

EXTENDED TO NOVEMBER 15, 2022

Form **990**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GARY SINISE FOUNDATION		D Employer identification number 80-0587086
	Doing business as		E Telephone number 615-575-3500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 40726		G Gross receipts \$ 65,484,473.
	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37204		
F Name and address of principal officer: DONNA PALMER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.GARYSINISEFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 2010 **M State of legal domicile:** DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AT THE GARY SINISE FOUNDATION, WE SERVE OUR NATION BY HONORING OUR DEFENDERS, VETERANS, FIRST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	48,441,737.	55,761,582.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,500.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	321,878.	2,222,164.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,701.	86,393.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,867,816.	58,070,139.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	13,082,874.	12,965,254.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,382,845.	4,806,268.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,010,428.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,599,163.	18,872,329.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,064,882.	36,643,851.
19 Revenue less expenses. Subtract line 18 from line 12	9,802,934.	21,426,288.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	61,399,972.	79,715,180.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,658,995.	1,022,420.
		59,740,977.	78,692,760.

Part II Signature Block

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

Sign Here	Signature of officer <i>Donna Palmer</i> 6965A4FF4FAA4D5...	Date 11/15/22			
	DONNA PALMER, INTERIM EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LIOR TEMKIN	Preparer's signature <i>Lior Temkin</i>	Date 11/15/22	Check if self-employed <input type="checkbox"/>	PTIN P00748170
	Firm's name ▶ SINGERLEWAK LLP	Firm's EIN ▶ 95-2302617	Phone no. (310) 477-3924		
Firm's address ▶ 10960 WILSHIRE BOULEVARD, 11TH FLOOR LOS ANGELES, CA 90024-3783					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 11,848,350. including grants of \$ 7,994,910.) (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 287 GRANTS TO THESE INDIVIDUALS IN THEIR TIME OF URGENT NEED. THE GARY SINISE FOUNDATION HOSTED 56 PARTICIPANTS FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VETERANS FROM THE VIETNAM AND KOREAN WARS. IN 2021 THE FOUNDATION HOSTED 2,850 FAMILIES OF FALLEN HEROES AT THE VIRTUAL ANNUAL SNOWBALL EVENT AND 4,236 ATTENDEES AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THE FAMILIES ALL YEAR LONG.

4b (Code:) (Expenses \$ 11,836,111. including grants of \$ 1,140,493.) (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 7 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES. BY THE END OF THE YEAR, THE FOUNDATION HAD COMPLETED 75 HOMES FOR OUR INJURED HEROES AND THEIR FAMILIES SINCE INCEPTION. IN ADDITION, THROUGH THE GSF R.I.S.E. PROGRAM, THE FOUNDATION ASSISTED WITH 7 ADAPTED VEHICLES, 16

4c (Code:) (Expenses \$ 3,402,650. including grants of \$ 1,629,650.) (Revenue \$) COMMUNITY OUTREACH AND EDUCATION PIVOTED IN 2021 TO BRING JOY & RELIEF TO SO MANY ACROSS THE COUNTRY. IN 2021, THE PROGRAM PROVIDED 289 CARE PACKAGES TO WWII VETERANS ACROSS THE COUNTRY. THE PROGRAM ALSO DOCUMENTED 48 ORAL HISTORY STORIES FROM WWII VETERANS AND BY SPONSORING A HISTORIAN FROM THE MUSEUM GSF HAS HELPED WITH THE PROJECT TO DEVELOP AN AI PROFILE FOR INTERVIEWS SO THAT GUESTS CAN ALMOST ASK ANY QUESTION THEY'D LIKE TO ASK AND GET A RESPONSE. 209,485 ACTIVE DUTY, VETERANS AND FIRST RESPONDERS WERE SERVED HEARTY, CLASSIC AMERICAN MEALS AS PART OF OUR SERVING HEROES PROGRAM. THESE MEALS ARE A MESSAGE FROM GRATEFUL AMERICANS WHO APPRECIATE THEIR SERVICE AND ARE A REMINDER THAT THEIR SACRIFICES ARE NOT FORGOTTEN. THE FOUNDATION HAS ENROLLED 31 AMBASSADORS TO REPRESENT ITS MISSION THROUGH SPEAKING ENGAGEMENTS AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,444,031. including grants of \$ 2,200,201.) (Revenue \$ 86,393.)

4e Total program service expenses 29,531,142.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 615-575-3500**
PO BOX 40726, NASHVILLE, TN 37204

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, 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) MOIRA SINISE DIRECTOR	10.00	X					0.	0.	0.	
(2) PASTOR VELASCO DIRECTOR	10.00	X					0.	0.	0.	
(3) BARBARA TITUS DIRECTOR	10.00	X					0.	0.	0.	
(4) GREGORY D GADSON DIRECTOR	10.00	X					0.	0.	0.	
(5) ROBERT PENCE DIRECTOR (FROM 03/2021)	10.00	X					0.	0.	0.	
(6) PATRICIA HOROHO DIRECTOR (FROM 03/2021)	10.00	X					0.	0.	0.	
(7) JIM SHUBERT DIRECTOR/TREASURER	10.00	X		X			0.	0.	0.	
(8) VINCENT BROOKS DIRECTOR/VICE CHAIR OF THE BOARD	10.00	X		X			0.	0.	0.	
(9) GARY SINISE CHAIR, PRESIDENT, DIRECTOR	20.00	X		X			0.	0.	0.	
(10) JOHN D HEUBUSCH DIRECTOR/SECRETARY	10.00	X		X			0.	0.	0.	
(11) ELIZABETH FIELDS CHIEF OPS. OFFICER (UNTIL 07/2021)	40.00			X			246,292.	0.	9,495.	
(12) MICHAEL R THIRTLE CEO (FROM 07/2021)	40.00			X			215,075.	0.	11,465.	
(13) ROBIN RAND CEO (UNTIL 07/2021)	40.00			X			155,729.	0.	558.	
(14) GARY STARR TREASURER (UNTIL 08/2021)	40.00			X			89,219.	0.	15,732.	
(15) DONNA E PALMER (FROM 09/2021) CHIEF PHILANTHROPY OFFICER	40.00			X			83,958.	0.	0.	
(16) ROBERT KILDUFF CFO (FROM 12/2021)	40.00			X			19,195.	0.	0.	
(17) JAMES RAVELLA VP OF PROGRAMS	40.00				X		166,717.	0.	15,335.	

