

Form **990**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input 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	<b>C Name of organization</b> GARY SINISE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1901 AVENUE OF THE STARS 1050 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90067 <b>F Name and address of principal officer:</b> ELIZABETH FIELDS C/O 1901 AVE OF THE STARS, LOS ANGELES, CA	<b>D Employer identification number</b> 80-0587086  <b>E Telephone number</b> 310-226-7576  <b>G Gross receipts \$</b> 43,712,311. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ GARYSINISEFOUNDATION.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 2010		<b>M State of legal domicile:</b> DE

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO SERVE THE NATION BY HONORING ITS DEFENDERS, VETERANS, 1ST RESPONDERS, THEIR FAMILIES &amp; THOSE IN NEED</b> 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) ..... <b>3</b> <span style="float:right">6</span> 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right">6</span> 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <span style="float:right">49</span> 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right">0</span> 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right">0.</span> 7b Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <span style="float:right">0.</span>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>28,224,655.</b> <span style="float:right"><b>37,064,039.</b></span> 9 Program service revenue (Part VIII, line 2g) ..... <b>181,500.</b> <span style="float:right"><b>296,500.</b></span> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>365,109.</b> <span style="float:right"><b>456,537.</b></span> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>111,514.</b> <span style="float:right"><b>46,308.</b></span> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>28,882,778.</b> <span style="float:right"><b>37,863,384.</b></span>	Prior Year Current Year
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>1,497,163.</b> <span style="float:right"><b>2,366,366.</b></span> 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,747,973.</b> <span style="float:right"><b>2,745,682.</b></span> 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,130,329.</b> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>18,602,816.</b> <span style="float:right"><b>24,892,085.</b></span> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>21,847,952.</b> <span style="float:right"><b>30,004,133.</b></span> 19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>7,034,826.</b> <span style="float:right"><b>7,859,251.</b></span>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>37,276,887.</b> <span style="float:right"><b>46,688,519.</b></span> 21 Total liabilities (Part X, line 26) ..... <b>941,347.</b> <span style="float:right"><b>3,395,749.</b></span> 22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>36,335,540.</b> <span style="float:right"><b>43,292,770.</b></span>	Beginning of Current Year End of Year

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ANDREW OZUROVICH, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANDREW J. OZUROVICH</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00736945</b>
	Firm's name ▶ <b>THE OZUROVICH GROUP, INC.</b> Firm's address ▶ <b>1901 AVENUE OF THE STARS #1050 LOS ANGELES, CA 90067</b>	Firm's EIN ▶ <b>95-4502766</b> Phone no. (310) 226-7576

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: TO HONOR THE NATION'S DEFENDERS, VETERANS, FIRST RESPONDERS, THEIR FAMILIES, AND THOSE IN NEED. THE FOUNDATION PROVIDES AND SUPPORTS UNIQUE PROGRAMS DESIGNED TO ENTERTAIN, EDUCATE, INSPIRE, STRENGTHEN AND BUILD COMMUNITIES.

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 \$ 13,377,707. including grants of \$ 520,047.) (Revenue \$ ) R.I.S.E. (RESTORING INDEPENDENCE AND SUPPORTING EMPOWERMENT) IS BUILDING MORTGAGE FREE, SPECIALLY ADAPTED SMART HOMES FOR AMERICA'S MOST SEVERELY WOUNDED VETERANS ALL ACROSS THE NATION. SIMPLE TASKS - CLIMBING STAIRS, GETTING IN AND OUT OF THE BATHROOM - ARE DONE WITHOUT A SECOND THOUGHT BY MOST. BUT THIS IS REALITY FOR OUR WOUNDED. WITH THE FOUNDATION CONSTRUCTING THESE ONE-OF-A-KIND HOMES, EACH INJURED HERO, WITH THEIR CAREGIVER AND FAMILY ARE ABLE TO MOVE FORWARD WITH THEIR LIVES. DURING THE FISCAL YEAR, THE GARY SINISE FOUNDATION CONSTRUCTED 8 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES AND ENROLLED 11 NEW VETERANS. BY THE END OF THE YEAR THE FOUNDATION HAD COMPLETED 59 HOMES FOR OUR INJURED HEROES AND THEIR FAMILIES SINCE INCEPTION AND HAD 5 HOMES UNDERWAY. IN ADDITION, THROUGH R.I.S.E. THE FOUNDATION ASSISTED

4b (Code: ) (Expenses \$ 9,580,141. including grants of \$ 678,172.) (Revenue \$ ) RELIEF AND RESILIENCY OUTREACH SUPPORTS OUR NATION'S DEFENDERS, WOUNDED/ILL/INJURED VETERANS, THEIR LOVED ONES AND GOLD STAR FAMILIES AS THEY COPE WITH TRAUMA AND LOSS. THE FOUNDATION PROVIDED OVER 59 GRANTS TO THESE INDIVIDUALS IN THEIR TIME OF URGENT NEED. THE GARY SINISE FOUNDATION HOSTED 9 PARTICIPANTS FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VETERANS FROM THE VIETNAM AND KOREAN WARS. 3 INVINCIBLE SPIRIT FESTIVALS WERE HOSTED AT MILITARY MEDICAL CENTERS ACROSS THE COUNTRY WITH OVER 13,500 ATTENDEES CELEBRATING OUR WOUNDED HEROES WITH THEIR FAMILIES AND CAREGIVERS AND MILITARY MEDICAL STAFF. EACH EVENT INCLUDES A LIVE LT DAN BAND CONCERT, A FAIR-LIKE ATMOSPHERE FOR CHILDREN AND A DELICIOUS MEAL PREPARED BY A CELEBRITY CHEF. IN 2018 THE FOUNDATION HOSTED 2,444

4c (Code: ) (Expenses \$ 2,916,888. including grants of \$ 689,615.) (Revenue \$ 46,308.) COMMUNITY EDUCATION AND OUTREACH BROUGHT OVER 171 WWII VETERANS AND 171 GUARDIANS TO THE NATIONAL WWII MUSEUM IN NEW ORLEANS THROUGH THE SOARING VALOR PROGRAM. IN 2018, THE PROGRAM EXPANDED AND ALLOWED FOR AN EDUCATION EXPERIENCE BY INVITING 99 STUDENTS TO JOIN THE VETERANS ON SOARING VALOR TRIPS. THE PROGRAM ALSO DOCUMENTED 66 ORAL HISTORY STORIES FROM WWII VETERANS IN THE COMFORT OF THEIR OWN HOMES BY SPONSORING A HISTORIAN FROM THE MUSEUM. ARTS & ENTERTAINMENT OUTREACH WELCOMED 976 VETERANS TO A LIVE PERFORMANCE AND A CATERED DINNER AT LOCAL THEATERS IN CHICAGO AND LOS ANGELES FREE OF CHARGE. OVER 53,087 ACTIVE DUTY AND VETERANS WERE SERVED HEARTY, CLASSIC AMERICAN MEALS AT MAJOR TRAVEL HUBS AND MILITARY VENUES ALL ACROSS THE NATION THROUGH SERVING HEROES. THE FOUNDATION HAS ENROLLED 25 AMBASSADORS TO REPRESENT

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,128,752. including grants of \$ 478,532.) (Revenue \$ 296,500.)

4e Total program service expenses 27,003,488.

