROE STREET CHICAGO, IL 60661	36-1115800		98,530.	0.			EQUIPMENT GRANT FULFILLMENT
METRO FIRE APPARATUS SPECIALISTS INC. - 17350 STATE HWY 249 - STE 250 - HOUSTON, TX 77064	76-0598763		80,995.	0.			EQUIPMENT GRANT FULFILLMENT
TAYLORD SYSTEMS, LLC 12802 E INDIANA AVENUE SPOKANE VALLEY, WA 99216	82-1504084		79,500.	0.			ON-SITE TRAINING GRANT
ROBERT IRVINE FOUNDATION, INC. 1227 N. FRANKLIN STREET TAMPA, FL 33602	46-5420676	501(C)(3)	75,000.	0.			SPONSORSHIP FOR WARRIOR ATTENDANCE
SAN DIEGO HARBOR POLICE FOUNDATION INC. - PO BOX 639 - SAN MARCOS, CA 92079	83-3054768	501(C)(3)	75,000.	0.			SUPPORT POLICE FNDTN GALA
GRAND FORKS FIRE EQUIPMENT LLC 921 NORTH 3RD STREET GRAND FORKS, ND 58203-2407	27-0251690		72,757.	0.			EQUIPMENT GRANT FULFILLMENT
ENGLEWOOD AREA FIRE CONTROL DISTRICT - 516 PAUL MORRIS DR - ENGLEWOOD, FL 34223	59-2252928	GOVERNMENT	71,099.	0.			EQUIPMENT GRANT FULFILLMENT
FIRE TRAINING STRUCTURES, LLC 1005 NORTH 50TH ST PHOENIX, AZ 85008	20-3298369		70,566.	0.			TRAINING STRUCTURE-FIRE/RESCUE
SIDDONS MARTIN EMERGENCY GROUP, LLC - 1362 E RICHEY ROAD - HOUSTON, TX 77073	27-4333590		62,588.	0.			EQUIPMENT GRANT FULFILLMENT

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE COUNTY FIRE DISTRICT 10 929 S. GARFIELD RD AIRWAY HEIGHTS, WA 99001	91-1286430	GOVERNMENT	62,120.	0.			EQUIPMENT GRANT FULFILLMENT
STRYKER SALES, LLC - IL 1941 STRYKER WAY PORTAGE, MI 49002	22-2183590		59,112.	0.			EQUIPMENT GRANT FULFILLMENT
WESTERN EXTRICATION SPECIALISTS, INC - PO BOX 1065 - SIMI VALLEY, CA 93062	84-2916030		57,700.	0.			EQUIPMENT GRANT FULFILLMENT
MAC HAIK JACKSON FORD 6130 I55 NORTH JACKSON, MS 39211	83-3256724		56,310.	0.			EQUIPMENT GRANT FULFILLMENT
SEAWESTERN FIRE FIGHTING EQUIPMENT PO BOX 51 KIRKLAND, WA 98083	91-0998307		56,197.	0.			EQUIPMENT GRANT FULFILLMENT
SANTA MARGARITA FIRE DISTRICT 22375 EL CAMINO REAL SANTA MARGARITA, CA 93453-0067	77-0203880	GOVERNMENT	54,655.	0.			EQUIPMENT GRANT FULFILLMENT
DARIEN EMERGENCY MEDICAL SERVICE, INC. - PO BOX 257 - DARIEN CENTER, NY 14040	26-1859084	501(C)(3)	53,815.	0.			MEDICAL DEVICE GRANT (2)
WEST PIERCE FIRE & RESCUE 3631 DREXLER DR W UNIVERSITY PLACE, WA 98466	91-1226676	GOVERNMENT	53,452.	0.			EQUIPMENT GRANT FULFILLMENT
WITMER PUBLIC SAFETY GROUP INC 101 INDEPENDENCE WAY COATESVILLE, PA 19320	23-2383776		52,116.	0.			EQUIPMENT GRANT FULFILLMENT