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) CRISTIN K. BARTTER CHIEF OF STAFF / VP MARKETING	40.00					X		148,735.	0.	21,864.
(19) GILBERT M BOSWORTH DIR OF CHAIRMAN OPERATIONS	40.00					X		122,899.	0.	12,553.
(20) HANNAH LUPPINO DIRECTOR OF EVENTS	40.00					X		119,950.	0.	19,371.
(21) AKWETA BEREAL DIR OF EXTERNAL RELAT (UNTIL 08/2021)	40.00					X		111,491.	0.	10,408.
(22) JEANINE C CAVICCHIA DIR OF DEVELOPMENT (UNTIL 7/2021)	40.00					X		109,142.	0.	9,754.
1b Subtotal								1,588,402.	0.	126,535.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,588,402.	0.	126,535.

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 **9**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
SINGERLEWAK LLP, 10960 WILSHIRE BLVD 11TH FLOOR, LOS ANGELES, CA 90024	ACCOUNTING SERVICES	329,564.
SEYFARTH SHAW, LLP, 3807 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	LEGAL SERVICES	285,506.
EARTHBOUND DIGITAL 7111 WEST OVERLOOK COURT, MEQUON, WI 53092	IT CONSULTING	198,012.
CRAIG PETERSON, 3835 R E THOUSAND OAKS BLVD #132, WESTLAKE VILLAGE, CA 91362	BACKGROUND CHECK/INVESTIGATION	104,965.

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 **4**

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	90,364.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	55,671,218.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,303,394.				
	h Total. Add lines 1a-1f		55,761,582.				
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)		819,520.			819,520.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,760,397.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,357,753.				
	c Gain or (loss)	7c	1,402,644.				
d Net gain or (loss)		1,402,644.			1,402,644.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
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						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		142,974.				
b Less: cost of goods sold	10b	56,581.					
c Net income or (loss) from sales of inventory		86,393.	86,393.				
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			58,070,139.	86,393.	0.	2,222,164.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,209,116.	10,209,116.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,756,138.	2,756,138.		
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	1,028,771.	515,293.	326,990.	186,488.
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	3,127,868.	1,566,693.	994,178.	566,997.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,034.	22,056.	13,996.	7,982.
9 Other employee benefits	285,330.	142,917.	90,691.	51,722.
10 Payroll taxes	320,265.	160,415.	101,795.	58,055.
11 Fees for services (nonemployees):				
a Management				
b Legal	459,649.	89,693.	358,841.	11,115.
c Accounting	434,965.		434,965.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	105,994.		105,994.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,572,047.	3,619,242.	609,427.	343,378.
12 Advertising and promotion	312,890.	31,902.	280,488.	500.
13 Office expenses	772,556.	457,383.	169,673.	145,500.
14 Information technology	1,069,718.	360,916.	540,714.	168,088.
15 Royalties				
16 Occupancy	585,408.	311,382.	161,409.	112,617.
17 Travel	667,057.	297,051.	341,053.	28,953.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,472.	47,400.	3,072.	
20 Interest	39,013.	8,763.	21,916.	8,334.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	496,788.	264,092.	137,064.	95,632.
23 Insurance	72,268.	36,199.	22,969.	13,100.
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	6,821,607.	6,821,607.		
b FURNISHINGS	1,330,925.	1,330,925.		
c MERCHANDISE FEES	404,880.	51,533.	347,710.	5,637.
d EQUIPMENT RENTAL	217,005.	211,089.	5,002.	914.
e All other expenses	459,087.	219,337.	34,334.	205,416.
25 Total functional expenses. Add lines 1 through 24e	36,643,851.	29,531,142.	5,102,281.	2,010,428.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	10,615,719.	1	27,240,414.	
	2 Savings and temporary cash investments	23,087,637.	2	2,036,851.	
	3 Pledges and grants receivable, net	5,986,369.	3	4,641,382.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	220,904.	8	307,453.	
	9 Prepaid expenses and deferred charges	452,940.	9	357,064.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,689,163.			
	b Less: accumulated depreciation	10b 2,140,728.	1,981,289.	10c	1,548,435.
	11 Investments - publicly traded securities	19,007,859.	11	43,536,326.	
	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	47,255.	15	47,255.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	61,399,972.	16	79,715,180.		
Liabilities	17 Accounts payable and accrued expenses	1,476,748.	17	864,307.	
	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	182,247.	25	158,113.	
	26 Total liabilities. Add lines 17 through 25	1,658,995.	26	1,022,420.	
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	50,434,895.	27	72,796,633.	
	28 Net assets with donor restrictions	9,306,082.	28	5,896,127.	
	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	59,740,977.	32	78,692,760.	
33 Total liabilities and net assets/fund balances	61,399,972.	33	79,715,180.		

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	58,070,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,643,851.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,426,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,740,977.
5	Net unrealized gains (losses) on investments	5	321,101.
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	-2,795,606.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,692,760.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,224,655.	37,064,039.	41,933,996.	48,441,737.	55,761,582.	211,426,009.
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	28,224,655.	37,064,039.	41,933,996.	48,441,737.	55,761,582.	211,426,009.
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)						6,710,332.
6 Public support. Subtract line 5 from line 4.						204,715,677.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	28,224,655.	37,064,039.	41,933,996.	48,441,737.	55,761,582.	211,426,009.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	407,111.	550,651.	567,818.	556,455.	819,520.	2,901,555.
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.)	86,618.	9,000.		2,335.		97,953.
11 Total support. Add lines 7 through 10						214,425,517.
12 Gross receipts from related activities, etc. (see instructions)					12	1,856,630.
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 2021 (line 6, column (f), divided by line 11, column (f)).....	14	95.47 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.21 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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)

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

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,740,640.	13,185,130.	11,193,846.	11,722,978.	10,167,865.
b Contributions				2,326.	500,000.
c Net investment earnings, gains, and losses	2,043,566.	1,609,579.	2,045,993.	-484,731.	1,096,629.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	61,497.	54,069.	54,709.	46,727.	41,516.
g End of year balance	16,722,709.	14,740,640.	13,185,130.	11,193,846.	11,722,978.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		2,092,411.	1,216,404.	876,007.
c Leasehold improvements				
d Equipment		638,771.	409,183.	229,588.
e Other		863,341.	515,141.	348,200.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,548,435.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	158,113.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	158,113.

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	59,286,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	321,101.
b	Donated services and use of facilities	2b	944,358.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	56,581.
e	Add lines 2a through 2d	2e	1,322,040.
3	Subtract line 2e from line 1	3	57,964,145.
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	105,994.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	105,994.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	58,070,139.