Part IV Checklist of Required Schedules

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> 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 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, 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 in 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
<b>1a</b>	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 in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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>7b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>16b</b>	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 in Schedule O)
- 19** Describe in 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 **ANDREW OZUROVICH - 310-226-7575**  
**1901 AVENUE OF THE STARS, SUITE 1050, LOS ANGELES, CA 90067**

**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) GARY SINISE CHAIR, PRESIDENT, DIRECTOR	20.00	X		X				0.	0.	0.
(2) MOIRA SINISE DIRECTOR	10.00	X						0.	0.	0.
(3) JIM PALMERSHEIM (UNTIL 12/12/18) DIRECTOR	10.00	X						0.	0.	0.
(4) JIM SHUBERT TREASURER AND DIRECTOR	10.00	X		X				0.	0.	0.
(5) ROBERT F PENCE (UNTIL 3/29/18) DIRECTOR	10.00	X						0.	0.	0.
(6) PASTOR VELASCO DIRECTOR	10.00	X						0.	0.	0.
(7) LINDA BAMMANN (AS OF 12/13/18) DIRECTOR	10.00	X						0.	0.	0.
(8) JOHN D HEUBUSCH (AS OF 12/13/18) DIRECTOR	10.00	X						0.	0.	0.
(9) ANDREW OZUROVICH SECRETARY AND CFO	10.00			X				0.	0.	0.
(10) JUDITH OTTER EXEC DIRECTOR AND COO	60.00			X				299,233.	0.	13,514.
(11) ROBIN RAND (STARTED 10/1/18) CHIEF EXECUTIVE OFFICER	40.00			X				54,451.	0.	0.
(12) TREVOR BALOUGH DIRECTOR OF OPERATIONS	40.00					X		111,080.	0.	6,104.
(13) FRANCIS KERN PROGRAM DIRECTOR	40.00					X		113,693.	0.	0.
(14) JODY SHORT DEVELOPMENT DIRECTOR	40.00					X		100,542.	0.	8,226.

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Sub-total</b>							678,999.	0.	27,844.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							678,999.	0.	27,844.	

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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
PARKING LOT PRODUCTIONS INC 1610 CRAVENS AVENUE, TORRANCE, CA 90501	VIDEOGRAPHER	287,000.
BRIAN WEBSTER (DELICIOUS SIMPLICITY), 12603 MOORPARK STREET, # 104, STUDIO CITY,	WEBSITE DESIGN AND MAINTENANCE	234,380.
THE OZUROVICH GROUP, INC, 1901 AVE OF THE STARS, STE 1050, LOS ANGELES, CA 90067	ACCOUNTING	198,000.
SEYFARTH SHAW LLP, 3807 COLLECTIONS CENTER DR, CHICAGO, IL 60693	LEGAL	191,100.
CHEMISTRY MULTIMEDIA LLC 5820 PEBBLE OAK DR, ST LOUIS, MO 63128	EVENT PLANNING	140,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	37,064,039.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		6,570,396.				
	<b>h Total.</b> Add lines 1a-1f .....		37,064,039.				
<b>Program Service Revenue</b>	<b>2 a</b> EVENTS .....	<b>Business Code</b> 900099	296,500.	296,500.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		296,500.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		550,651.			550,651.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		5,709,214.					
		<b>b</b> Less: cost or other basis and sales expenses .....		5,803,328.			
		<b>c</b> Gain or (loss) .....		-94,114.			
	<b>d</b> Net gain or (loss) .....			-94,114.		-94,114.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	82,907.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	45,599.				
	<b>c</b> Net income or (loss) from sales of inventory .....			37,308.	37,308.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....	900099	9,000.	9,000.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		9,000.				
<b>12 Total revenue.</b> See instructions .....		37,863,384.	342,808.	0.	456,537.		

**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	1,306,610.	1,306,610.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,059,756.	1,059,756.		
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	338,353.	152,259.	169,176.	16,918.
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	2,076,212.	1,289,781.	357,176.	429,255.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	147,138.	87,875.	32,074.	27,189.
10 Payroll taxes	183,979.	109,877.	40,106.	33,996.
11 Fees for services (non-employees):				
a Management				
b Legal	583,101.	440,526.	81,113.	61,462.
c Accounting	237,900.	10,500.	227,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,607,139.	3,302,825.	188,416.	115,898.
12 Advertising and promotion	174,228.	13,500.	160,728.	
13 Office expenses	801,584.	439,862.	207,800.	153,922.
14 Information technology	249,779.	101,748.	89,147.	58,884.
15 Royalties				
16 Occupancy	375,139.	276,587.	53,338.	45,214.
17 Travel	4,383,968.	4,261,284.	78,664.	44,020.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,020,992.	2,020,992.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	387,056.	231,150.	84,378.	71,528.
23 Insurance	61,960.	41,856.	10,881.	9,223.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION COSTS	10,656,415.	10,656,415.		
b EQUIPMENT RENTAL	780,341.	719,694.	4,044.	56,603.
c FURNISHINGS	335,000.	335,000.		
d TAXES AND LICENSES	122,271.	114,691.	7,130.	450.
e All other expenses	115,212.	30,700.	78,745.	5,767.
25 Total functional expenses. Add lines 1 through 24e	30,004,133.	27,003,488.	1,870,316.	1,130,329.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,876,105.	<b>1</b>	14,134,325.	
	<b>2</b> Savings and temporary cash investments .....	4,356,391.	<b>2</b>	8,026,661.	
	<b>3</b> Pledges and grants receivable, net .....	3,573,420.	<b>3</b>	5,862,311.	
	<b>4</b> Accounts receivable, net .....	1,516,846.	<b>4</b>	70,465.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	93,231.	<b>8</b>	138,829.	
	<b>9</b> Prepaid expenses and deferred charges .....	324,470.	<b>9</b>	842,352.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,383,187.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 704,324.			
	<b>11</b> Investments - publicly traded securities .....	1,690,796.	<b>10c</b>	1,678,863.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,125,307.	<b>11</b>	14,652,103.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	695,910.	<b>12</b>	1,242,537.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	24,411.	<b>14</b>	40,073.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	37,276,887.	<b>15</b>	46,688,519.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	503,345.	<b>17</b>	3,125,536.	
	<b>18</b> Grants payable .....	159,379.	<b>18</b>	15,000.	
	<b>19</b> Deferred revenue .....	9,250.	<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	269,373.	<b>25</b>	255,213.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	941,347.	<b>26</b>	3,395,749.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	27,494,828.	<b>27</b>	33,058,960.	
	<b>28</b> Temporarily restricted net assets .....	8,840,712.	<b>28</b>	10,233,810.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	36,335,540.	<b>33</b>	43,292,770.		
<b>34</b> Total liabilities and net assets/fund balances .....	37,276,887.	<b>34</b>	46,688,519.		

**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	37,863,384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,004,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,859,251.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,335,540.
5	Net unrealized gains (losses) on investments	5	-845,239.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-56,782.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,292,770.

**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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>GARY SINISE FOUNDATION</b>	Employer identification number <b>80-0587086</b>
-----------------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13702374.	14194032.	21374853.	28224655.	37064039.	114559953
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13702374.	14194032.	21374853.	28224655.	37064039.	114559953
<b>5</b> 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) .....						8326592.
<b>6 Public support.</b> Subtract line 5 from line 4.						106233361

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	13702374.	14194032.	21374853.	28224655.	37064039.	114559953
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	316.	713.	122,281.	407,111.	550,651.	1081072.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				86,618.	9,000.	95,618.
<b>11 Total support.</b> Add lines 7 through 10						115736643
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,992,541.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.79 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	90.81 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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 A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2018**

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
THE MARCUS FOUNDATION, INC	10,641,325.	8,326,592.
Total Excess Contributions to Schedule A, Part II, Line 5 .....	8,326,592.	