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-ATLANTIC RESCUE SYSTEMS, INC 11 BYTE COURT - STE A FREDERICK, MD 21702	20-6083301		50,568.	0.			EQUIPMENT GRANT FULFILLMENT
BMB PERFORMANCE AUTOS DBA WACOBILL.COM TRAILER - 4100 US HWY 80 WEST - TERRELL, TX 75160	52-2302064		50,400.	0.			EQUIPMENT GRANT FULFILLMENT
LEESBURG VOLUNTEER FIRE COMPANY, INC. - PO BOX 2577 - LEESBURG, VA 20177	54-0610283	501(C)(3)	50,000.	0.			EQUIPMENT GRANT FULFILLMENT
NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM - 200 LIBERTY STREET, 16 FL - NEW YORK, NY 10281	61-1745872	501(C)(3)	50,000.	0.			SPONSORSHIP - ANNUAL DINNER
PROJECT 2 HEAL 7008 PROVIDENCE ROAD SOUTH WAXHOW, NC 28173	27-4525208	501(C)(3)	50,000.	0.			SERVICE ANIMAL GRANT
THE WASHING TRUST COMPANY 394 TAUGWONK RD STONINGTON, CT 06378-1807	04-2899862	501(C)(3)	50,000.	0.			COAST GUARD SUPPORT - HURRICANE HELENE
WEST POINT ASSOCIATION OF GRADUATES - 698 MILLS ROAD - WEST POINT, NY 10996	14-1260763	501(C)(3)	50,000.	0.			CAREER SVCS PROGRAM SUPPORT
CITY OF ELGIN 1550 SUMMIT ST ELGIN, IL 60120	36-6005862	GOVERNMENT	49,554.	0.			EQUIPMENT GRANT FULFILLMENT
ZOLL MEDICAL CORPORATION MA 269 MILL ROAD CHELMSFORD, MA 01824	04-2711626		48,979.	0.			EQUIPMENT GRANT FULFILLMENT

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY FIRE EQUIPMENT CO 119-131 ROUTE 22 EAST GREEN BROOK, NJ 08812	22-2690032		48,092.	0.			EQUIPMENT GRANT FULFILLMENT
CONCORD TOWNSHIP, OH 11599 CONCORD-HAMBDEN ROAD CONCORD TWP, OH 44077	34-6000759	GOVERNMENT	46,830.	0.			MEDICAL DEVICE GRANT - DEFIBILLATOR
TENNESSEE FIRE EQUIPMENT & SAFETY SPLYS - 5944 SHALLOWFORD RD. STE B - CHATTANOOGA, TN 37421	30-0010430		46,390.	0.			EQUIPMENT GRANT FULFILLMENT
CITIZENS FIRST FIRE TRAINING 16689 OHIO 28 CHILLICOTHE, OH 45601	85-3051170		46,161.	0.			EQUIPMENT GRANT FULFILLMENT
VASU COMMUNICATIONS INC. 2432 RIDGELAND DR. /PO BOX 236 AVON, OH 44011	34-1633623		45,753.	0.			EQUIPMENT GRANT FULFILLMENT
STERLING VOLUNTEER FIRE COMPANY PO BOX 651266 STERLING, VA 20165	51-0212331	501(C)(3)	45,000.	0.			EQUIPMENT GRANT FULFILLMENT
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	45,000.	0.			HONORING THE FALLEN SUPPORT
WHITE CLOUD COMMUNICATIONS INC 663 MAIN AVE E TWIN FALLS, ID 83301	26-1726005		44,831.	0.			EQUIPMENT GRANT FULFILLMENT
STRYKER SALES, LLC - MI 1941 STRYKER WAY PORTAGE, MI 49002	22-2183590		44,214.	0.			EQUIPMENT GRANT FULFILLMENT

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GRAND TRAVERSE MOBILE COMMUNICATIONS, INC - PO BOX 5717 - TRAVERSE CITY, MI 49696-5717	38-3573197		43,588.	0.			EQUIPMENT GRANT FULFILLMENT
ALLSOURCE ENTERPRISES LLC DBA SAFE INDUSTRIES - 5031 HWY 153 - EASLEY, SC 29642	20-2653111		42,675.	0.			EQUIPMENT GRANT FULFILLMENT
ONPOINT PUBLIC SAFETY LLC 119-B HWY 183 PIEDMONT, SC 29673	93-4917678		40,599.	0.			VEHICLE GRANT FULFILLMENT-FIRST RESPONDER
JF SHEA THERAPEUTIC RIDING CENTER, INC - 26284 OSO ROAD - SAN JUAN CAPISTRANO, CA 92675	95-3351363	501(C)(3)	40,000.	0.			LARGE ANIMAL LIFT TRAINING-FIRE DEPT.
LAW ENFORCEMENT COACHING LLC 638 W PORTOBELLO AVE MESA, AZ 85210	88-3746977		40,000.	0.			EQUIPMENT GRANT FULFILLMENT
J-COMM CORPORATION 510 E 1700 S STE 302 CLEARFIELD, UT 84015	72-1601611		39,910.	0.			EQUIPMENT GRANT FULFILLMENT
ATLANTIC EMERGENCY SOLUTIONS - VA 13051 REDWATER DR CHESTER, VA 23836	27-3187193		37,989.	0.			EQUIPMENT GRANT FULFILLMENT
ALEX AIR APPARATUS 2, LLC 312 OAK ST SOUTH NEW LONDON, MN 56273	92-3538269		37,547.	0.			EQUIPMENT GRANT FULFILLMENT
AVIATION SPECIALTIES UNLIMITED, INC - 4632 WEST AERONCA STREET - BOISE, ID 83705	82-0484657		37,500.	0.			EQUIPMENT GRANT FULFILLMENT