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	37,538,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	944,358.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	56,581.
e	Add lines 2a through 2d	2e	1,000,939.
3	Subtract line 2e from line 1	3	36,537,857.
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	105,994.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	105,994.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	36,643,851.

Part XIII Supplemental Information.

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

PART V, LINE 4:

IN FEBRUARY 2016, THE FOUNDATION'S BOARD OF DIRECTORS ESTABLISHED A BOARD-DESIGNATED ENDOWMENT FUND IN THE AMOUNT OF \$10,000,000 IN ORDER TO PROVIDE THE FOUNDATION WITH A STEADY SOURCE OF OPERATING INCOME. EARNINGS FROM THE FUND ARE INTENDED TO BE USED TO FINANCIALLY SUPPORT THE FOUNDATION'S VARIOUS CHARITABLE PROGRAMS AND GENERAL OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT CHARITABLE NONSTOCK CORPORATION ORGANIZED UNDER THE LAWS OF DELAWARE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE PROVISIONS.

Part XIII Supplemental Information (continued)

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

THE ORGANIZATION'S FEDERAL INCOME TAX AND INFORMATIONAL RETURNS FOR TAX YEARS ENDING DECEMBER 31, 2018 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE RETURNS FOR CALIFORNIA, THE ORGANIZATION'S MOST SIGNIFICANT JURISDICTION, REMAIN SUBJECT TO EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD FOR TAX YEARS ENDING DECEMBER 31, 2017 AND SUBSEQUENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 56,581.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 56,581.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**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
THE AVALON FUND 33735 SNICKERSVILLE TURNPIKE PO BOX BLUEMONT, VA 20135	27-3228310	501(C)(3)	4,000,000.	0.			MENTAL WELLNESS INITIATIVE SUPPORT
FRIENDS OF FIREFIGHTERS 199 VAN BRUNT ST BROOKLYN, NY 11231	01-0611469	501(C)(3)	300,000.	0.			MENTAL HEALTH COUNSELING AND WELLNESS SERVICES
FIRE DEPARTMENT NY 1933 RYDER ST BROOKLYN, NY 11234	11-3154956	501(C)(3)	250,000.	0.			FIRST RESPONDER EQUIPMENT
NO GREATER SACRIFICE 1101 PENNSYLVANIA AVENUE NW STE 300 WASHINGTON, DC 20004	26-1572599	501(C)(3)	250,000.	0.			COLLEGE SCHOLARSHIPS
BEST DEFENSE FOUNDATION 249 HWY 101,SUITE 312 SOLANA BEACH, CA 92075	02-5125497	501(C)(3)	100,000.	0.			ORGANIZATION SUPPORT GRANT
EBBETS FIELD WALL REMEMBRANCE FOUNDATION - C/O MOGLEN 2 CLARIDGE DR APT 5AW - VERONA, NJ 07044	02-0589133	501(C)(3)	100,000.	0.			ORGANIZATION SUPPORT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 125.

3 Enter total number of other organizations listed in the line 1 table ▶ 14.

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

Schedule I (Form 990) 2021

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
PENTAGON MEMORIAL FUND 1 N ROTARY RD ARLINGTON, VA 22202	43-2018221	501(C)(3)	100,000.	0.			ORGANIZATION SUPPORT GRANT
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	100,000.	0.			WREATHS FOR VETERAN CEMETERY
PARRISH FIRE DEPARTMENT 12132 US HWY 301 N PARRISH, FL 34219	32-0320286	501(C)(3)	97,760.	0.			FIRST RESPONDER EQUIPMENT
PERSEVERANCE PRODUCTIONS 8055 WEST MANCHESTER AVE, STE 555 PLAYA DEL REY, CA 90293	83-1829458	N/A	90,000.	0.			SUPPORT FOR PRODUCTION OF EDUCATIONAL DOCUMENTARY FILM
VISION WARRIORS CORPORATION 305 SAINT ANDREWS CT BALLWIN, MO 63011	81-4839272	501(C)(3)	85,000.	0.			BUILD HOMES FOR VETERANS
KNIGHTS OF HEROES FOUNDATION 13395 VOYAGER PKWY, STE 130 COLORADO SPRINGS, CO 80921	26-0786719	501(C)(3)	75,000.	0.			ORGANIZATION SUPPORT GRANT
RIO AMBULANCE SERVICE 301 W RIO ST RIO, WI 53960	39-1706588	N/A	64,939.	0.			FIRST RESPONDER EQUIPMENT
BOULDER CREST RETREAT 33735 SNICKERSVILLE TURNPIKE BLUEMONT, VA 20135	27-3228310	501(C)(3)	52,500.	0.			WARRIOR PATHH PROGRAM FOR PTSD
ARCADIA FD (ARCADIA, KS) 706 S STATE LINE RD ARCADIA, KS 66711	84-4190626	501(C)(3)	49,541.	0.			FIRST RESPONDER EQUIPMENT

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
SANTUC VOLUNTEER FIRE DEPARTMENT 84 TINKER CREEK ROAD CARLISLE HWY UNION, SC 29379	57-0721119	501(C)(3)	49,493.	0.			FIRST RESPONDER EQUIPMENT
LANESBORO VOLUNTEER FIRE DEPARTMENT AND AID ASSOCIATION - 11897 CO. RD. 87 SE - ALEXANDRIA, MN 56308	41-1586769	501(C)(3)	48,987.	0.			FIRST RESPONDER EQUIPMENT
BACHELORS HALL VOLUNTEER FIRE & RESCUE - 1301 BERRY HILL RD - DANVILLE, VA 24541	80-0026671	501(C)(3)	48,767.	0.			FIRST RESPONDER EQUIPMENT
IRONDALE CITIZENS FIRE GROUP 203 SOUTH OAK ST IRONDALE, MO 63648	43-1806873	501(C)(3)	46,631.	0.			FIRST RESPONDER EQUIPMENT
SOUTH ORANGE RESCUE SQUAD PO BOX 128 CARRBORO, NC 27510	20-1083061	501(C)(3)	46,387.	0.			FIRST RESPONDER EQUIPMENT
SCIPPIO TWP VOLUNTEER FIRE DEPARTMENT - 1105 WEST 250 SOUTH - LAPORTE, IN 46350	35-1874793	501(C)(3)	45,720.	0.			FIRST RESPONDER EQUIPMENT
USO SAN DIEGO 303 A STREET SUITE 100 SAN DIEGO, CA 92101	13-1610451	501(C)(3)	42,116.	0.			MEALS FOR SERVING HEROES
DEVINE VOLUNTEER FIRE DEPARTMENT 202 E HERRING AVE DEVINE, TX 78016	74-2504790	501(C)(3)	41,226.	0.			FIRST RESPONDER EQUIPMENT
DUMONT VOLUNTEER AMBULANCE 108 BROOK ST DUMONT, NJ 07628	42-6004604	501(C)(3)	38,816.	0.			FIRST RESPONDER EQUIPMENT