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**GARY SINISE FOUNDATION**

Employer identification number

**80-0587086**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>GARY SINISE FOUNDATION</b>	Employer identification number  <b>80-0587086</b>
-----------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>4,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,247,725.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,082,102.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>811,279.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GARY SINISE FOUNDATION</b>	Employer identification number  <b>80-0587086</b>
-----------------------------------------------------------	---------------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	CONSTRUCTION EQUIPMENT AND MATERIALS <hr/> <hr/> <hr/>	\$ 308,574.	08/10/18
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____



Name of organization  <b>GARY SINISE FOUNDATION</b>	Employer identification number  <b>80-0587086</b>
-----------------------------------------------------------	---------------------------------------------------------

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

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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 (e.g., 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? .....

Yes  No

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

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

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

Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
- 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	11,722,978.	10,167,865.			
b Contributions	2,326.	500,000.	10,000,000.		
c Net investment earnings, gains, and losses	-484,731.	1,096,629.	178,484.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	46,727.	41,516.	10,619.		
g End of year balance	11,193,846.	11,722,978.	10,167,865.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,420,769.	317,502.	1,103,267.
c Leasehold improvements				
d Equipment		473,489.	140,732.	332,757.
e Other		488,929.	246,090.	242,839.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,678,863.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	255,213.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	255,213.

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 FIN 48 (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	37,006,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-845,239.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	45,599.	
	e Add lines 2a through 2d	2e		-799,640.
3	Subtract line 2e from line 1		3	37,806,602.
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	56,782.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		56,782.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	37,863,384.