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BERGERON PROTECTIVE CLOTHING 1024 SUNCOOK VALLEY HWY UNIT 5D EPSOM, NH 03234	02-0514084		37,150.	0.			EQUIPMENT GRANT FULFILLMENT
CENTRAL ALABAMA TRAINING SOLUTIONS, INC - 5100 CULVER ROAD - TUSCALOOSA, AL 35401	16-1695855		37,100.	0.			EQUIPMENT GRANT FULFILLMENT
L.N. CURTIS & SONS- WA 185 LENNON LANE - STE 110 WALNUT CREEK, CA 94598	94-1214350		36,779.	0.			EQUIPMENT GRANT FULFILLMENT
FIRST OUT RESCUE EQUIPMENT, LLC 100 ENSMINGER RD TONAWANDA, NY 14150	80-0443070		35,145.	0.			EQUIPMENT GRANT FULFILLMENT
RUTHERFORD COUNTY TRUSTEE 611 E. LYTLE STREET MURFREESBORO, TN 37130	62-6000818	GOVERNMENT	35,000.	0.			MEDICAL DEVICE GRANT - EMS
FX TACTICAL, LLC 8948 W CACTUS RD PEORIA, AZ 85381	45-4387382		34,733.	0.			EQUIPMENT GRANT FULFILLMENT
INFLATABLE IMAGES - SCHERBA INDUSTRIES, INC. - 2880 INTERSTATE PARKWAY - BRUNSWICK, OH 44212	34-1463575		34,194.	0.			FIRE SAFETY EQUIPMENT GRANT
NAFECO PO BOX 2928 DECATUR, AL 35602	63-0725655		33,111.	0.			EQUIPMENT GRANT FULFILLMENT
ALASKA DIVE SEARCH RESCUE AND RECOVERY TE - 7004A GOLD KINGS AVE - ANCHORAGE, AK 99504	81-4286647	501(C)(3)	32,933.	0.			EQUIPMENT GRANT FULFILLMENT

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DICKSON COUNTY FIRE RESCUE 1072 JONES CREEK ROAD DICKSON, TN 37055	87-2270012	501(C)(4)	31,860.	0.			EQUIPMENT GRANT FULFILLMENT
RADIO COMMUNICATIONS COMPANY PO BOX 143 MORRISVILLE, NC 27560	56-1869794		31,414.	0.			DISASTER ASSISTANCE GRANT
TRIANGLE CYCLES NORTH 2104 RIVERSIDE DR. DANVILLE, VA 24540	85-0484933		31,400.	0.			GRANT FOR OFF-ROAD RESCUE
NRS - NORTHWEST RIVER SUPPLIES INC. - 1638 S BLAINE ST - MOSCOW, ID 83843	82-0330580		30,580.	0.			EQUIPMENT GRANT FULFILLMENT
QUALITY MOWER & SAW EQUIP, INC - DURHAM POLARIS - 106 STALLINGS ROAD - DURHAM, NC 27703	56-1573872		30,180.	0.			EQUIPMENT GRANT FULFILLMENT
BUTLER COUNTY SHERIFF'S OFFICE 705 HANOVER ST HAMILTON, OH 45011	31-6000061	GOVERNMENT	30,000.	0.			EQUIPMENT GRANT FULFILLMENT
LOS ANGELES POLICE FOUNDATION 633 W. 5TH STREET - STE 960 LOS ANGELES, CA 90071	95-4700442	501(C)(3)	30,000.	0.			PHYSICAL/MENTAL WELLNESS INITIATIVES
MARINE CORPS MARATHON ORGANIZATION PO BOX 188 QUANTICO, VA 22134	81-1637716	GOVERNMENT	30,000.	0.			SUPPORT MARINE CORP MARATHON
MIAMI VALLEY FIRE DISTRICT 2710 LYONS ROAD MIAMISBURG, OH 45342	45-3365959	GOVERNMENT	30,000.	0.			EQUIPMENT GRANT FULFILLMENT