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STONY CREEK FIRE & RESCUE 651 COUNTRY CLUB RD ROCKY MOUNT, NC 27804	56-0947311	501(C)(3)	38,236.	0.			FIRST RESPONDER EQUIPMENT
HOWARD COUNTY SHERIFF DEPARTMENT 100 N. MULBERRY ST FAYETTE, MO 65248	43-6001719	501(C)(3)	36,014.	0.			FIRST RESPONDER EQUIPMENT
SMITHLAND FIRE AND RESCUE 119 WILSON AVE SMITHLAND, KY 42081	61-6001913	501(C)(3)	36,000.	0.			FIRST RESPONDER EQUIPMENT
USO LAS VEGAS 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	35,400.	0.			MEALS FOR SERVING HEROES
MIMS VFD (MIMS, FL) 2476 TAYLOR ST MIMS, FL 32754	59-3132453	501(C)(3)	35,011.	0.			FIRST RESPONDER EQUIPMENT
LOS ANGELES FIRE DEPARTMENT FOUNDATION - 1700 STADIUM WAY, STE 100 - LOS ANGELES, CA 90012	27-2007326	501(C)(3)	35,000.	0.			FIRST RESPONDER EQUIPMENT
SABATTUS FIRE DEPARTMENT 72 MAIN ST SABATTUS, ME 04280	01-6000425	501(C)(3)	35,000.	0.			FIRST RESPONDER EQUIPMENT
ARROWHEAD RANCH ESTATE VOLUNTEER FIRE DEPARTMENT - 6701 FM 1954 - WICHITA FALLS, TX 76310	75-1716128	501(C)(3)	34,759.	0.			FIRST RESPONDER EQUIPMENT
FORT DRUM FAMILY AND MWR 10783 CHAPEL DR FORT DRUM, NY 13602	45-0526154	501(C)(3)	34,495.	0.			MEALS FOR SERVING HEROES

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BLUE ISLAND FIRE DEPARTMENT 2450 VERMONT ST BLUE ISLAND, IL 60406	36-6005798	501(C)(3)	34,495.	0.			FIRST RESPONDER EQUIPMENT
PORT HUENEME - NAVY LIFE SHOW DODSON ST, BLDG 1167 PORT HUENEME, CA 93041	95-1734665	501(C)(3)	34,300.	0.			MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
FEDS CREEK FIRE DEPARTMENT 100 ROWE CAMP RD FEDSCREEK, KY 41524	26-3648300	501(C)(3)	34,059.	0.			FIRST RESPONDER EQUIPMENT
CROSS PLAINS EMS P.O. BOX 722 CROSS PLAINS, TX 76443	75-6000504	N/A	33,441.	0.			FIRST RESPONDER EQUIPMENT
FOUR COMMUNITIES FIRE DEPARTMENT 4870 N HIGHWAY 1 COCOA, FL 32927	59-1802506	501(C)(3)	32,973.	0.			FIRST RESPONDER EQUIPMENT
KREMLIN VOLUNTEER FIRE DEPARTMENT 711 NINNEKAH ENID, OK 73701	73-1152839	501(C)(3)	32,750.	0.			FIRST RESPONDER EQUIPMENT
MCCLOUD VOLUNTEER FIRE DEPARTMENT P.O. BOX 401 MCCLOUD, CA 96057	94-1614312	501(C)(3)	32,129.	0.			FIRST RESPONDER EQUIPMENT
LONE STAR FLIGHT MUSEUM 11551 AEROSPACE AVENUE HOUSTON, TX 77034	76-0213778	501(C)(3)	30,000.	0.			ORGANIZATION SUPPORT GRANT
BRIDGEPORT FIRE EXPO FIRE TRAINING 290 AIRPORT RD STE #2 WINCHESTER, VA 22602	35-2277219	501(C)(3)	29,700.	0.			FIRST RESPONDER TRAINING

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INSTITUTE VFD (INSTITUTE, WV) P.O. BOX 192 INSTITUTE, WV 25112	55-0118860	501(C)(3)	29,303.	0.			FIRST RESPONDER EQUIPMENT
VINCENT FIRE CO NO 1 16 RACE ST VINCENTOWN, NJ 08088	22-2612851	501(C)(3)	29,264.	0.			FIRST RESPONDER EQUIPMENT
PEND OREILLE COUNTY FIRE DEPARTMENT - 406722 SR 20 - CUSICK, WA 99119	91-1526522	501(C)(3)	27,742.	0.			FIRST RESPONDER EQUIPMENT
MILFORD VOLUNTEER FIRE DEPARTMENT P.O. BOX 265 MILFORD, CA 96121	68-0455183	501(C)(3)	27,423.	0.			FIRST RESPONDER EQUIPMENT
SILVER LAKE VOLUNTEER FIRE DEPARTMENT - 5215 HORNES CHURCH RD - WILSON, NC 27896	56-1361294	501(C)(3)	26,616.	0.			FIRST RESPONDER EQUIPMENT
WADDINGTON FIRE DEPARTMENT 51 MAPLE ST WADDINGTON, NY 13694	16-1346721	501(C)(3)	26,091.	0.			FIRST RESPONDER EQUIPMENT
CITY HARMONY VFD (HARMONY, MN) 60 1ST ST NW HARMONY, MN 55939	41-6005218	N/A	25,974.	0.			FIRST RESPONDER EQUIPMENT
EAST PRIEST LAKE FIRE DEPARTMENT 48 E LAKE TROUT LANE COOLIN, ID 83821	85-2376418	501(C)(3)	25,008.	0.			FIRST RESPONDER EQUIPMENT
BADGES UNITED FOUNDATION 10700 HAYES AVENUE SILVERSPRING, MD 20902	83-1560732	501(C)(3)	25,000.	0.			ORGANIZATION SUPPORT GRANT