**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	30,049,732.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	45,599.	
	e Add lines 2a through 2d	2e		45,599.
3	Subtract line 2e from line 1		3	30,004,133.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	30,004,133.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD 45,599.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD 45,599.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN VETERANS CENTER 1100 NORTH GLEBE ROAD SUITE 910 ARLINGTON, VA 22201	51-0232804	501(C)(3)	15,000.	0.			SPONSORSHIP OF NATIONAL MEMORIAL DAY PARADE
FORT CAMPBELL KENTUCKY 6145 DESERT STORM AVE FORT CAMPBELL, KY 42223	13-1610451	FORT CAMPBELL KY	26,597.	0.			TO PROVIDE FOOD FOR MILITARY PERSONNEL AS PART OF THE FOUNDATION'S SERVING HEROES PROGRAM
FRIENDS OF FIREFIGHTERS 199 VAN BRUNT STREET BROOKLYN, NY 11231	01-0611469	501(C)(3)	25,633.	0.			ANNUAL SPONSORSHIP TO SUPPORT THE PROGRAMS OF THE ORGANIZATION
USO LAS VEGAS 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	45,799.	0.			TO PROVIDE MEALS TO MILITARY PERSONNEL AT LAS VEGAS AIRPORT AS PART OF SERVING HEROES PROGRAM
USO COUNCIL OF SAN DIEGO 303 A STREET SUITE 100 SAN DIEGO, CA 92101	95-1644030	501(C)(3)	46,762.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL IN SAN DIEGO AS PART OF SERVING HEROES PROGRAM
USO DALLAS FORT WORTH 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	32,000.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL IN DALLAS AS PART OF SERVING HEROES PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER PARTNERSHIP, INC. 523 WEST SIXTH STREET NO 616 LOS ANGELES, CA 90014	95-3976214	501(C)(3)	5,000.	0.			TO SUPPORT THE PROGRAMS OF THE ORGANIZATION
USO OF ILLINOIS, INC. 333 S WABASH AVENUE 16TH FLOOR CHICAGO, IL 60604	36-2349617	501(C)(3)	25,200.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL IN CHICAGO AS PART OF SERVING HEROES PROGRAM
GI FILM FESTIVAL 2776 S ARLINGTON MILL DR #810 ARLINGTON, VA 22206	20-5151171	501(C)(3)	30,000.	0.			SPONSORSHIP OF THE ORGANIZATION'S EVENTS DURING 2018
HOPE FOR THE WARRIORS 5101C WESTERN BLVD STE E PMB 48 JACKSONVILLE, NC 28546	20-5182295	501(C)(3)	10,000.	0.			SUPPORT OF THE ORGANIZATION'S PROGRAMS FOR VETERANS
STEPPEWOLF THEATRE COMPANY 1700 N HALSTED STREET CHICAGO, IL 60614	51-0149370	501(C)(3)	40,000.	0.			SPONSORSHIP OF VETERANS' NIGHT PREVIEW SERIES
THE NATIONAL WWII WAR MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	27-2262560	501(C)(3)	80,000.	0.			SPONSORSHIP OF HISTORIAN TO COLLECT ORAL HISTORIES
TRAVIS MILLS FOUNDATION 89 WATER STREET HALLOWELL, ME 04347	46-4239670	501(C)(3)	5,000.	0.			TO SUPPORT THE PROGRAMS OF THE ORGANIZATION THAT BENEFIT AND ASSIST WOUNDED AND INJURED
USO NASHVILLE 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	20-8861567	501(C)(3)	22,205.	0.			PROVIDED MEALS FOR TROOPS STATIONED IN NASHVILLE, TN AS PART OF SERVING HEROES PROGRAM
CAMP CASEY KOREA P.O. BOX 6111 TEXARKANA, TX 75505-6111	75-1744396	CAMP CASEY KOREA	30,011.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND THEIR FAMILIES AT CAMP CASEY IN SOUTH KOREA AS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES VETERANS ADMINISTRATION - 11301 WILSHIRE BLVD - LOS ANGELES, CA 90073	95-3626252	LA VETERANS ADMI	42,686.	0.			MEALS FOR THE VETERANS AT LOS ANGELES VETERANS ADMINISTRATION AS PART OF SERVING HEROES PROGRAM
CAMP4HEROES P.O. BOX 400 FAIRMONT, NC 28340	81-1555077	501(C)(3)	5,084.	0.			TO SUPPORT SUPER BOWL PARTY AT WALTER REED MEDICAL CENTER
CHAPMANVILLE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 1634 - CHAPMANVILLE, WV 25008	55-6010087	501(C)(3)	24,700.	0.			TO PURCHASE ADVANCE COATS AND PANTS
MACEDONIA RURAL VOLUNTEER FIRE DEPARTMENT - 2108 HWY 17A N - BONNEAU, SC 29431	57-0921249	501(C)(3)	12,401.	0.			FIRE FIGHTING EQUIPMENT
MVAT FOUNDATION 13636 VENTURA BLVD SUITE 218 SHERMAN OAKS, CA 91423	27-0222812	501(C)(3)	15,000.	0.			TO SUPPORT THE PROGRAM OF THE ORGANIZATION
NIAGARA ENGINE COMPANY NO 6 INC 114 FORT ROAD SCHOHARIE, NY 12157	90-0168538	501(C)(3)	8,495.	0.			TO PURCHASE TNT RESCUE SYSTEMS "STORM" BATTERY BRUTE FORCE COMBI TOOL
SPEEGLVILLE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 23586 - WACO, TX 76702	23-7115025	501(C)(3)	8,583.	0.			TO PURCHASE WILDLAND FIREFIGHTING CLOTHING PACKAGES
LOS ANGELES AIR FORCE BASE 483 N AVALON BLVD EL SEGUNDO, CA 90245	53-0228403	LOS ANGELES AFB	10,000.	0.			TO SUPPORT 2018 JINGLE MINGLE EVENT
OBION COUNTY, TN FIRE DEPARTMENT 304 S SUNSWEPT STREET UNION CITY, TN 38261	62-1229425	501(C)(3)	6,130.	0.			FIRE FIGHTING EQUIPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA NAVAL BASE 311 MAIN RD #355 NAS POINT MAGU, CA 93042	95-1734665	NAVAL BASE VENTU	22,440.	0.			TO PROVIDE MEALS TO MILITARY PERSONNEL AT POINT HUENEME NAVAL BASE AS PART OF THE SERVING
RUPERT VOLUNTEER FIRE DEPARTMENT P.O. BOX 54 RUPERT, WV 25984-0054	55-6024672	501(C)(3)	19,151.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
USO EL PASO 2408 CHAFFEE ROAD FORT BLISS, TX 79916	13-1610451	501(C)(3)	27,202.	0.			TO PROVIDE MEALS TO MILITARY PERSONNEL AT FORT BLISS AS PART OF SERVING HEROES PROGRAM
AIR WARRIOR COURAGE FOUNDATION 9200 THREE OAKS DRIVE SILVER SPRINGS, MD 20901	77-0490412	501(C)(3)	50,000.	0.			ASSISTANCE TO MILITARY FAMILIES AND PERSONNEL IMPACTED BY HURRICANE MICHAEL
ALBION FIRE AUXILIARY 210 FIRE STATION DR ALBION, IN 46701	35-2569845	501(C)(3)	7,724.	0.			TO PURCHASE 4-PLACE RAM AIR GEAR DRYER
BASKETT FIRE DEPARTMENT P.O. BOX 77 BASKETT, KY 42402	61-6037499	501(C)(4)	7,735.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
CADIZ-HARRISON TWP VOLUNTEER FIRE DEPARTMENT - 1430 N COUNTY ROAD 525 W - NEW CASTLE, IN 47362	62-0272845	501(C)(3)	28,356.	0.			TO PURCHASE TURN OUT GEAR
CENTER FOR TRANSITIONAL LEADERSHIP 1912 EDGEWOOD DRIVE LEAVENWORTH, KS 66048	46-3482026	501(C)(3)	10,000.	0.			TO SUPPORT THE PROGRAMS OF THE ORGANIZATION
COMBAT WOUNDED COALITION 1220 EXECUTIVE BLVD SUITE 109 CHESAPEAKE, VA 23320	27-0426467	501(C)(3)	12,000.	0.			OVERCOME ACADEMY SPONSORSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINDLEY LAKE VOLUNTEER FIREMAN'S ASSOCIATION - 10372 MAIN STREET - FINDLEY, NY 14736	16-1582617	501(C)(3)	46,370.	0.			TO PURCHASE BREATHING APPARATUS
FORT BUCHANAN COMMUNITY CLUB INC 390 DOUBLE EAGLE AVENUE SUITE 100 FORT BUCHANAN, PR 00934	75-1232789	FORT BUCHANAN PR	14,164.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES
GREATER TUCSON FIRE DEPARTMENT FOUNDATION - 6374 E CALLE DE MIRAR - TUCSON, AZ 85750	27-3155431	501(C)(3)	10,000.	0.			TO PROVIDE SUPPORT FOR THE ORGANIZATIONS PROGRAMS
HABITAT FOR HUMANITY FOR CLAY AND YANKTON COUNTIES - 218 CAPITAL STREET - YANKTON, SD 57078	46-0441510	501(C)(3)	23,418.	0.			ASSISTANCE TO HELP WITH CONSTRUCTION OF HOMES FOR VETERANS
HABITAT FOR HUMANITY OF JEFFERSON COUNTY, INC - P.O. BOX 3174 - BEAUMONT, TX 77704	74-2007535	501(C)(3)	16,550.	0.			ASSISTANCE TO HELP WITH CONSTRUCTION OF HOMES FOR VETERANS
HABITAT FOR HUMANITY OF MONTGOMERY AND DELAWARE COUNTIES - 533 FOUNDRY ROAD - NORRISTOWN, PA 19403	23-2544395	501(C)(3)	100,964.	0.			ASSISTANCE TO HELP WITH CONSTRUCTION OF HOMES FOR VETERANS
HINES VETERANS ADMINISTRATION 5000 5TH AVENUE HINES, IL 60141	02-0678631	501(C)(3)	17,407.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
HUBBARD FIRE DISTRICT P.O. BOX 378 HUBBARD, OR 97032	93-0850149	501(C)(3)	29,999.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
INEZ VOLUNTEER FIRE DEPARTMENT 380 E MAIN STREET INEZ, KY 41224	61-1291859	501(C)(3)	21,942.	0.			TO PURCHASE TURN OUT GEAR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON TWP FIRE DEPARTMENT 17600 ST RT 335 BEAVER , OH 45613	31-1099034	501(C)(3)	29,604.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
LAKE PALO PINTO VOLUNTEER FIRE DEPARTMENT - 7830 FM 2692 - GORDON, TX 76453	75-2584738	501(C)(4)	6,465.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
LOS ANGELES FIRE DEPT FOUNDATION 1875 CENTURY PARK EAST SUITE 200 LOS ANGELES, CA 90067	27-2007326	501(C)(3)	20,000.	0.			TO PURCHASE HYDRATION BACKPACKS FOR LA FIRE DEPARTMENT
PANTHER CREEK FIRE DEPT 6594 KYLES FORD HWY KYLES FORD, TN 37765	75-3772821	501(C)(3)	5,025.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
PATRICK RURAL FIRE DEPARTMENT P.O. BOX 336 PATRICK, SC 29584	57-0922566	501(C)(3)	16,540.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
SEVIER CO RESCUE SQUAD 1171 DOLLY PARTON PARKWAY SEVIERVILLE, TN 37862	62-1182845	501(C)(3)	16,467.	0.			TO PURCHASE RESCUE EQUIPMENT
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD SUITE 630 - ARLINGTON, VA 22201	92-0152268	501(C)(3)	7,900.	0.			TO PROVIDE SUPPORT FOR THE ORGANIZATIONS PROGRAMS
THREE RANGERS FOUNDATION P.O. BOX 713 SHERIDAN , OR 97378	47-2067593	501(C)(3)	5,000.	0.			TO PROVIDE GENERAL SUPPORT FOR THE ORGANIZATION'S PROGRAMS
THURSTON VOLUNTEER FIRE DEPARTMENT 4188 CREST HWY THURSTON, GA 30286	58-2000119	501(C)(3)	20,895.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USAG-DAEGU KOREA 380-4 ICHEON-DONG NAM-GU, SOUTH KOREA	95-3771963	USAG DAEGU	8,307.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
USO ALASKA 7076 CHENNAULT AVE JBER, AK 99506	13-1610451	501(C)(3)	16,260.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
USO ARIZONA 3800 E SKY HARBOR BLVD PHOENIX, AZ 85034	13-1610451	501(C)(3)	31,700.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
USO BAY AREA BUILDING 1348 694 A STREET TRAVIS AFB, CA 94535	13-1610451	501(C)(3)	12,126.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
WESTFIELD FIRE DEPARTMENT 653 EAST STREET MIDDLETOWN, CT 06457	06-6099820	501(C)(3)	22,124.	0.			PAID FOR REPAIRS TO BRUSH TRUCK
WRIGHT-PATTERSON USO 2221 BIRCH STREET WPAFB, OH 45433	13-1610451	501(C)(3)	10,769.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES