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NATIONAL FALLEN FIREFIGHTERS FOUNDATION - 16825 SOUTH SETON AVENUE - EMMITSBURG, MD 21727	52-1832634	501(C)(3)	30,000.	0.			FIRE SVC MENTAL HEALTH SPONSORSHIP
DOUG RUSSELL, INC 1 SW CUTOFF WORCESTER, MA 01604	04-2996697		29,847.	0.			EQUIPMENT GRANT FULFILLMENT
JS MD SIGMA PLLC 1 CHAMPIONSHIP DRIVE THE HILLS, TX 78738	92-3484836		29,715.	0.			EQUIPMENT GRANT FULFILLMENT
FISHER SCIENTIFIC COMPANY LLC 5907-D HAMPTON OAKS PKWY TAMPA, FL 33624	23-2942737		29,277.	0.			EQUIPMENT GRANT FULFILLMENT
THREATDETECT, INC. 320 N MAIN AVE - STE 203 GRESHAM, OR 97030	99-0444481		28,994.	0.			EQUIPMENT GRANT FULFILLMENT
RESCUE ONE CORP - DBA ONE BOAT RESCUE BOATS - 13481 HIGHWAY 31 - ATHENS, AL 35611	20-2306916		28,945.	0.			EQUIPMENT GRANT FULFILLMENT
TENNESSEE FIRST RESPONDERS FOUNDATION - 140 S MAIN STREET - STE 28 - COLLIERVILLE, TN 38017	88-3622482	501(C)(3)	28,888.	0.			FUNDING FOR MENTAL WELLNESS CONFERENCE
MOUNTAIN MOTORSPORTS GREENVILLE LLC - 190 EAST ANDREW JOHNSON HWY - GREENEVILLE, TN 37745	47-4102988		27,642.	0.			EQUIPMENT GRANT FULFILLMENT
MAVERICK INDUSTRIES LLC C/O PENN NEARING EDWARD - 212 PAYNES LANDING - GEORGETOWN, KY 40324	87-4445916		26,471.	0.			EQUIPMENT GRANT FULFILLMENT

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ATLANTIC EMERGENCY SOLUTIONS 12351 RANDOLPH RIDGE LN MANASSAS, VA 20109	27-3187193		26,388.	0.			EQUIPMENT GRANT FULFILLMENT
CITY OF RIVERSIDE 4102 ORANGE ST RIVERSIDE, CA 92501	95-6000769	GOVERNMENT	26,181.	0.			EQUIPMENT GRANT FULFILLMENT
MOUNTAIN TEK- TECHNICAL RESCUE EQUIPMENT - 1034 MAPLE ST. - HENDERSONVILLE, NC 28792	56-2194645		26,118.	0.			RESCUE & RECOVERY GEAR/PPE
MULTIQUIP, INC. 6141 KATELLA AVE - STE 200 CYPRESS, CA 90630	95-2874203		25,949.	0.			EQUIPMENT GRANT FULFILLMENT
PRO X POWERSPORTS 6101 MOUNTAIN VIEW ROAD - ST4 OOLTEWAH, TN 37363	46-3136194		25,609.	0.			EQUIPMENT GRANT FULFILLMENT
AMERICAN MOBILITY PROJECT 2981 PORT ROYAL RD ADAMS, TN 37010	83-3859382	501(C)(3)	25,000.	0.			MOBILITY PROJECT BANQUET SPONSOR
NATIONAL DEFENSE UNIVERSITY FOUNDATION - 300 5TH AVE. MARSHALL HALL - STE 211 - WASHINGTON, DC 20319-5066	52-1268692	501(C)(3)	25,000.	0.			SPONSORSHIP OF NATIONAL DEFENSE EVENT
POP SMOKE K9 FOR VETERANS, INC 40 WINCHESTER RD ORMOND BEACH, FL 32174	92-1760207	501(C)(3)	25,000.	0.			SERVICE ANIMAL GRANT
THE HEROES JOURNEY 10127 ALBYAR AVE RIVERVIEW, FL 33578	36-4701518	501(C)(3)	25,000.	0.			HEROES JOURNEY SUPPORT GRANT

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TRIBUTE TO THE TROOPS PO BOX 208 PROSPECT HEIGHTS, IL 60070	20-4803227	501(C)(3)	25,000.	0.			GOLD STAR FAMILY SUPPORT
HIMSS NCA 1 SCOTT CIRCLE NW #9 WASHINGTON, DC 20036	36-4432115	501(C)(3)	24,000.	0.			SPONSERSHIP OF ALLIANCE
HUMBOLDT AREA RESCUE SQUAD/EMS PO BOX 855 HUMBOLDT, TN 38343	62-1386403	501(C)(3)	23,887.	0.			EQUIPMENT GRANT FULFILLMENT
DELTA FIRE & SAFETY INC. 3159 SUMMIT DRIVE PORT NECHES, TX 77651	76-0696202		22,705.	0.			EQUIPMENT GRANT FULFILLMENT
FIRE TECH & SAFETY OF NEW ENGLAND INC - PO BOX 435 - WINTHROP, ME 04364-0435	01-0402493		20,385.	0.			EQUIPMENT GRANT FULFILLMENT
TENNESSEE ASSOCIATION OF ALCOHOL, DRUG, ADDICTION SVC - 1321 MURFREESBORO PIKE - STE 155 - NASHVILLE, TN 37217	51-0149497	501(C)(3)	20,000.	0.			GRANT FOR TN SUICIDE PREVENTION
THE CADDIE SCHOOL FOR SOLDIERS 1540 FOX HOLLOW LANE CEDARBURG, WI 53012	85-0596516	501(C)(3)	20,000.	0.			SPONSORSHIP HONORING VETERANS
HONDA OF NORTH CAROLINA 4625 HICKORY BLVD GRANITE FALLS, NC 28630	47-4796085		19,557.	0.			USE OF ATV'S FOR SEARCH/RESCUE FOLLOWING HURRICANE
DRONESENSE, INC. 2028 E BEN WHITE BLVD. #240-4502 AUSTIN, TX 78741	82-0868659		19,125.	0.			EQUIPMENT GRANT FULFILLMENT