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FIRST RESPONDERS FOUNDATION 10605 BURT CIRCLE OMAHA, NE 68114	26-3499345	501(C)(3)	25,000.	0.			ORGANIZATION SUPPORT GRANT
THE DETECTIVE RAFAEL RAMOS FOUNDATION - P.O. BOX 863112 - RIDGEWOOD, NY 11386	47-5466069	501(C)(3)	25,000.	0.			SUPPORT THE PROGRAM
STEWART COUNTY FIRE DEPARTMENT P.O. BOX 420 DOVER, TN 37058	62-1738085	501(C)(3)	24,978.	0.			FIRST RESPONDER EQUIPMENT
TOMBSTONE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 752 - TOMBSTONE, AZ 85638	81-1055051	501(C)(3)	24,331.	0.			FIRST RESPONDER EQUIPMENT
PINK HILL VOLUNTEER FIRE DEPARTMENT - 300 S. FRONT ST - PINK HILL, NC 28572	56-1017935	501(C)(3)	23,574.	0.			FIRST RESPONDER EQUIPMENT
ALFALFA FIRE DISTRICT 25889 ALFALFA MARKET RD BEND, OR 97701	80-0907613	501(C)(3)	23,500.	0.			FIRST RESPONDER EQUIPMENT
FOREST VOLUNTEER FIRE DEPARTMENT 1159 COUNTY ROAD 30 ETHELVSVILLE, AL 35461	63-0879326	501(C)(3)	23,230.	0.			FIRST RESPONDER EQUIPMENT
BRYANT VOLUNTEER FIRE DEPARTMENT 105 S WILLIAMS ST BRYANT, SD 57221	46-6000073	501(C)(3)	22,115.	0.			FIRST RESPONDER EQUIPMENT
LA PORTE FIRE DEPARTMENT 125 SOUTH 3RD STREET LA PORTE, TX 77571	20-3951660	501(C)(3)	21,984.	0.			FIRST RESPONDER EQUIPMENT

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ERIN FIRE DEPARTMENT P.O. BOX 270 ERIN, TN 37061	62-0712715	501(C)(3)	21,857.	0.			FIRST RESPONDER EQUIPMENT
VILLAGE OF CALUMET VFD (CALUMET, MI) - 340 6TH ST - CALUMET, MI 49913	38-6007159	N/A	21,840.	0.			FIRST RESPONDER EQUIPMENT
SYCAMORE REACT VOLUNTEER FIRE DEPARTMENT - 10381 ELKHORN CREEK - ASHCAMP, KY 41512	61-1208028	501(C)(3)	21,377.	0.			FIRST RESPONDER EQUIPMENT
FRO CAJUN NAVY P.O. BOX 977 WATSON, LA 70786	82-2660713	501(C)(3)	21,244.	0.			FIRST RESPONDER EQUIPMENT
LOS ANGELES POLICE FOUNDATION 633 WEST 5TH ST, STE 960 LOS ANGELES, CA 90071	95-4700442	501(C)(3)	20,000.	0.			FIRST RESPONDER EQUIPMENT
WARRIORS HEART 756 PURPLE SAGE RD BANDERA, TX 78003	47-4655361	501(C)(3)	19,970.	0.			INPATIENT TREATMENT
MONTGOMERY VOLUNTEER FIRE DEPARTMENT - 125 W MCCALLUM ST - MONTGOMERY, MI 49255	38-1957431	501(C)(3)	19,928.	0.			FIRST RESPONDER EQUIPMENT
TROY FIRE DEPARTMENT 118 WEST HARPER ST TROY, TN 38260	62-0807043	501(C)(3)	19,857.	0.			FIRST RESPONDER EQUIPMENT
USO 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	19,802.	0.			MEALS FOR SERVING HEROES

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PARKER CITY POLICE DEPARTMENT 315 W JACKSON ST PARKER CITY, IN 47368	35-6001158	501(C)(3)	19,384.	0.			FIRST RESPONDER EQUIPMENT
CLEAR SPRINGS FD (HICKORY, KY) 3412 STATE ROUTE 301 HICKORY, KY 42051	61-1122933	501(C)(3)	18,820.	0.			FIRST RESPONDER EQUIPMENT
TN RIDGE FIRE DEPARTMENT 1435 NORTH MAIN ST TENNESSEE RIDGE, TN 37178	62-0808362	501(C)(3)	18,755.	0.			FIRST RESPONDER EQUIPMENT
EASTANOLLEE FIRE DEPARTMENT P.O. BOX 112 EASTANOLLEE, GA 30538	87-1230827	501(C)(3)	18,672.	0.			FIRST RESPONDER EQUIPMENT
GENEVA PD 411 E LINE ST GENEVA, IN 46740	35-6001043	501(C)(3)	17,531.	0.			FIRST RESPONDER EQUIPMENT
HERINGTON FIRE DEPARTMENT 700 S. BROADWAY ST HERINGTON, KS 67449	48-6018847	501(C)(3)	17,224.	0.			FIRST RESPONDER EQUIPMENT
USO FORT BLISS 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	16,250.	0.			MEALS FOR SERVING HEROES
U.S. ARMY FORT BRAGG 2658 REILLY ROAD FORT BRAGG, NC 28310	56-1602987	501(C)(3)	16,049.	0.			MEALS FOR SERVING HEROES
LONE STAR CONFERENCE CENTER PO BOX X FORT HOOD, TX 76544	74-2841106	501(C)(3)	16,000.	0.			MEALS FOR SERVING HEROES

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LINCOLN CO. SHERIFF 104 N SECOND ST STANFORD, KY 40484	61-6000968	501(C)(3)	15,728.	0.			FIRST RESPONDER EQUIPMENT
MATHISON FIRE DEPARTMENT 5881 LAGRANGE RD MATHISTON, MS 39752	64-0535025	501(C)(3)	15,610.	0.			FIRST RESPONDER EQUIPMENT
MIDDLETOWN VFC MD 401 FRANKLIN ST MIDDLETOWN, MD 21769	52-6072749	501(C)(3)	15,354.	0.			FIRST RESPONDER EQUIPMENT
READY CHEF GO - SERVING HEROES CHINO - 980 MANGROVE AVENUE - CHICO, CA 95926		N/A	15,336.	0.			MEALS FOR SERVING HEROES
AMERICAN VETERANS CENTER 1100 NORTH GLEBE RD, STE 910 ARLINGTON, VA 22201	51-0232804	501(C)(3)	15,000.	0.			MEMORIAL DAY PARADE SPONSORSHIP
GREATER TUCSON FIRE FOUNDATION 6374 E CALLE DE MIRAR TUCSON, AZ 95750	27-3155431	501(C)(3)	15,000.	0.			FIRST RESPONDER EQUIPMENT
NEWTOWN UNDERWATER SEARCH & RESCUE PO BOX 3203 NEWTOWN, CT 06470	06-1497126	501(C)(3)	14,986.	0.			FIRST RESPONDER EQUIPMENT
ORESTES POLICE DEPARTMENT 2 S. SUPERIOR ST ORESTES, IN 46063	35-1313391	501(C)(3)	14,941.	0.			FIRST RESPONDER EQUIPMENT
USO BAY AREA 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	14,500.	0.			MEALS FOR SERVING HEROES