**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 28 VETERANS THROUGH OUR RELIEF AND RESILIENCY PROGRAM.	28	384,497.	0.		
PURCHASED 7 ADAPTIVE VEHICLES	7	334,667.	0.		
PURCHASED 3 MOBILITY ASSISTANCE DEVICES AND TIRES FOR ONE MOBILITY DEVICE	4	44,448.	0.		
DIRECT CASH ASSISTANCE TO VETERANS, FIRST RESPONDERS, FAMILIES OF THE FALLEN	450	249,477.	0.		
LA MARATHON REGISTRATION FEES FOR 15 INDIVIDUALS THAT INCLUDES FOUNDATION STAFF, VETERANS AND THEIR FAMILIES	15	3,253.	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. MANY TIMES, MOU'S ARE ISSUED BETWEEN THE FOUNDATION AND THE GRANT RECIPIENT.

**PART II, LINE 1, COLUMN (H):**

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDED REHAB AND THERAPY FOR 12 VETERANS AND 1 FIRST RESPONDER	13.	39,700.	0.		
TRIPS TO DISNEY WORLD AND DISNEYLAND WERE PROVIDED TO 1 VETERAN AND THEIR FAMILY AS PART OF THE RELIEF AND RESILIENCY PROGRAM	1.	3,000.	0.		

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TRAVIS MILLS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROGRAMS OF THE ORGANIZATION THAT BENEFIT AND ASSIST WOUNDED AND INJURED VETERANS AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: CAMP CASEY KOREA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MEALS FOR MILITARY PERSONNEL AND THEIR FAMILIES AT CAMP CASEY IN SOUTH KOREA AS PART OF THE SERVING HEROES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA NAVAL BASE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MEALS TO MILITARY PERSONNEL AT POINT HUENEME NAVAL BASE AS PART OF THE SERVING HEROES PROGRAM

Multiple horizontal lines for additional supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

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 filing 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 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) JUDITH OTTER EXEC DIRECTOR AND COO	(i)	284,233.	15,000.	0.	0.	13,514.	312,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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](http://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	X	31	562,916.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
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	69	949,553.	FMV PROVIDED BY DONO
26 Other ▶ ( FURNISHINGS )	X	1	335,000.	FMV PROVIDED BY DONO
27 Other ▶ ( TUITION )	X	1	9,750.	FMV PROVIDED BY DONO
28 Other ▶ ( FOOD )	X	2	2,285.	FMV PROVIDED BY DONO

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	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) 2018

**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.

**PART I, OTHER TYPES OF PROPERTY:**

TICKETS TO STUDIO TOUR

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2040.

(D) METHOD OF DETERMINING REVENUE: FMV PROVIDED BY DONOR

PROGRAM EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 253.

(D) METHOD OF DETERMINING REVENUE: FMV PROVIDED BY DONOR

SCHEDULE M, LINE 32B:

THE FOUNDATION

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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

WITH 7 ADAPTED VEHICLES, 3 MOBILITY DEVICES, AND 6 HOME MODIFICATIONS  
FOR AMERICA'S INJURED, WOUNDED AND ILL/AGING DEFENDERS.

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

GOLD STAR FAMILY MEMBERS AT THE ANNUAL AND LOCAL COMMUNITY EVENTS FOR  
SNOWBALL EXPRESS.

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

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

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

WHETHER THE LT. DAN BAND IS BOOSTING MORALE ON MILITARY BASES AT HOME  
AND ABROAD OR RAISING AWARENESS AT BENEFIT CONCERTS ACROSS THE COUNTRY,  
THE BAND ENTERTAINS, EDUCATES, INSPIRES AND BUILDS COMMUNITIES WITH ITS  
EXPLOSIVE LIVE SHOW EVERYWHERE IT GOES. THE MISSION OF EVERY CONCERT  
REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT.DAN BAND ENDED  
THE FISCAL YEAR PERFORMING 23 CONCERTS FOR OVER 38,700 ATTENDEES  
WORLDWIDE.

EXPENSES \$ 412,768. INCLUDING GRANTS OF \$ 0. REVENUE \$ 296,500.

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

FIRST RESPONDERS OUTREACH RECOGNIZED AND SUPPORTS AMERICA 'S  
 FIREFIGHTERS, POLICE AND EMTS NATIONWIDE. THESE MEN AND WOMEN ARE  
 INDISPENSABLE TO MAINTAINING THE SAFETY OF OUR COMMUNITIES. GRANTS  
 ASSISTED FIRST RESPONDERS WITH URGENT NEEDS FROM PROTECTIVE GEAR TO  
 SAFETY EQUIPMENT. IN 2018, THE PROGRAM ASSISTED WITH 341 SETS OF  
 PERSONAL PROTECTIVE GEAR AND 350 PIECES OF EQUIPMENT.  
 EXPENSES \$ 715,984. INCLUDING GRANTS OF \$ 478,532. REVENUE \$ 0.

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 OCTOBER 17 2018 TO (I) ESTABLISH  
 THE OFFICE OF THE CHIEF EXECUTIVE OFFICER, SEPARATE FROM THE PRESIDENT,  
 (II) FORMALLY ESTABLISH THE OFFICE OF THE EXECUTIVE DIRECTOR AND CHIEF  
 OPERATING OFFICER, AND (III) CLARIFY THE ROLES, RESPONSIBILITIES AND  
 REPORTING OBLIGATIONS OF THE PRESIDENT, THE CHIEF EXECUTIVE OFFICER, AND  
 THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER OF THE FOUNDATION.

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.

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

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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) ANDREW OZUROVICH, CPA, SECRETARY AND CHIEF FINANCIAL OFFICER, (2) ELIZABETH FIELDS, CHIEF OPERATING OFFICER, AND (3) THE FOUNDATION'S LEGAL COUNSEL AT THE LAW FIRM OF SEYFARTH SHAW LLP.

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

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS MADE AVAILABLE ON GARYSINISEFOUNDATION.ORG AND



Name of the organization <b>GARY SINISE FOUNDATION</b>	Employer identification number <b>80-0587086</b>
-----------------------------------------------------------	-----------------------------------------------------

GUIDESTAR.ORG

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

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	3,282,325.
MANAGEMENT AND GENERAL EXPENSES	188,416.
FUNDRAISING EXPENSES	115,898.
TOTAL EXPENSES	3,586,639.