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ALL HANDS FIRE EQUIPMENT PO BOX 1245 WALL, NJ 07719	58-2671638		18,774.	0.			SUPPLY WATER RESCUE GEAR
HOWELL RESCUE SYSTEMS INC 2673 CULVER AVE KETTERING, OH 45429-3721	31-1402133		18,277.	0.			EQUIPMENT GRANT FULFILLMENT
MUNICIPAL EMERGENCY SERVICES INC PO BOX 656 SOUTHURY, CT 06488	65-1051374		18,000.	0.			EQUIPMENT GRANT FULFILLMENT
FIREHOUSE INNOVATIONS LI 47 LOCUST STREET BAYPORT, NY 11705-1734	92-1151431		16,870.	0.			EQUIPMENT GRANT FULFILLMENT
FORCIBLE ENTRY, INC 4400 CREEKSIDE DR SHINGLE SPRINGS, CA 95682	27-2285135		16,812.	0.			EQUIPMENT GRANT FULFILLMENT
CIVICEYE J2 SOFTWARE SOLUTIONS, INC - PO BOX 30635 - CHARLOTTE, NC 28230-0635	38-3858832		16,625.	0.			EQUIPMENT GRANT FULFILLMENT
FIREMATIC SUPPLY CO, INC PO BOX 187 YAPHANK, NY 11980	11-1972762		16,216.	0.			EQUIPMENT GRANT FULFILLMENT
I3-SSI, LLC 40 BURTON HILLS BLVD - STE 415 NASHVILLE, TN 37215	85-3039503		15,200.	0.			POLICE EQPMT GRANT
FIRST HELP 217 WILDWOOD AVENUE WORCESTER, MA 01603	82-1711537	501(C)(3)	15,000.	0.			MEMORIAL ENGRAVING SUPPORT

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OLD SOUTH F.O.O.L.S. INC. 7 CR 276 GLEN, MS 38846	99-4355611	501(C)(3)	15,000.	0.			TRAINING SEMINARS - FIRST RESPONDERS
CMC RESCUE INC 6740 CORTONA DR GOLETA, CA 93117	95-3442381		14,853.	0.			EQUIPMENT GRANT FULFILLMENT
TOWN OF NOLENSVILLE 7218 NOLENSVILLE ROAD NOLENSVILLE, TN 37135	62-1657981	GOVERNMENT	14,512.	0.			EQUIPMENT GRANT FULFILLMENT
CORO MEDICAL LLC 1001 FLAGPOLE CT BRENTWOOD, TN 37027	82-2669986		14,389.	0.			MEDICAL DEVICE GRANT
GOVCONNECTIONS, INC PO BOX 536477 PITTSBURGH, PA 15253-5906	52-1837891		14,169.	0.			EQUIPMENT GRANT FULFILLMENT
WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW RD. COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	14,000.	0.			SUPPORT FOR WARRIOR REUNIONS
CASTLE SALES & MARKETING LLC 674 SUMMER MIST CIRCLE CASTLE ROCK, CO 80104	93-2866780		13,980.	0.			EQUIPMENT GRANT FULFILLMENT
CALWEN INC 11084 JEFF BRIAN LANE WILTON, CA 95693	68-0233053		13,724.	0.			EQUIPMENT GRANT FULFILLMENT
BALDWIN EMERGENCY MEDICAL SERVICE ONE READSHAW WAY PITTSBURGH, PA 15236	25-1396716	501(C)(3)	13,639.	0.			EQUIPMENT GRANT FULFILLMENT