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NEVA FIRE DEPARTMENT 3530 ROAN CREEK ROAD MOUNTAIN CITY, TN 37683	62-1268966	501(C)(3)	13,672.	0.			FIRST RESPONDER EQUIPMENT
FORT ELLIS FIRE SERVICES 3725 BOZEMAN TRAIL RD BOZEMAN, MT 59715	23-7089716	501(C)(3)	12,758.	0.			FIRST RESPONDER EQUIPMENT
WEST FARGO RURAL FIRE DEPARTMENT 106 1ST ST WEST FARGO, ND 58078	45-0362380	501(C)(3)	12,600.	0.			FIRST RESPONDER EQUIPMENT
NUTTER FORT VOLUNTEER FIRE DEPARTMENT - 1415 BUCKHANNON PIKE - NUTTER FORT, WV 26301	91-1910069	501(C)(3)	11,870.	0.			FIRST RESPONDER EQUIPMENT
CLOVERDALE FIRE DEPARTMENT 101 COUNTY ROAD 263 FLORENCE, AL 35633	23-7325619	501(C)(3)	11,602.	0.			FIRST RESPONDER EQUIPMENT
FORT DRUM MWR PROJECT 11042 MT. BELVEDERE BLVD. BLD P-178 FORT DRUM, NY 13602		N/A	11,100.	0.			MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
LA COUNTY FIRE DEPARTMENT FOUNDATION - 1320 N EASTERN AVE - LOS ANGELES, CA 90063	27-2007326	501(C)(3)	10,726.	0.			FIRST RESPONDER EQUIPMENT
WALTHALL FIRE DEPARTMENT 470 CARROLL ST WALTHALL, MS 39771	64-0787354	501(C)(3)	10,476.	0.			FIRST RESPONDER EQUIPMENT
PARK RIVER VOLUNTEER FIRE DEPARTMENT - P.O. BOX 297 - PARK RIVER, ND 58270	20-1629131	501(C)(3)	10,271.	0.			FIRST RESPONDER EQUIPMENT

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CAMP4HEROES P.O. BOX 400 FAIRMONT, NC 28340	81-1555077	501(C)(3)	10,000.	0.			ORGANIZATION SUPPORT GRANT
F7 GROUP FOUNDATION-AUSTIN AMERICAN LEGION - 1624 E ANDERSON LN - AUSTIN, TX 78752	27-3097877	501(C)(3)	10,000.	0.			MEALS FOR SERVING HEROES
F7 GROUP FOUNDATION-AUSTIN AMERICAN LEGION - 1624 E ANDERSON LN - AUSTIN, TX 78752	27-3097877	501(C)(3)	10,000.	0.			MEALS FOR SERVING HEROES
HOPE FOR THE WARRIORS 8003 FORBES PLACE, STE 201 SPRINGFIELD, VA 22151	20-5182295	501(C)(3)	10,000.	0.			ORGANIZATION SUPPORT GRANT
NATIONAL INFANTRY MUSEUM FOUNDATION - 1775 LEGACY WAY - COLUMBUS, GA 31903	58-2422819	501(C)(3)	10,000.	0.			ORGANIZATION SUPPORT GRANT
NORFOLK POLICE DEPARTMENT 2500 N. MILITARY HIGHWAY NORFOLK, VA 23502	54-1386901	501(C)(3)	10,000.	0.			FIRST RESPONDER EQUIPMENT
ROBERT IRVINE FOUNDATION, INC. 1227 NORTH FRANKLIN ST TAMPA, FL 33602	46-5420676	501(C)(3)	10,000.	0.			ORGANIZATION SUPPORT GRANT
LEONIA FIRE DEPARTMENT 1 BOROUGH PLACE LEONIA, NJ 07605	22-6002027	501(C)(3)	9,538.	0.			FIRST RESPONDER EQUIPMENT
WEST GARDINER FD (GARDINER, ME) 318 SPEARS CORNER ROAD WEST GARDINER, ME 04345	01-6000431	501(C)(3)	9,345.	0.			FIRST RESPONDER EQUIPMENT

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BOYS RANCH FIRE DEPARTMENT P.O. BOX 112 BOYS RANCH, TX 79010	75-0808768	501(C)(3)	9,056.	0.			FIRST RESPONDER EQUIPMENT
SALCHA RESCUE 7153 RICHARDSON HIGHWAY SALCHA, AK 99714	92-0092536	501(C)(3)	8,654.	0.			FIRST RESPONDER EQUIPMENT
UPPER GWYNEDD FIRE DEPARTMENT 660 GARFIELD AVENUE WEST POINT, PA 19486	23-2648040	501(C)(3)	8,640.	0.			FIRST RESPONDER EQUIPMENT
F7 GROUP FOUNDATION-AUSTIN AMERICAN LEGION - 1624 E ANDERSON LN - AUSTIN, TX 78752	27-3097877	501(C)(3)	8,525.	0.			MEALS FOR SERVING HEROES
EARL TWP FIRE DEPARTMENT 1340 IRONSTONE DR BOYERTOWN, PA 19512	23-6422844	501(C)(3)	8,492.	0.			FIRST RESPONDER EQUIPMENT
REMINGTON VOLUNTEER FIRE DEPARTMENT - 1638 STATE HWY 80 - BABCOCK, WI 54413	39-1139177	501(C)(3)	8,353.	0.			FIRST RESPONDER EQUIPMENT
MARMADUKE FIRE RESCUE 307 W. MILL ST MARMADUKE, AR 72443	71-0412172	501(C)(3)	8,318.	0.			FIRST RESPONDER EQUIPMENT
FORT MEADE MWR 4550 PARADE FIELD LANE FORT MEADE, MD 20755	52-1093605	501(C)(3)	8,209.	0.			MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
UNICOI VOLUNTEER FIRE DEPARTMENT 3907 UNICOI DRIVE UNICOI, TN 37692	62-1380669	501(C)(3)	7,825.	0.			FIRST RESPONDER EQUIPMENT