COMMISSIONS:

PROGRAM SERVICE EXPENSES	20,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,500.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,607,139.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**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 1901 AVE OF THE STARS, STE 1050 LOS ANGELES, CA 90067	MUSICAL ENTERTAINMENT PRIMARILY FOR USO AND OTHER MILITARY AND VETERANS ORG.	DELAWARE	296,500.	312,510.	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) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FRIENDO, INC - 95-4101472 1901 AVE OF THE STARS #1050 LOS ANGELES, CA 90067	ACTOR/MOTION PICTURES AND TV	CA	N/A	C CORP					X

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
11	2 TON HVAC UNIT	12/31/13	SL	10.00		16	21,549.				21,549.	7,902.		2,155.	10,057.
32	OFFICE CABLING	05/01/14	SL	10.00		16	12,474.				12,474.	4,573.		1,247.	5,820.
33	OFFICE DESIGN	05/01/14	SL	10.00		16	2,716.				2,716.	997.		272.	1,269.
34	SECURITY SYSTEM	05/01/14	SL	10.00		16	6,955.				6,955.	2,552.		696.	3,248.
35	PRIVACY SHADES	05/20/14	SL	10.00		16	3,825.				3,825.	1,372.		383.	1,755.
38	LEASEHOLD IMPROVEMENTS	05/01/14	SL	10.00		16	2,765.				2,765.	1,015.		277.	1,292.
57	VOICE AND DATA CABLING	10/23/15	SL	5.00		16	10,845.				10,845.	4,700.		2,169.	6,869.
107	EXHIBIT SPACE BUILDOUT	12/13/17	SL	5.00		16	1,330,148.				1,330,148.	19,112.		266,030.	285,142.
146	WIRING AND CABLING-SUITE 560 EXPANSION	05/10/18	SL	10.00		16	15,456.				15,456.			1,030.	1,030.
148	GLASS DONOR PANEL	09/05/18	SL	10.00		16	2,381.				2,381.			79.	79.
149	560 EXPANSION-POWER AND DATA FEEDS	02/01/18	SL	10.00		16	6,561.				6,561.			601.	601.
150	CONFERENCE ROOM BUILDOUT (RISE OFFICES)	04/27/18	SL	10.00		16	5,094.				5,094.			340.	340.
	* 990 PAGE 10 TOTAL BUILDINGS						1,420,769.				1,420,769.	42,223.		275,279.	317,502.
	FURNITURE & FIXTURES														
8	KNOLL OFFICE FURNITURE	12/31/12	SL	7.00		16	4,634.				4,634.	3,310.		662.	3,972.
22	OFFICE FURNITURE	05/01/14	SL	7.00		16	61,950.				61,950.	32,450.		8,850.	41,300.
23	3 CUSTOM TABLES	05/01/14	SL	7.00		16	7,840.				7,840.	4,107.		1,120.	5,227.

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25	OFFICE FURNITURE	07/24/14	SL	7.00		16	1,589.				1,589.	776.		227.	1,003.
26	BOOKCASE	08/19/14	SL	7.00		16	382.				382.	183.		55.	238.
27	20 TASK CHAIRS	07/24/14	SL	7.00		16	10,269.				10,269.	5,012.		1,467.	6,479.
28	ROUND CONFERENCE TABLE	08/19/14	SL	7.00		16	2,224.				2,224.	1,060.		318.	1,378.
29	GLASS TOP FOR CONFERENCE ROOM TABLE	08/14/14	SL	7.00		16	943.				943.	461.		135.	596.
30	SHELVING	07/02/14	SL	7.00		16	2,493.				2,493.	1,246.		356.	1,602.
48	STORAGE UNIT SHELVING	03/30/15	SL	7.00		16	5,378.				5,378.	2,112.		768.	2,880.
49	TALBERT ARM CHAIR	09/10/15	SL	7.00		16	3,582.				3,582.	1,195.		512.	1,707.
50	FURNITURE	07/27/15	SL	7.00		16	23,738.				23,738.	8,195.		3,391.	11,586.
51	FURNITURE	07/27/15	SL	7.00		16	42,301.				42,301.	14,604.		6,043.	20,647.
52	ARCHIVE SHELVING AND FURNITURE	09/10/15	SL	7.00		16	15,708.				15,708.	5,236.		2,244.	7,480.
53	20X30 LOGO BANNER	08/19/15	SL	7.00		16	3,600.				3,600.	1,199.		514.	1,713.
54	DESKTOP	12/09/15	SL	7.00		16	729.				729.	217.		104.	321.
55	FURNITURE	07/01/15	SL	7.00		16	5,312.				5,312.	1,897.		759.	2,656.
56	MAIL SLOTS AND TACKBOARDS	07/01/15	SL	7.00		16	1,511.				1,511.	540.		216.	756.
73	OPEN RETURN FOR DESK	08/23/16	SL	7.00		16	601.				601.	115.		86.	201.
74	CABINET WITH HINGED DOORS	08/23/16	SL	7.00		16	2,603.				2,603.	496.		372.	868.
97	KITCHEN EQUIPMENT	11/28/17	SL	5.00		16	2,216.				2,216.	37.		443.	480.



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98	DINNERWARE AND SERVING EQUIPMENT	12/01/17	SL	5.00		16	4,700.				4,700.	78.		940.	1,018.
99	PODIUM	11/07/17	SL	5.00		16	814.				814.	27.		163.	190.
100	TABLE AND CHAIRS FOR CEO	12/01/17	SL	7.00		16	1,537.				1,537.	18.		220.	238.
101	3 DESKS (MISSOURI)	03/27/17	SL	7.00		16	4,470.				4,470.	479.		639.	1,118.
102	CONFERENCE ROOM TABLE AND CHAIRS (MISSOURI)	04/28/17	SL	7.00		16	1,330.				1,330.	127.		190.	317.
103	OFS OFFICE FURNITURE-CEO	12/05/17	SL	7.00		16	24,915.				24,915.	297.		3,559.	3,856.
104	THOMASVILLE OCCASSIONAL TABLES-CEO	12/05/17	SL	7.00		16	2,100.				2,100.	25.		300.	325.
105	MANOR HOUSE COCKTAIL TABLES-CEO	12/05/17	SL	7.00		16	1,150.				1,150.	14.		164.	178.
106	HANCOCK AND MOORE SEATING-CEO	12/05/17	SL	7.00		16	36,893.				36,893.	439.		5,270.	5,709.
135	2 VERIDESK ADJUSTABLE STANDING DESKS	04/10/18	SL	7.00		16	865.				865.			93.	93.
137	TELEVISIONS (SNOWBALL EXPRESS)	12/03/18	SL	7.00		16	2,130.				2,130.			25.	25.
138	CONFERENCE ROOM TABLE (DEVELOPMENT)	03/26/18	SL	7.00		16	12,782.				12,782.			1,370.	1,370.
141	DESK (RISE)	04/27/18	SL	7.00		16	1,532.				1,532.			146.	146.
142	WORKSTATION (ADD-ON OFFICE)	07/31/18	SL	7.00		16	1,679.				1,679.			100.	100.
143	FURNITURE (EXPANSION)	05/31/18	SL	7.00		16	75,326.				75,326.			6,277.	6,277.
144	ARCHIVE ROOM SHELVING	06/14/18	SL	7.00		16	1,902.				1,902.			159.	159.
151	8 ALLWORX PHONES	05/10/18	SL	5.00		16	2,869.				2,869.			383.	383.
153	LOGO AND INSTALLATION (SUITE 560)	05/02/18	SL	7.00		16	922.				922.			88.	88.