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WOODY WILLIAMS FOUNDATION INC 12123 SHELBYVILLE RD. - STE 100 LOUISVILLE, KY 40243	06-1840409	501(C)(3)	13,000.	0.			GOLD STAR MEMORIAL SUPPORTWITMER
DECATUR ELECTRONIC, LLC 920 S. ANDREASEN DRIVE, SUITE 103 ESCONDIDO, CA 92029	92-0446020		12,930.	0.			EQUIPMENT GRANT FULFILLMENT
HEAVEN ON GREEN INC 252 ADELAIDE PLACE MUNSTER, IN 46321	81-2549520		12,880.	0.			SPONSERSHIP OF LANSING VETERANS MEMORIAL
TYLER ELECTRIC 293 N TYLER ST TYLER, MN 56178	41-1588020		12,800.	0.			EQUIPMENT GRANT FULFILLMENT
RICHMOND VOLUNTEER FIRE & RESCUE COMPANY, - 7452 ST RT 152 - RICHMOND, OH 43944	34-1754415	501(C)(3)	12,360.	0.			EQUIPMENT GRANT FULFILLMENT
VIGILANT HOSE COMPANY NO. 1 1800 ROMINE AVE MCKEESPORT, PA 15133	23-7425435		12,000.	0.			EQUIPMENT GRANT FULFILLMENT
FIRST DUE RESCUE LLC 1486 FIRST LIGHT DR WINDSOR, CO 80550	92-2193664		11,685.	0.			EQUIPMENT GRANT FULFILLMENT
WEIDNER & ASSOCIATES 135 W 7065 S MIDVALE, UT 84047	87-0284314		11,525.	0.			EQUIPMENT GRANT FULFILLMENT
MACQUEEN EQUIPMENT LLC 1125 7TH ST EAST ST. PAUL, MN 55106-3900	41-0845185		11,326.	0.			EQUIPMENT GRANT FULFILLMENT

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BURLINGTON VOLUNTEER FIRE DEPARTMENT INC - 719 GEORGE WASHINGTON TURNPIKE - BURLINGTON, CT 06013	52-1736392	501(C)(3)	10,774.	0.			EQUIPMENT GRANT FULFILLMENT
HUBER & ASSOCIATES, INC 1400 CREEK TRAIL DRIVE JEFFERSON CITY, MO 65109	43-1516109		10,360.	0.			EQUIPMENT GRANT FULFILLMENT
RMUS LLC 595 N 1250 WEST, STE 3 CENTERVILLE, UT 84014	45-2277524		10,030.	0.			EQUIPMENT GRANT FULFILLMENT
CAMP 4 HEROES - NC P.O. BOX 400 FAIRMONT, NC 28340	81-1555077	501(C)(3)	10,000.	0.			SPONSORSHIP SUPPORT
FDNY FOUNDATION 9 METROTECH CENTER RM 5E-6 BROOKLYN, NY 11201	11-2632404	501(C)(3)	10,000.	0.			FDNY HUMANITARIAN DINNER SPONSORSHIP
GREATER TUCSON FIRE FOUNDATION 8987 E. TANQUE VERDE ROAD, SUITE 30 TUCSON, AZ 85749	27-3155431		10,000.	0.			SPONSORSHIP OF THE GREAT TUSCON FIRE FNDN
LEGACY CENTER, PLLC C/O CARLYE CARPENTER HUTCHINSON-140 S. MAIN-STE 28 - COLLIERVILLE, TN 38017	88-3598325		10,000.	0.			MENTAL WELLNESS TRAINING
NATURAL STONE INSTITUTE 380 E. LORAIN ST OBERLIN, OH 44074	38-2817639	501(C)(6)	10,000.	0.			STONEXPO RECEPTION
ROMY AND GABY SCI FOUNDATION INC. 13085 TELECOME PKWY N TEMPLE TERRACE, FL 33637	46-4437170	501(C)(3)	10,000.	0.			SUPPORTING SPINAL INJURY WARRIORS