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MILLS FIRE DEPARTMENT 300 LAKEVIEW DRIVE MILLS, WY 82604	83-6000080	501(C)(3)	7,809.	0.			FIRST RESPONDER EQUIPMENT
WEBER CITY VOLUNTEER FIRE DEPARTMENT - 149 ROLAND ST - WEBER CITY, VA 24290	54-1150721	501(C)(3)	7,776.	0.			FIRST RESPONDER EQUIPMENT
GOURMET ISLAND BISTRO-CAMP PENDLETON, WOUNDED WARRIOR BATTALION - 20250 VANDEGRIFT BLVD - OCEANSIDE, CA 92058		N/A	7,577.	0.			MEALS FOR SERVING HEROES
MWR - SHAW AIR FORCE BASE CAROLINA SKIES CLUB - 487 MYERS ST - SHAW AFB, SC 29152		501(C)(3)	7,387.	0.			MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
KN FIRE DEPARTMENT 201 N STATE ST KNOB NOSTER, MO 65336	11-1605430	501(C)(3)	7,337.	0.			FIRST RESPONDER EQUIPMENT
ENDEAVOR MOUNDVILLE FIRE DEPARTMENT - P.O. BOX 47 - ENDEAVOR, WI 53930	39-1896987	501(C)(3)	7,166.	0.			FIRST RESPONDER EQUIPMENT
U.S. ARMY FORT BUCHANAN PUERTO RICO - 390 DOUBLE EAGLE AVE, STE 100 - FORT BUCHANAN, PR 00934	75-1232789	501(C)(3)	7,000.	0.			MEALS FOR TROOPS
ALMIRA TWP FIRE & RESCUE 7272 OLE WHITE DR LAKE ANN, MI 49650	38-1941173	501(C)(3)	6,995.	0.			FIRST RESPONDER EQUIPMENT
SCHOHARIE FIRE DEPARTMENT 114 FORT ROAD SCHOHARIE, NY 12157	90-0168538	501(C)(3)	6,675.	0.			FIRST RESPONDER EQUIPMENT

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
LANESVILLE PD 7346 MAIN STREET NE LANESVILLE, IN 47136	35-1283200	501(C)(3)	6,510.	0.			FIRST RESPONDER EQUIPMENT
DELTA SPORTS - MWR PROJECT 21700 OXNARD ST, STE 570 WOODLAND HILLS, CA 91367		N/A	6,461.	0.			MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
TEXAS ROADHOUSE-SERVING HEROES TUSCALOOSA - 1363 MCFARLAND BOULEVARD EAST - TUSCALOOSA, AL 35404	31-1500134	N/A	6,440.	0.			MEALS FOR SERVING HEROES
USO ARIZONA 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	6,400.	0.			MEALS FOR SERVING HEROES
SHORE GRILLE-LOS ANGELES VETERANS AFFAIRS - 11301 WILSHIRE BLVD - LOS ANGELES, CA 90073		N/A	6,000.	0.			MEALS FOR SERVING HEROES
ATHELSTANE FIRE DEPARTMENT W10073 COUNTY C ATHELSTANE, WI 54104	39-1030500	501(C)(3)	5,623.	0.			FIRST RESPONDER EQUIPMENT
BEEVILLE FIRE DEPARTMENT P.O. BOX 67 BEEVILLE, TX 78104	74-6000334	501(C)(3)	5,500.	0.			FIRST RESPONDER EQUIPMENT
USO EUROPE 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	5,411.	0.			MEALS FOR SERVING HEROES
NAF JBPHH PEARL HARBOR HAWAII 620 MAIN ST, BLDG 3456 HONOLULU, HI 96818	99-0074306	N/A	5,397.	0.			MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT

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
MONROVIA PD 140 E MAIN ST MONROVIA, IN 46157	35-1984789	501(C)(3)	5,332.	0.			FIRST RESPONDER EQUIPMENT
USO PACIFIC REGION 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	5,305.	0.			FIRST RESPONDER EQUIPMENT
USO OF CENTRAL & SOUTHERN OHIO 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	5,281.	0.			MEALS FOR SERVING HEROES
USO ALASKA 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	5,180.	0.			MEALS FOR SERVING HEROES
GORDON'S CONFERENCE & CATERING 19TH STREET, BILDG 18400 FORT GORDON, GA 30905	82-1604370	N/A	5,138.	0.			MEALS FOR SERVING HEROES
FAMOUS DAVES-SALUTE THE TROOPS EVENT SERVING HEROES - 12701 WHITEWATER DR, STE 200 - MINNETONKA, MN 55343		N/A	5,081.	0.			MEALS FOR SERVING HEROES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE TO VETERANS AND THEIR FAMILIES THROUGH OUR RELIEF AND RESILIENCY PROGRAM	272	1,693,210.	0.		
PURCHASED 7 ADAPTIVE VEHICLES	7	320,151.	0.		
PURCHASED 35 MOBILITY ASSISTANCE DEVICES	35	447,613.	0.		
HOME MODIFICATIONS FOR 19 VETERANS	19	295,164.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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) ELIZABETH FIELDS CHIEF OPS. OFFICER (UNTIL 07/2021)	(i)	246,292.	0.	0.	0.	9,495.	255,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL R THIRTLE CEO (FROM 07/2021)	(i)	215,075.	0.	0.	0.	11,465.	226,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBIN RAND CEO (UNTIL 07/2021)	(i)	155,729.	0.	0.	0.	558.	156,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES RAVELLA VP OF PROGRAMS	(i)	166,717.	0.	0.	0.	15,335.	182,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CRISTIN K. BARTTER CHIEF OF STAFF / VP MARKETING	(i)	148,735.	0.	0.	14,873.	6,991.	170,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 4A:

PER CONFIDENTIALITY AGREEMENTS SIGNED BY THE ORGANIZATION, SEVERANCE

PACKAGES PAID TO EMPLOYEES ARE NOT OPEN FOR PUBLIC INSPECTION.

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
ROBERT GEORGE	SON-IN-LAW OF BOARD	107,406.	COMPENSATIO		X
GAVIN TREESE	NEPHEW OF BOARD DIR	82,896.	COMPENSATIO		X
CAMDEN FELDMAN	SON-IN-LAW OF BOARD	27,576.	COMPENSATIO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: ROBERT GEORGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: GAVIN TREESE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NEPHEW OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: CAMDEN FELDMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock	X	106	1,155,009.	FMV
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (CONSTRUCTION)	X	44	1,330,925.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES STOCK BROKERS TO SELL SECURITIES UPON RECEIPT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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

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

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

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

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

MOBILITY DEVICES, AND 19 HOME MODIFICATIONS FOR AMERICA'S INJURED,
WOUNDED, ILL/AGING DEFENDERS.