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	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						377,519.				377,519.	85,952.		48,728.	134,680.
	MACHINERY & EQUIPMENT														
3	OFFICE FURNITURE	08/05/11	SL	7.00		16	4,488.				4,488.	4,113.		375.	4,488.
12	LOBBY TV EQUIPMENT & MULTIMEDIA LAPTOP SYSTEM	05/01/14	SL	5.00		16	5,250.				5,250.	3,850.		1,050.	4,900.
13	HIGH CAPACITY FILE/EMAIL SERVER	05/01/14	SL	5.00		16	14,071.				14,071.	10,318.		2,814.	13,132.
14	PHONE/NETWORK HIGH CAPACITY SWITCHES/POWER PROTECTION AN	05/01/14	SL	5.00		16	3,133.				3,133.	2,299.		627.	2,926.
15	DELL WORKSTATION BUNDLE	09/15/14	SL	5.00		16	2,037.				2,037.	1,357.		407.	1,764.
16	DELL WORKSTATION BUNDLE	09/15/14	SL	5.00		16	2,037.				2,037.	1,357.		407.	1,764.
17	9 TELEPHONE HANDSETS	09/15/14	SL	5.00		16	2,737.				2,737.	1,823.		547.	2,370.
18	DELL WORKSTATION BUNDLE	09/15/14	SL	5.00		16	2,196.				2,196.	1,463.		439.	1,902.
19	DELL WORKSTATION BUNDLE	09/15/14	SL	5.00		16	2,196.				2,196.	1,463.		439.	1,902.
20	DELL LATITUDE E7440 LAPTOP	09/15/14	SL	5.00		16	2,276.				2,276.	1,517.		455.	1,972.
21	MACBOOK PRO	09/15/14	SL	5.00		16	1,841.				1,841.	1,227.		368.	1,595.
24	PHONE SYSTEM UPGRADE	05/01/14	SL	7.00		16	13,998.				13,998.	7,333.		2,000.	9,333.
36	CONFERENCE ROOM AV EQUIPMENT	05/01/14	SL	5.00		16	1,722.				1,722.	1,262.		344.	1,606.
37	OPTIPLEX DESKTOP COMPUTER	05/01/14	SL	5.00		16	1,739.				1,739.	1,276.		348.	1,624.
39	3 STAGE MONITORS	10/18/15	SL	5.00		16	2,728.				2,728.	1,183.		546.	1,729.
40	48 PORT GIGABYTE DATA NETWORK SWITCH	10/23/15	SL	5.00		16	859.				859.	373.		172.	545.

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41	2 9224 BUTTON PHONES	10/23/15	SL	5.00		16	717.				717.	310.		143.	453.
42	EMAIL SYSTEM EXCHANGE SERVER 2013	10/30/15	SL	5.00		16	9,044.				9,044.	3,919.		1,809.	5,728.
43	DELL OPTIPLEX 9020 MINI TOWER	10/30/15	SL	3.00		16	1,620.				1,620.	1,170.		450.	1,620.
44	HP COLOR LASERJET M651CN NETWORK PRINTER	10/30/15	SL	3.00		16	1,668.				1,668.	1,205.		463.	1,668.
45	AEROHIVE WIFI EQUIPMENT UPGRADE	10/30/15	SL	3.00		16	1,087.				1,087.	784.		303.	1,087.
46	DELL OPTIPLEX 9020 MINI TOWER	10/30/15	SL	3.00		16	2,446.				2,446.	1,766.		680.	2,446.
47	DELL OPTIPLEX 9020 MINI TOWER	10/30/15	SL	3.00		16	2,447.				2,447.	1,768.		679.	2,447.
58	DELL OPTIPLEX 9020 WORKSTATION WITH MONTIROS	06/11/16	SL	5.00		16	2,317.				2,317.	733.		463.	1,196.
59	27" IMAC WITH RETINA 5K I7 QUAD CORE CPU	06/11/16	SL	5.00		16	3,131.				3,131.	991.		626.	1,617.
60	DELL LATITUDE E7470 LAPTOP	06/11/16	SL	5.00		16	2,259.				2,259.	716.		452.	1,168.
61	FORTINET 90D NEXT GENERATION FIREWALL	06/11/16	SL	5.00		16	2,256.				2,256.	714.		451.	1,165.
62	DELL POWEREDGE R230 SERVER	06/11/16	SL	5.00		16	5,342.				5,342.	1,726.		1,068.	2,794.
63	DELL OPTIPLEX 7040 DESKTOP WITH MONITORS	06/11/16	SL	5.00		16	1,878.				1,878.	595.		376.	971.
64	DELL LATITUDE E7470 LAPTOP	06/11/16	SL	5.00		16	2,212.				2,212.	700.		442.	1,142.
65	DELL LATITUDE E7450 LAPTOP	06/11/16	SL	5.00		16	2,212.				2,212.	700.		442.	1,142.
66	HP LASER PRINTERS	07/31/16	SL	5.00		16	872.				872.	247.		174.	421.
67	DELL OPTIPLEX 7040 DESKTOP WITH MONITORS	09/20/16	SL	5.00		16	1,791.				1,791.	448.		358.	806.
68	DELL LATITUDE E7470 LAPTOP	09/20/16	SL	5.00		16	2,704.				2,704.	676.		541.	1,217.

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69	DELL LATITUDE E7470 LAPTOP	09/20/16	SL	5.00		16	2,260.				2,260.	565.		452.	1,017.
70	DELL OPTIPLEX 7040 DESKTOP WITH MONITORS	09/20/16	SL	5.00		16	1,791.				1,791.	448.		358.	806.
71	DELL LATITUDE E7470 LAPTOP	11/18/16	SL	5.00		16	2,685.				2,685.	582.		537.	1,119.
72	DELL OPTIPLEX 7040 DESKTOP WITH MONITORS	11/18/16	SL	5.00		16	1,887.				1,887.	408.		377.	785.
75	POLYCOM SOUND STATION	07/28/17	SL	3.00		16	395.				395.	55.		132.	187.
76	G-TECH G-RAID THUNDERBOLT REMOVABLE DUAL DRIVE STORAGE	10/27/17	SL	3.00		16	812.				812.	45.		271.	316.
77	IPAD	01/31/17	SL	3.00		16	1,184.				1,184.	362.		395.	757.
78	IMAC COMPUTER MONITOR	02/11/17	SL	3.00		16	2,180.				2,180.	666.		727.	1,393.
79	LATITUDE E5470 COMPUTER	02/24/17	SL	3.00		16	1,527.				1,527.	424.		509.	933.
80	DELL OPTIPLEX 7050 DESKTOP COMPUTER WITH MONITORS	02/24/17	SL	3.00		16	1,793.				1,793.	498.		598.	1,096.
81	DELL OPTIPLEX 7050 DESKTOP COMPUTER WITH MONITORS	04/18/17	SL	3.00		16	1,793.				1,793.	398.		598.	996.
82	DELL LATITUDE E7470 LAPTOP WITH DOCKING STATION	06/09/17	SL	3.00		16	2,165.				2,165.	421.		722.	1,143.
83	PHONE SYSTEM UPGRADE	06/09/17	SL	3.00		16	2,571.				2,571.	500.		857.	1,357.
84	DELL OPTIPLEX 5050 SFF DESKTOP WORKSTATION	06/09/17	SL	3.00		16	1,596.				1,596.	310.		532.	842.
85	OPTIPLEX 5050 DESKTOP WITH TWO MONITORS	11/28/17	SL	3.00		16	1,675.				1,675.	47.		558.	605.
86	LATITUDE 7380 LAPTOP	11/28/17	SL	3.00		16	2,050.				2,050.	57.		683.	740.
87	LATITUDE 7380 LAPTOP	11/28/17	SL	3.00		16	2,050.				2,050.	57.		683.	740.
88	3 ALLWORX VERGE 9312 PHONES WITH SIDECARS	11/28/17	SL	3.00		16	1,957.				1,957.	54.		652.	706.