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THE LEAGUE OF WIVES MEMORIAL PROJECT - PO BOX 180206 - CORONADO, CA 92178	87-1992932	501(C)(3)	10,000.	0.			GRANT SUPPORTING MILITARY SPOUSES
CREATIVETS 672A WESTBORO DRIVE NASHVILLE, TN 37209	46-3617663	501(C)(3)	8,866.	0.			SONGWRITING GRANT SUPPORT FOR WARRIORS
KIMTEK CORPORATION 326 INDUSTRIAL PARK LANE ORLEANS, VT 05860	04-2888193		8,300.	0.			EQUIPMENT GRANT FULFILLMENT
FAST RESCUE SOLUTIONS, LLC 401 EAST 4TH STREET, BLDG 8 FL 3 BRIDEGPORT, PA 19405	47-5642052		7,825.	0.			EQUIPMENT GRANT FULFILLMENT
BRAVEST FOOTBALL CLUB, INC 14-82 UTOPIA PARKWAYS WHITESTONE, NY 11357	30-0057526	501(C)(3)	7,500.	0.			SPONSORSHIP SUPPORT
CENTRAL TRAILER SALES 801 VETERANS MEMORIAL DR KOSCIUSKO, MS 39090	86-1607245		7,000.	0.			EQUIPMENT GRANT FULFILLMENT
NATIONWIDE SAFES & SECURITY C/O JAMES O'DONNELL - PO BOX 256775 CHICAGO, IL 60625	33-7762748		6,993.	0.			EQUIPMENT GRANT FULFILLMENT
NATIONAL ORGANIZATION FOR VICTIM ADVOCACY - 510 KING STREET - STE 220 - ALEXANDRIA, VA 22314	59-1689254	501(C)(3)	6,900.	0.			CRISIS RESPONSE TEAM TRAINING
RESCUEGEAR, INC 3870 N HWY 183 LIBERTY HILL, TX 78642	65-1097026		6,557.	0.			RESCUE EQUIPMENT GRANT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE LIFE DEFENSE 1379 RAIDERS WAY HENDERSON, NV 89052	81-2923371		6,548.	0.			EQUIPMENT GRANT FULFILLMENT
ARCHANGEL DEVICE LLC W288N727 WESTMOUND DR STE A WAUKESHA, WI 53186	47-5357676		6,499.	0.			EQUIPMENT GRANT FULFILLMENT
KNIGHTS OF HEROES FOUNDATION 13395 VOYAGER PKWY COLORADO SPRINGS, CO 80921	26-0786719	501(C)(3)	6,000.	0.			SPONSOR INTERNSHIP PROGRAM
DISASTER MEDICAL SOLUTIONS, LLC 4480 STRINGELLOW RD, UNIT 244 SAINT JAMES CITY, FL 33956	27-2548160		5,990.	0.			GRANT FOR EMS TRAINING
TRAILER BOSS 1619 E HILLSBORO ST PASCO, WA 99301	93-2304693		5,981.	0.			EQUIPMENT GRANT FULFILLMENT
TRI-TECH FORENSICS, INC. - RESCUE ESSENTIALS - 3811 INTERNATIONAL BLVD NE - STE 200 - LELAND, NC 28451	26-3669072		5,930.	0.			FIRST RESPONDER GRANT
JOHN C. HEALEY 776 MAIN STREET WARREN, RI 02885-4364	03-8304956		5,695.	0.			EQUIPMENT GRANT FULFILLMENT
KVB THERAPY 2550 MERIDIAN BLVD - STE 207 FRANKLIN, TN 37067	87-3731661		5,380.	0.			GRANT FOR COUNSELING SESSIONS
HWP LLC 5325 SIMMENTAL TRAIL FLORENCE, MT 59833	46-3897308		5,300.	0.			EQUIPMENT GRANT FULFILLMENT

Schedule I (Form 990)

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
EDUCATION	37	1,833,737.	0.		
FAMILY OF THE FALLEN SUPPORTIVE GRANTS	140	350,000.	0.		
FINANCIAL ASSISTANCE TO VETERANS AND THEIR FAMILIES THROUGH OUR RELIEF AND RESILIENCY PROGRAM	608	3,339,410.	0.		
HOME MODIFICATIONS	3	65,633.	0.		
PURCHASED ADAPTIVE VEHICLES	43	0.	2,763,231.	PURCHASE PRICE	ADAPTIVE VEHICLES

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.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
PURCHASED MOBILITY ASSISTANCE DEVICES	37.	0.	735,522.	PURCHASE PRICE	MOBILITY DEVICES-SCOOTERS, POWERED WHEELCHAIRS, AND HOISTS
SERVING HEROES GRANTS	11.	81,099.	0.		

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

**Open to Public
Inspection**

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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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 checked="" 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 checked="" 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	X	
2	X	
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) (Rev. 12-2024)

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)	404,103.	50,000.	0.	11,629.	25,123.	490,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES RAVELLA EXECUTIVE VICE PRESIDENT	(i)	259,128.	0.	0.	6,975.	25,123.	291,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA TITUS SENIOR VP - OPERATIONS/BUSINESSS	(i)	230,197.	0.	0.	6,821.	15,304.	252,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CRISTIN BARTTER-KAMPSNIDER VICE PRESIDENT - MARCOMMS	(i)	226,431.	0.	0.	6,198.	8,746.	241,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH HOLLIS VICE PRESIDENT - PHILANTHROPY	(i)	208,768.	0.	0.	6,331.	21,514.	236,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH DOLAN PHILANTHROPIC ADVISOR	(i)	196,669.	0.	0.	2,778.	17,918.	217,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GILBERT BOSWORTH VICE PRESIDENT - R.I.S.E. PROGRAM	(i)	161,811.	0.	0.	4,843.	25,123.	191,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT GEORGE VICE PRESIDENT - OUTREACH	(i)	154,350.	0.	0.	4,628.	25,123.	184,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HANNAH LUPPINO VICE PRESIDENT - PROGRAMS	(i)	157,391.	0.	0.	4,756.	15,304.	177,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAURA KRIEGER SR. DIRECTOR - PHILANTHROPIC STRATEG	(i)	155,787.	0.	0.	4,461.	16,234.	176,482.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTINA KREISEL SR. DIRECTOR - CORP/COMMUNITY RELATI	(i)	157,657.	0.	0.	2,364.	8,746.	168,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