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

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

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

WHETHER THE LT. DAN BAND IS BOOSTING MORALE ON MILITARY BASES AT HOME
AND ABROAD OR RAISING AWARENESS AT BENEFIT CONCERTS ACROSS THE COUNTRY,
THE BAND ENTERTAINS, EDUCATES, INSPIRES AND BUILDS COMMUNITIES WITH ITS
EXPLOSIVE LIVE SHOW EVERYWHERE IT GOES. THE MISSION OF EVERY CONCERT
REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT.DAN BAND ENDED

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

Schedule O (Form 990) 2021

132211 11-11-21

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

THE FISCAL YEAR PERFORMING 10 CONCERTS (1 LIVE, 1 RECORDED, 8 VIRTUAL SCREENINGS) FOR ATTENDEES WORLDWIDE.

EXPENSES \$ 2,444,031. INCLUDING GRANTS OF \$ 2,200,201. REVENUE \$ 86,393.

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 2021, THE PROGRAM ASSISTED 135 DEPARTMENTS WITH OVER 1,603 PIECES OF EQUIPMENT.

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

GARY SINISE AND MOIRA SINISE ARE MARRIED.

FORM 990, PART VI, SECTION A, LINE 4:

THE FOUNDATION'S BYLAWS WERE AMENDED ON MARCH 8, 2021 TO (I) ALLOW FOR THE EXPANSION OF THE SIZE OF THE BOARD OF DIRECTORS OF THE FOUNDATION FROM A MAXIMUM OF NINE (9) DIRECTORS TO A MAXIMUM OF ELEVEN (11) DIRECTORS, AND (II) PROVIDE THAT A QUORUM SHALL CONSIST OF AT LEAST A MAJORITY OF THE DIRECTORS THEN IN OFFICE.

THE FOUNDATION'S BYLAWS WERE FURTHER AMENDED AND RESTATED ON JULY 12, 2021 TO (I) CONSOLIDATE ALL PREVIOUS AMENDMENTS INTO A SINGLE DOCUMENT, (II) FORMALLY DEFINE CERTAIN SIGNIFICANT ORGANIZATIONAL ACTIONS WHICH REQUIRE THE WRITTEN CONSENT OF THE SOLE MEMBER, (III) ESTABLISH LIMITS ON THE NUMBER OF CONSECUTIVE TERMS DIRECTORS MAY SERVE, (IV) FORMALLY INCORPORATE PROVISIONS GOVERNING THE COMPOSITION, MEETINGS, ACTIONS, DUTIES, AND POWERS OF THE FOUNDATION'S EXECUTIVE COMMITTEE, AUDIT COMMITTEE, AND ADVISORY

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

GROUPS/COUNCILS, (V) ESTABLISH QUALIFICATIONS FOR CERTAIN OFFICERS OF THE FOUNDATION, (VI) FORMALLY ESTABLISH THE OFFICE OF THE VICE CHAIR OF THE BOARD, (VII) CLARIFY THE ROLES, RESPONSIBILITIES AND REPORTING OBLIGATIONS OF THE CHAIR, THE VICE CHAIR, THE CHIEF EXECUTIVE OFFICER, AND CHIEF OPERATING OFFICER OF THE FOUNDATION, AND (VIII) FORMALLY ESTABLISH PROVISIONS GOVERNING AMENDMENTS TO THE FOUNDATION'S CERTIFICATE OF INCORPORATION.

FORM 990, PART VI, SECTION A, LINE 5:

IN MARCH 2021, THE FOUNDATION DISCOVERED THAT IT HAD BEEN THE VICTIM OF WIRE FRAUD. FOLLOWING PROMPT NOTIFICATION TO LAW ENFORCEMENT AUTHORITIES AND AN EXTENSIVE REVIEW, IT WAS DETERMINED THAT THE DATA BREACH OCCURRED IN LATE DECEMBER 2020 BUT THE OUTLAY OF CASH, TOTALING \$1,151,380, WAS CRIMINALLY SEIZED IN THE FIRST QUARTER OF 2021. DUE TO THE BOARD'S IMMEDIATE AND COMPREHENSIVE RESPONSE TO THE SITUATION, A SUBSTANTIAL AMOUNT OF THE STOLEN FUNDS (NEARLY 31%) WAS RECOVERED DIRECTLY FROM THE BANKS INVOLVED WITH THE TRANSFERS. AS OF 11/14/2022, THE FOUNDATION HAS RECOVERED \$355,774 AND HAS DEEMED THE REMAINING AMOUNT TO BE UNRECOVERABLE AND RECOGNIZED A LOSS OF \$795,606 WHICH HAS BEEN INCLUDED AS AN NON-OPERATING ITEM IN THE FOUNDATION'S CONSOLIDATED STATEMENT OF ACTIVITIES. THE INVESTIGATION DID NOT UNCOVER ANY REASON TO BELIEVE THAT ANY OF THE FOUNDATION'S PERSONNEL OR SERVICE PROVIDERS WILLFULLY PARTICIPATED IN THE FRAUD.

SUBSEQUENT TO THE DISCOVERY, THE FOUNDATION HAS IMPLEMENTED ADDITIONAL INTERNAL CONTROL MEASURES TO PREVENT ANY FUTURE DATA BREACH ATTEMPTS, MOVED FUNDS TO A MORE SECURE FINANCIAL INSTITUTION AND ONBOARDED A NEW IT COMPANY AND A NEW ACCOUNTING SERVICE PROVIDER. SOME CHANGES IN MANAGEMENT,

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

INCLUDING THE DEPARTURE OF THE COO AND THE APPOINTMENT OF A CFO, HAVE ALSO OCCURRED IN LATE 2021. SUBSEQUENT TO YEAR END, THE FOUNDATION APPOINTED A NEW CONTROLLER IN FEBRUARY 2022.

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 FOLLOWING: (1) DONNA PALMER, INTERIM EXECUTIVE DIRECTOR (2) BARBARA TITUS, DIRECTOR/CHAIR OF AUDIT COMMITTEE (3) LEGAL COUNSEL. THE RETURN IS THEN PROVIDED TO THE REST OF THE BOARD PRIOR TO 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

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

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 CEO WAS REVIEWED AND APPROVED BY THE BOARD OF
 DIRECTORS.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH
 OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

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

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	3,619,242.
MANAGEMENT AND GENERAL EXPENSES	609,427.
FUNDRAISING EXPENSES	343,378.
TOTAL EXPENSES	4,572,047.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,572,047.

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

**SCHEDULE R
(Form 990)**

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

2021

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LT, DAN BAND LLC - 80-0697116 10960 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90024	MUSICAL ENTERTAINMENT PRIMARILY FOR MILITARY BASES.	DELAWARE	6,703.	27,753.	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) 2021

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
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)			