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89	PRIMARY FILE SERVER	04/18/17	SL	3.00		16	16,745.				16,745.	3,721.		5,582.	9,303.
90	PRINTER	05/22/17	SL	3.00		16	2,145.				2,145.	417.		715.	1,132.
91	DELL LAPTOP	08/15/17	SL	3.00		16	3,067.				3,067.	426.		1,022.	1,448.
92	EPSON PERFECTION V800 PHOTO FLATBED SCANNER	07/20/17	SL	3.00		16	806.				806.	112.		269.	381.
93	BATTERY PACKS FOR SERVER ROOM SUITE 580	07/06/17	SL	3.00		16	2,739.				2,739.	457.		913.	1,370.
94	LAPTOP	08/17/17	SL	3.00		16	4,369.				4,369.	485.		1,456.	1,941.
95	COMPUTER MONITORS AND CABLES	04/28/17	SL	3.00		16	447.				447.	99.		149.	248.
96	PHONE SYSTEM (MISSOURI)	07/14/17	SL	3.00		16	3,496.				3,496.	583.		1,165.	1,748.
112	COMPUTER EQUIPMENT (CPU/MONITOR/KEYBOARD/MOUSE)	01/15/18	SL	5.00		16	1,618.				1,618.			324.	324.
113	DELL LAPTOP	01/23/18	SL	5.00		16	2,057.				2,057.			377.	377.
114	APPLE COMPUTER (SNOWBALL)	01/31/18	SL	5.00		16	3,778.				3,778.			693.	693.
115	2 LAPTOPS AND DOCKING STATIONS (RISE TEAM)	02/20/18	SL	5.00		16	4,335.				4,335.			723.	723.
116	WIRELESS AUDIO EQUIPMENT	03/16/18	SL	5.00		16	1,808.				1,808.			271.	271.
117	DELL STORAGE (MD1400 AND MD14XX)	03/27/18	SL	5.00		16	6,965.				6,965.			1,045.	1,045.
118	MEDIA SERVER (INCLUDES INSTALLATION)	03/29/18	SL	5.00		16	21,303.				21,303.			3,195.	3,195.
119	PERC H830 ADPATER FOR EXTERNAL MD14XX	04/04/18	SL	5.00		16	535.				535.			80.	80.
120	6 DELL 23 MONITOR	04/12/18	SL	5.00		16	1,059.				1,059.			159.	159.
121	6 DELL OPTIPLEX 5050 SFF DESKTOP COMPUTERS	04/14/18	SL	5.00		16	3,700.				3,700.			555.	555.

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122	COMPUTER EQUIPMENT (FRY'S ELECTRONICS)	04/19/18	SL	5.00		16	202.				202.			27.	27.
123	TV WALL MOUNT/SAMSUNG SOUNDBAR WITH BUILT IN SUBWO	04/27/18	SL	5.00		16	548.				548.			73.	73.
124	SWEETWATER SOUND RECEIVER	04/27/18	SL	5.00		16	729.				729.			97.	97.
125	65" CLASS LED SMART 4K HD TV	05/03/18	SL	5.00		16	1,193.				1,193.			159.	159.
126	IPAD WITH KEYBOARD AND ACCESSORIES	05/14/18	SL	5.00		16	985.				985.			131.	131.
127	IPAD WITH KEYBOARD AND ACCESSORIES	05/14/18	SL	5.00		16	985.				985.			131.	131.
128	COLOR LASERJET PRO MFP M281FDS MULTIFUNCTION PRINTE	05/18/18	SL	5.00		16	456.				456.			53.	53.
129	2 DELL 7490 LAPTOPS WITH MONITORS AND DOCKING STATION	06/13/18	SL	5.00		16	4,839.				4,839.			565.	565.
130	DELL LATITUDE 7490 LAPTOP	06/17/18	SL	5.00		16	1,922.				1,922.			192.	192.
131	DELL 23 MONITOR	07/03/18	SL	5.00		16	353.				353.			35.	35.
132	DELL OPTIPLEX 5050 SFF DESKTOP WORKSTATION	07/05/18	SL	5.00		16	1,216.				1,216.			122.	122.
133	MS SURFACE PRO LAPTOP	08/07/18	SL	5.00		16	2,591.				2,591.			216.	216.
134	DELL LATITUDE 7490 LAPTOP/MONITOR/DOCKING STATI	08/29/18	SL	5.00		16	2,957.				2,957.			197.	197.
154	LEXMARK XC4150 PRINTER	10/18/18	SL	5.00		16	10,731.				10,731.			358.	358.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						252,361.				252,361.	73,579.		51,948.	125,527.
	TRANSPORTATION EQUIPMENT														
108	2017 FORD TRANSIT CONNECT WAGON	08/09/17	SL	5.00		16	40,624.				40,624.	3,385.		8,125.	11,510.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						40,624.				40,624.	3,385.		8,125.	11,510.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
6	WEBSITE	01/01/11	SL	3.00		16	108,250.				108,250.	108,250.		0.	108,250.
31	WEBSITE UPGRADE	03/20/14	SL	3.00		16	3,160.				3,160.	3,160.		0.	3,160.
	* 990 PAGE 10 TOTAL OTHER						111,410.				111,410.	111,410.		0.	111,410.
	MACHINERY & EQUIPMENT														
109	TOSHIBA COPIER	08/28/17	SL	5.00		16	8,609.				8,609.	574.		1,722.	2,296.
110	KITCHEN APPLIANCES	07/25/17	SL	7.00		16	2,265.				2,265.	135.		324.	459.
111	SECURITY CART	11/27/17	SL	7.00		16	871.				871.	10.		124.	134.
136	FOLDING TABLE AND CHAIRS	10/23/18	SL	7.00		16	1,218.				1,218.			29.	29.
139	2 - 44"X25" 1/4" CLEAR OVAL GLASS TOPS	03/12/18	SL	7.00		16	750.				750.			89.	89.
140	LEXINGTON ACCENT TABLE	04/07/18	SL	7.00		16	1,800.				1,800.			193.	193.
145	INTERACTIVE MEDIA TABLE	12/31/18	SL	7.00		16	156,953.				156,953.			0.	
147	WIRELESS MICROPHONE TRANSMITTER	03/01/18	SL	5.00		16	419.				419.			70.	70.
152	GRAPHIC POLES	04/23/18	SL	7.00		16	4,007.				4,007.			382.	382.
155	TOUCH TABLE BASE ENCLOSURE	11/21/18	SL	7.00		16	3,612.				3,612.			43.	43.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						180,504.				180,504.	719.		2,976.	3,695.
	* 990 PAGE 10 TOTAL -						2,383,187.				2,383,187.	317,268.		387,056.	704,324.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,383,187.				2,383,187.	317,268.		387,056.	704,324.

2018 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,008,064.			0.	2,008,064.	317,268.			683,049.
	ACQUISITIONS						375,123.			0.	375,123.	0.			21,275.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,383,187.			0.	2,383,187.	317,268.			704,324.
	ENDING ACCUM DEPR											704,324.			
	ENDING BOOK VALUE											1,678,863.			

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GARY SINISE FOUNDATION</b>	Employer identification number (EIN) or <b>80-0587086</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1901 AVENUE OF THE STARS, NO. 1050</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90067</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ANDREW OZUROVICH - 1901 AVENUE OF THE STARS, SUITE 1050**

- The books are in the care of ▶ - **LOS ANGELES, CA 90067**  
Telephone No. ▶ **310-226-7575** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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