DURING THE FISCAL YEAR, THE BOARD OF DIRECTORS APPROVED A ONE-TIME BONUS
PAYMENT TO THE EXECUTIVE DIRECTOR THAT WAS STRUCTURED TO COVER APPLICABLE
TAXES, RESULTING IN A GROSS PAYMENT AMOUNT OF \$50,000.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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	FAMILY MEMBER OF BO	193,562.	EMPLOYMENT		X
(2) CAMDEN FELDMAN	FAMILY MEMBER OF BO	93,561.	EMPLOYMENT		X
(3) SHUBERT DESIGN	ENTITY MORE THAN 35	90,699.	DESIGN SERV		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:

FAMILY MEMBER OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE

(A) NAME OF PERSON: CAMDEN FELDMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE

(A) NAME OF PERSON: SHUBERT DESIGN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY MORE THAN 35% OWNED BY BOARD TREASURER

(D) DESCRIPTION OF TRANSACTION: DESIGN SERVICES AND SALES OF

FURNITURE/FIXTURES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	X	83	3,582,986.	PUBLICLY TRADED EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	1,240,000.	FAIR MARKET VALUE
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	178	3,160,977.	COMPARABLE SALES
26 Other (EVENTS - SUPPLI)	X	7	388,803.	COMPARABLE SALES
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** 1

30a During the year, did the organization receive by contribution any property reported on 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?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2024

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, PART I, COLUMN (B):

THIS REFLECTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, PART I, LINE 32B:

THE GARY SINISE FOUNDATION UTILIZES CARS (CHARITABLE ADULT RIDE SERVICES) AS A PARTNER THAT PROVIDES A PORTION OF EACH AUTOMOBILE DONATION COMPLETED THROUGH THE FOUNDATION'S PERSONALIZED SITE. CARS ALSO ASSISTS WITH HOME DONATIONS, ALLOWING THE FOUNDATION TO AVOID TAKING PHYSICAL POSSESSION OF THE ASSET.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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

WE DO THIS BY OUR UNIQUE PROGRAMS THAT UPLIFT, ENTERTAIN, AND HELP THEM
IN THEIR GREATEST TIME OF NEED THROUGH BUILDING COMMUNITIES OF SUPPORT.

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

IN ADDITION, THROUGH THE GSF R.I.S.E. PROGRAM, THE FOUNDATION ASSISTED
WITH 43 ADAPTED VEHICLES, 37 MOBILITY DEVICES, AND 41 HOME
MODIFICATIONS FOR AMERICA'S INJURED, WOUNDED, ILL/AGING DEFENDERS.

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

THESE MEALS ARE A MESSAGE FROM GRATEFUL AMERICANS WHO APPRECIATE THEIR
SERVICE AND ARE A REMINDER THAT THEIR SACRIFICES ARE NOT FORGOTTEN.

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
REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT. DAN BAND
ENDED THE FISCAL YEAR PERFORMING 23 CONCERTS FOR ATTENDEES WORLDWIDE
WITH MORE THAN 48,350 PARTICIPANTS.

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 2024, THE PROGRAM ASSISTED
FIRST RESPONDER DEPARTMENTS THROUGHOUT THE U.S. WITH OVER 2,367 PIECES
OF EQUIPMENT, TOTALING \$5,530,524. FIRE DEPARTMENTS WERE ALSO ASSISTED
WITH FIRE CONFERENCE ATTENDANCE, AND SPECIALIZED TRAINING FOR VEHICLE
EXTRICATION, ROPE RESCUE AND MENTAL HEALTH SUPPORT.
EXPENSES \$ 9,675,843. INCL GRANTS OF \$ 5,308,746. REVENUE \$ 279,706.

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.

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 ORGANIZATION'S EXECUTIVE DIRECTOR, SENIOR VICE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

PRESIDENT OF OPERATIONS OR ACTING CFO, SECRETARY, AND 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, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

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

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

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

AUDITED FINANCIAL STATEMENTS MADE AVAILABLE ON GARYSINISEFOUNDATION.ORG.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">GARY SINISE FOUNDATION</p>	Employer identification number <p align="center">80-0587086</p>
--	--

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LT. DAN BAND LLC - 80-0697116 C/O GSF, 2555 MERIDIAN BLVD., STE. 300 FRANKLIN, TN 37067	MUSICAL ENTERTAINMENT PRIMARILY FOR MILITARY BASES	DELAWARE	0.	0.	GARY SINISE FOUNDATION
REAL PROPERTY HOLDCO, LLC - 99-4108921 C/O GSF, 2555 MERIDIAN BLVD., STE. 300 FRANKLIN, TN 37067	TANGIBLE ASSET HOLDING COMPANY	DELAWARE	1,240,000.	0.	GARY SINISE FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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)			

